

COVID Vaccines: The Tip of the Iceberg

The latest on covid vaccine safety and effectiveness.

By [Swiss Policy Research](#)

Theme: [Science and Medicine](#)

Global Research, May 07, 2021

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Preface

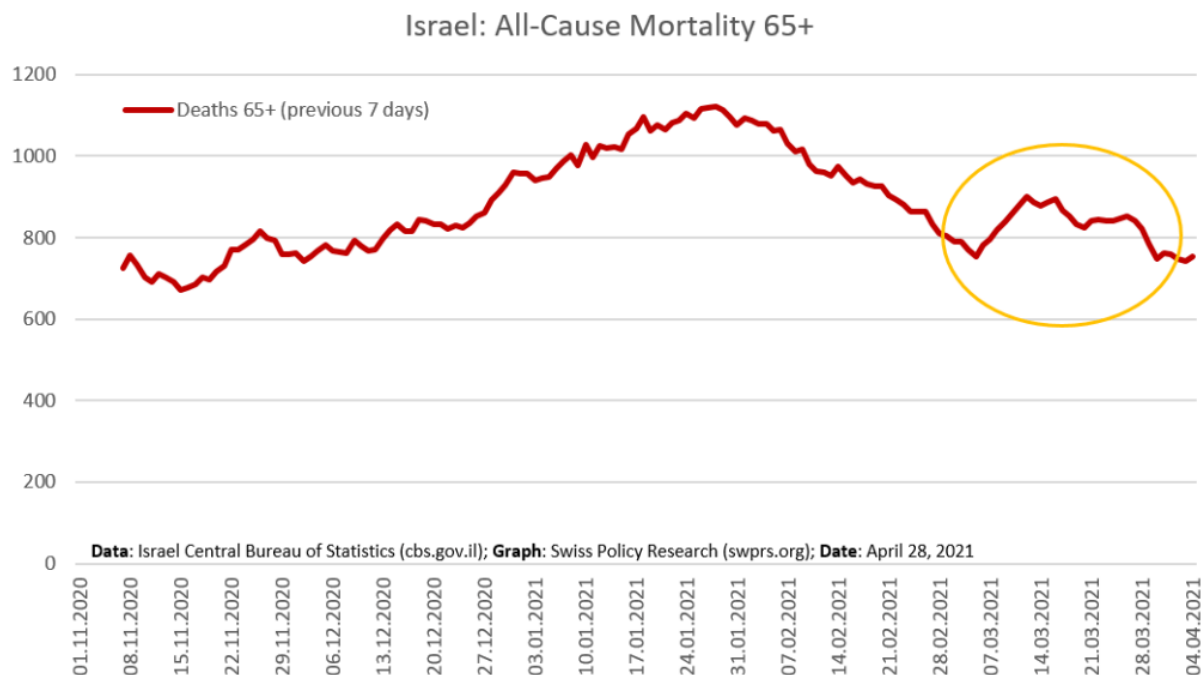
SPR carefully distinguishes between short-term and long-term safety, short-term and long-term effectiveness, age- and sex-specific aspects, and medical and political questions. Some people might prefer a simpler, more black-and-white assessment, but this would not reflect complex reality.

A. Vaccine safety

1. The updated chart above shows the [previously reported](#) post-vaccination increase in **Israeli 65+ all-cause mortality**, based on official data up to April 4. There appears to be a complete media blackout on this issue, both inside and outside of Israel, despite the fact that an Israeli hospital director described a [“murky wave of heart attacks”](#) in March. However, in late April Israeli authorities announced [an investigation](#) into cases of post-vaccination heart inflammation and heart attacks, primarily in young adults, where the issue is much harder to explain away. In the US, too, multiple cases of heart inflammation and heart attacks after mRNA vaccines [have already been reported](#) in young adults. The independent Israeli People’s Committee gathered data on about [320 post-vaccination deaths](#) and about 2500 serious adverse events until early May.
2. In the **USA and Europe**, official reporting systems currently show [about 10,000](#) post-vaccination deaths. Based on official case reports, some of these deaths are clearly *unrelated* to the vaccine, but many were clearly caused or triggered by the vaccine. Due to significant underreporting and a massive [reporting backlog](#), SPR estimates that there could be **up to 50,000** post-vaccination deaths in the US and Europe combined. While this is a small number compared to the 1,3 million official covid deaths and the 150 million fully vaccinated people, it is not a trivial number.
3. Health authorities and the media primarily focus on the issue of post-vaccination cerebral venous thrombosis (**CVT**, i.e. blood clots in the brain), simply because CVT is such a rare issue that the post-vaccination increase cannot be explained away statistically. However, CVTs are really just ‘the tip of the iceberg’, whereas the ‘invisible’, **but much larger iceberg** of post-vaccination adverse events

consists primarily of severe and fatal cardiac (heart inflammation, heart attack), cardiovascular (blood clots anywhere) and neurological events. Since the background rate of these conditions is much higher, vaccine-related events are easier to ignore or hide.

4. Several countries have already [suspended or stopped adenovector-based covid vaccines](#) (AstraZeneca and J&J), arguing that 'the risks outweigh the benefits', especially for young people, and **referring only to CVTs (the tip of the iceberg), not cardiac and cardiovascular events in general (the iceberg)**. In fact, AstraZeneca recently and officially acknowledged that thrombocytopenia (low blood platelet count due to an autoimmune reaction) is a ['frequent \(1% to 10%\)'](#) vaccine adverse event, even though it wasn't detected during the vaccine trial.
5. There is still no reliable data on the **long-term safety** of covid vaccines and on the **safety in children and adolescents**. Nevertheless, several countries have already announced 'booster shots' (against new virus variants and to counter antibody waning) and the vaccination of children. This is despite the fact that data from Israel and the UK has shown that the vaccination of adults is sufficient to suppress the epidemic, simply because children [are not drivers](#) of Sars-CoV-2 infections. Thus, the only (medical) rationale for vaccinating low-risk children, adolescents and young adults could be the [risk of long covid](#) and PIMS (the latter is [about 0,02%](#)).
6. In many Western countries, **vaccination rates** seem to level off at about [50% to 70%](#) of the adult population. Moreover, [about 10%](#) of people decline the second vaccine dose, likely due to severe adverse events after the first dose.
7. To review **personal case reports** of severe and fatal covid vaccine adverse events, see the [Nashville collection](#) (18+) and [Covid Legal USA](#). In the US, there have already been [several reports](#) of post-vaccination deaths of healthy children and adolescents. Facebook deleted a group with [120,000 members](#) reporting and discussing covid vaccine adverse events.
8. There are also several reports of peculiar post-vaccination deaths of **celebrities**, such as box legend [Marvin Hagler](#) (66), rap legend [DMX](#) (50), cybersecurity expert [Dan Kaminsky](#) (42), comedian [El Rissitas](#) (65), or fashion designer [Alber Elbaz](#) (59). In the case of fully-vaccinated Elbaz, it was reported that he got infected with the 'South African' coronavirus variant.



All-cause deaths 65+, previous 7 days ([Source: Israeli CBS](#))

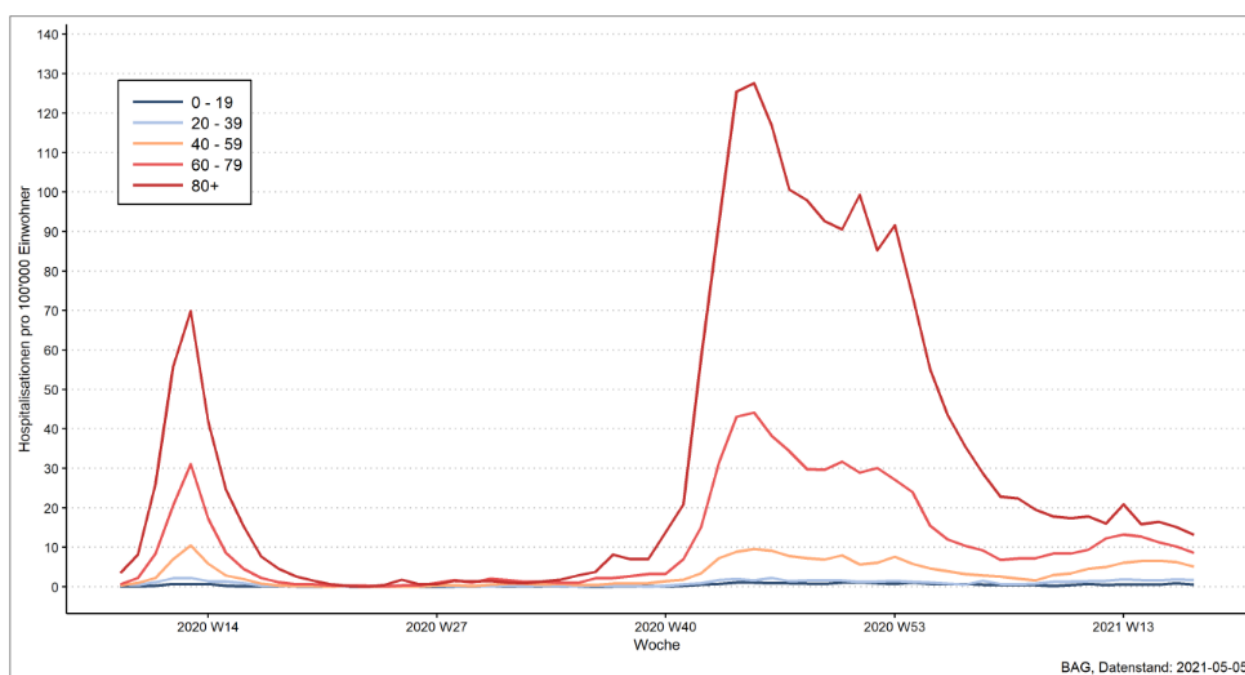
B. Vaccine effectiveness

A vaccine may be not particularly safe (compared to the highest medical standards) and still be quite effective, at least in the short term. This seems to be the case for most experimental covid vaccines.

1. The **decrease in covid infections** in many US states and European countries since late winter or early spring was driven not primarily by vaccination campaigns, but by **seasonal effects** and other epidemic dynamics (both of which are well-known but poorly understood). This is shown by the fact that infections [decreased simultaneously](#) and to a similar extent in countries with a rather low vaccination rate.
2. Population-wide data from the **UK and Israel** were [quite difficult to interpret](#), as these countries were running their vaccination campaigns in parallel to an ongoing infection wave. As a matter of fact, their decrease in infections [wasn't any faster](#) than in some countries with a low or very low vaccination rate, such as Portugal and South Africa. However, since about mid-April, the infection rate in Israel and the UK have indeed been lower than in most other countries.
3. Despite these uncertainties, independent cohort studies [do confirm](#) a (short-term) **vaccine effectiveness** after the second dose of about 90% in people up to 70 years of age and about 65% in care home residents (in the case of the Pfizer vaccine and in terms of infections). The protection against (severe) disease and death may be even higher.
4. A Swedish study found that compared to vaccination, a **prior infection** protects [just as well](#), or even somewhat better, against a new Sars-CoV-2 infection (91% vs. 86%).
5. Moreover, European countries that started their vaccination campaign *prior to the spring wave* confirm a very good protective effect even **in people over 80**. For instance, the chart below shows that in Switzerland, hospitalizations in April

of people aged 40 to 59 reached almost the level of the second wave, whereas they remained much lower in people aged 60 to 79 and especially in people 80+, who had been vaccinated first (orange vs. red curves).

6. In contrast, multiple countries and several studies [have confirmed](#) that the mass vaccination campaign can itself **ignite or boost an infection wave**, an effect first described by SPR [in February](#). Most recently, this was observed [in the Seychelles](#), the country with the highest vaccination rate in the world, that entered into another lockdown (“despite” a mask mandate). Most likely, this effect is a combination of the vaccination campaign spreading the virus (even into high risk groups), and people exposing themselves to higher risks prior to full protection.
7. Given this risk of a post-first-dose infection spike, **early and prophylactic treatment protocols** are [still relevant](#) even - or especially - during vaccination campaigns.



Switzerland: Hospitalizations by age group. The difference between the orange curve (40-59) and the red curves (60-79 and 80+) in the second and third waves indicates vaccine effectiveness. (Source: [BAG](#))

C. Political aspects

An [Israeli lawyer speaks of](#) “increasing coercion, discrimination, marking and division into two civil societies” due to the Israeli “green mark (pass)” system: “Basic activities such as work, education, health and recreation have become a luxury for only vaccinated people. And even then, only temporary.” The Israeli lawyer believes that “Israel is the ‘pilot’ that should serve as an example and justification for the whole world. If they convince the general public that there is ‘success’ here, it will be done all over the world and then it will get worse for all of us.”

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