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# Primary Series and Boosters — No Impact on Maternal COVID-19 Test Positivity

## Large Study Published in BMJ Ignored Safety, Found No Benefit with Dangerous Injections

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*My attention was recently drawn by a commentary from Emily Harris in JAMA implying that* ***COVID-19 vaccination during pregnancy had benefits from a study previously published in the British Medical Journal.*** *There has never been any randomized, prospective, double-blind placebo controlled trial of COVID-19 vaccines in any group demonstrating clinical benefit defined as reductions in hospitalization and death. Among pregnant women, COVID-19 vaccination is category X, meaning it should not be given. So naturally I was suspicious on how a report indicating benefit made into the British Medical Journal.* ***The literature is accumulating numerous invalid analyses making false claims of benefit without adequate design or consideration of drug safety.***

Jorgensen et al published from the Canadian Immunization Research Network (CIRN) Provincial Collaborative Network Investigators a study from automated sources of data on pregnant women and infants tested using nasal PCR-testing. As a former editor I found this paper misleading because: 1) diagnostic codes for safety events (heart damage, blood clots, stroke, maternal death) were not disclosed and analyzed, 2) no adjudication for COVID-19 illness, so healthy test positive "cases" were reported, 3) focus was on infants was irrelevant since they not develop clinically significant COVID-19.

The interesting finding in the Jorgensen paper, not mentioned by the authors is in the Table. As you can see, primary series and boosters had no statistically significant impact in test positivity among the mothers. This means the intervention was completely useless and had no laboratory or clinical benefit reported.

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# Maternal mRNA covid-19 vaccination during pregnancy and delta or omicron infection or hospital admission in infants: test negative design study

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**Table 1 | Characteristics of infants younger than six months of age tested for SARS-CoV-2 infection, May 2021 to September 2022, and their mothers, Ontario, Canada. Data are number (percentage), unless otherwise specified**

| | Infants (<6 months) tested for SARS-CoV-2 | | | Maternal covid-19 vaccination status | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Characteristic | Case (n=1600) | Control (n=7209) | SD* | Unvaccinated (n=3293) | Primary and primary + booster† (n=5516) | SD* | Primary† (n=4825) | Primary plus booster† (n=691) | SD* |
| Infant sex, female | 742 (46.4) | 3161 (43.8) | 0.05 | 1506 (45.7) | 2397 (43.5) | 0.05 | 2111 (43.8) | 286 (41.4) | 0.05 |
| Infant age when tested: | | | | | | | | | |
| 0-8 weeks | 525 (32.8) | 4111 (57.0) | 0.50 | 1849 (56.1) | 2787 (50.5) | 0.11 | 2352 (48.7) | 435 (63.0) | 0.29 |
| 9-16 weeks | 585 (36.6) | 1816 (25.2) | 0.25 | 802 (24.4) | 1599 (29.0) | 0.10 | 1435 (29.7) | 164 (23.7) | 0.14 |
| >16 weeks | 490 (30.6) | 1282 (17.8) | 0.30 | 642 (19.5) | 1130 (20.5) | 0.02 | 1038 (21.5) | 92 (13.3) | 0.22 |
| Gestational age at birth (weeks), median (interquartile range) | 39 (38-40) | 39 (37-39) | 0.23 | 39 (37-40) | 39 (38-39) | 0.01 | 39 (38-39) | 39 (38-39) | 0.02 |
| Preterm birth‡ | 109 (6.8) | 985 (13.7) | 0.23 | 426 (12.9) | 668 (12.1) | 0.02 | 576 (11.9) | 92 (13.3) | 0.04 |
| Low birthweight§ | 86 (5.4) | 813 (11.3) | 0.21 | 365 (11.1) | 534 (9.7) | 0.05 | 472 (9.8) | 62 (9.0) | 0.03 |
| Mother's age at birth: | | | | | | | | | |
| <25 years | 192 (12.0) | 703 (9.8) | 0.07 | 571 (17.3) | 324 (5.9) | 0.36 | 297 (6.2) | 27 (3.9) | 0.10 |
| 25-29 years | 399 (24.9) | 1745 (24.2) | 0.02 | 956 (29.0) | 1188 (21.5) | 0.17 | 1076 (22.3) | 112 (16.2) | 0.15 |
| 30-34 years | 591 (36.9) | 2768 (38.4) | 0.03 | 1038 (31.5) | 2321 (42.1) | 0.22 | 2009 (41.6) | 312 (45.2) | 0.07 |
| 35-39 years | 346 (21.6) | 1641 (22.8) | 0.03 | 577 (17.5) | 1410 (25.6) | 0.20 | 1205 (25.0) | 205 (29.7) | 0.11 |
| ≥40 years | 72 (4.5) | 352 (4.9) | 0.02 | 151 (4.6) | 273 (4.9) | 0.02 | 238 (4.9) | 35 (5.1) | 0.01 |
| Nulliparous | 853 (53.3) | 4393 (60.9) | 0.15 | 1935 (58.8) | 3311 (60.0) | 0.03 | 2939 (60.9) | 372 (53.8) | 0.14 |
| Pre-pregnancy maternal comorbidities: | | | | | | | | | |
| Diabetes mellitus | 93 (5.8) | 447 (6.2) | 0.02 | 198 (6.0) | 342 (6.2) | 0.01 | 317 (6.6) | 25 (3.6) | 0.13 |
| Hypertension | 42 (2.6) | 179 (2.5) | 0.01 | 81 (2.5) | 140 (2.5) | 0.01 | 118 (2.4) | 22 (3.2) | 0.04 |
| Heart disease | ≤5 (≤0.3)¶ | ≤5 (≤0.1)¶ | 0-0.06¶ | ≤5 (≤0.2)¶ | ≤5 (≤0.1)¶ | 0-0.02¶ | ≤5 (≤0.1)¶ | 0 (0.0) | 0-0.01¶ |
| Asthma | 307 (19.2) | 1498 (20.8) | 0.04 | 686 (20.8) | 1119 (20.3) | 0.01 | 981 (20.3) | 138 (20.0) | 0.01 |
| Autoimmune disease | 46 (2.9) | 203 (2.8) | 0 | 72 (2.2) | 177 (3.2) | 0.06 | 148 (3.1) | 29 (4.2) | 0.06 |
| Immunosuppression** | 31 (1.9) | 189 (2.6) | 0.05 | 72 (2.2) | 148 (2.7) | 0.03 | 127 (2.6) | 21 (3.0) | 0.02 |
| Prenatal care index††: | | | | | | | | | |
| Intensive/intermediate | 845 (52.8) | 3598 (49.9) | 0.06 | 1606 (48.8) | 2837 (51.4) | 0.05 | 2480 (51.4) | 357 (51.7) | 0.01 |
| Adequate | 253 (15.8) | 1109 (15.4) | 0.01 | 483 (14.7) | 879 (15.9) | 0.04 | 767 (15.9) | 112 (16.2) | 0.01 |
| Inadequate | 370 (23.1) | 1796 (24.9) | 0.04 | 872 (26.5) | 1294 (23.5) | 0.07 | 1120 (23.2) | 174 (25.2) | 0.05 |
| No care | 132 (8.3) | 706 (9.8) | 0.05 | 332 (10.1) | 506 (9.2) | 0.03 | 458 (9.5) | 48 (6.9) | 0.09 |
| Maternal influenza vaccine‡‡ | 381 (23.8) | 2095 (29.1) | 0.12 | 381 (11.6) | 2095 (38.0) | 0.64 | 1804 (37.4) | 291 (42.1) | 0.10 |
| Maternal SARS-CoV-2 infection: | | | | | | | | | |
| Pre-pregnancy | 28 (1.8) | 179 (2.5) | 0.05 | 80 (2.4) | 127 (2.3) | 0.01 | 100 (2.1) | 27 (3.9) | 0.11 |
| During pregnancy | 69 (4.3) | 834 (11.6) | 0.27 | 425 (12.9) | 478 (8.7) | 0.14 | 381 (7.9) | 97 (14.0) | 0.20 |
| Post partum | 324 (20.3) | 365 (5.1) | 0.47 | 309 (9.4) | 380 (6.9) | 0.09 | 348 (7.2) | 32 (4.6) | 0.11 |

Jorgensen SCJ, Hernandez A, Fell DB, Austin PC, D'Souza R, Guttmann A, Brown KA, Buchan SA, Gubbay JB, Nasreen S, Schwartz KL, Tadrous M, Wilson K, Kwong JC; Canadian Immunization Research Network (CIRN) Provincial Collaborative Network (PCN) Investigators. Maternal mRNA covid-19 vaccination during pregnancy and delta or omicron infection or hospital admission in infants: test negative design study. BMJ. 2023 Feb 8;380:e074035. doi: 10.1136/bmj-2022-074035. PMID: 36754426; PMCID: PMC9903336.

**The medical literature is burgeoning with fraudulent papers extolling false claims of COVID-19 vaccination from nonrandomized, non-adjudicated data** while at the same time ignoring horrific safety outcomes well known to occur as a result of vaccination. Jorgensen and the Canadian Immunization Research Network (CIRN) Provincial Collaborative Network Investigators can be added to this long list of culpable authors. The conclusions of this paper serve as a stark warning to view the primary data and realize the authors are biased and not fairly evaluating these emerging potentially dangerous genetic biotechnologies.

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**Sources**

Harris E. COVID-19 Vaccination During Pregnancy Protected Infants. JAMA. 2023;329(10):789. doi:10.1001/jama.2023.2098

COVID-19 Vaccines Remain Pregnancy Category X Products Should Never Have Been Administered in Pregnant Women and Those of Childbearing Age

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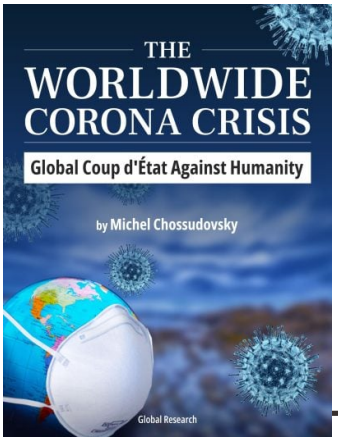


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