

‘Hundreds of Thousands’ of COVID Vaccine Injury Reports Backlogged in VAERS, Analyst Says

By [Children’s Health Defense](#)

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On the latest episode of “Doctors and Scientists,” host Brian Hooker interviewed Jessica Rose, Ph.D., a computational biologist and Vaccine Adverse Event Reporting System (VAERS) analyst. Rose discussed the problematic flaws in the VAERS system.

On the [latest episode](#) of “Doctors and Scientists” on [CHD.TV](#), host [Brian Hooker](#), Ph.D., P.E., interviewed Canadian Jessica Rose, Ph.D., a Vaccine Adverse Event Reporting System ([VAERS](#)) analyst and computational biologist who specializes in biomathematics and molecular research.

Rose and Hooker discussed the results of Rose’s work studying VAERS, and what she believes are the [systematic flaws](#) that prevent the passive reporting system from working as it was intended.

Beginning in December 2020, Rose anticipated the number of vaccine [adverse events](#) would increase. She analyzed the death count and missing data and found the number of fatalities after [COVID vaccines](#) was higher than the number of reports to VAERS of deaths after COVID vaccines.

In September, Rose [testified](#) at the U.S. Food and Drug Administration’s Vaccine and Related Biological Products Advisory Committee meeting that underreporting was not considered in the VAERS data.

“I wasn’t wrong,” she said. “There was this missing data issue — that’s what sparked this.”

Rose published her [findings](#) in “Science, Public Health Policy and the Law.” The title of the study explains its purpose: “Critical Appraisal of VAERS [Pharmacovigilance](#): Is the U.S. Vaccine Adverse Event Reporting System (VAERS) a Functioning Pharmacovigilance System?”

Her results found VAERS does not accurately track adverse reactions due to several flaws,

including a “huge” backlog of data waiting to be entered into the system — she put the number at “hundreds of thousands.”

Rose said health professionals were missing safety signals, and the system was not being applied properly. Additionally, she found data were getting lost during updates.

“The most important thing I found in my determination is whether or not this tool — which can be a pharmacovigilance tool — is being used as such,” Rose said.

“All of this data is being entered by human beings,” Rose said. “Probably nice people who aren’t being paid enough, who have too many things to do, so everything isn’t necessarily nefarious.”

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