PRECISION BRAIN
NEUROLOGY

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I, Dr. Eric T. Payne of the City of Calgary, Alberta confirm that:

1. I have read and reviewed the articles, studies, and statistics I reference in this Expert Report, and they inform my opinion.

**2.** I am a qualified Pediatric Neurologist and Clinical Researcher specializing in neurocritical care, epilepsy, and neuroinflammation, in the City of Calgary in the Province of Alberta. I am a Clinical Assistant Professor of Pediatrics at the University of Calgary. I have a Master of Public Health from Harvard University, where I gained expertise in epidemiology and statistics. I spent 6 years as a Staff Consultant at the Mayo Clinic in Rochester, MN where I gained additional expertise in neuroinflammation and clinical trials. My qualifications are set forth in my Curriculum Vitae attached hereto as **Exhibit "A".**

3. I have knowledge of the matters deposed to herein, unless stated to be based on information and belief, in which case I have stated the source of the information and believe it is true.

4. Below is a copy of my expert report including the Appendix of Figures, which sets out the key information and assumptions upon which my opinions summarizing these data are based.


JANUARY 10, 2024

## Expert Report

## I. The COVID genetic "vaccines" were rushed to market, and they did not undergo the typical safety and effectiveness assessments needed for Health Canada Approval.

1. None of the COVID genetic vaccines underwent the rigorous safety and efficacy testing typically needed for approval in Canada and the contracts signed with Big Pharma remain confidential. Liberal MP Mr. Anthony Housefather recently told parliament when debating the motion to access the contracts signed with Big Pharma for the COVID vaccines, that these agreements need to remain confidential because pharmaceutical companies need liability protection. He stated: "…documents signed at the beginning of the pandemic, when everybody was desperate for vaccines, when companies were being told to rush vaccine production, do testing in an unprecedented way, in a way they normally don't do it…Because they didn't do the type of testing that normally takes these drugs years to get to market, they did it all in less than a year. So, that's why these companies said that if I'm going to deliver you this product that I haven't tested in my normal way, I want to have different conditions."[1]

2. In direct contradiction to statements made by Public Health Canada officials, Pfizer representative Janine Small testified in the European Union Parliament on October 11, 2022, that Pfizer did not test whether their "vaccine" stopped transmission, stating: "we had to really move at the speed of science."[2]

3. Pfizer CEO Albert Bourla said this regarding his mRNA vaccine: "It was counterintuitive because Pfizer was mastering or let's say we had very good experience and expertise with multiple technologies that could give a vaccine…mRNA was the technology that we had less experience with, only two years working on this. And, actually, mRNA was a technology that never delivered a single product until that day. Not vaccine, not any other medicine, so it was very counterintuitive".[3]

4. These COVID genetic vaccines were brought to market extremely quickly in only 6-9 months under President Trump's "Operation Warp Speed".[4,5] It is impossible to have any long-term data in this setting, especially in the context of repeated boosters. Prior to these vaccines, it would usually take 10-12 years to develop a vaccine and test its safety

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[1] Harrison Faulkner, "Secret Memo Exposes Plan to Mislead Public About the Vaccine," *True North* (June 15, 2023), https://tnc.news/2023/06/15/ratiod-memo-vaccine/.

[2] Member of European Parliament Rob Roos, "Janine Small, Pfizer Executive Testifies at the Eu Parliament.," (October 11, 2022), https://www.youtube.com/watch?v=q71cOz9-9Cw.

[3] CEO Pfizer Albert Bourla, "Albert Bourla on Why Mrna Technology Was "Counterintuitive" in Producing an Effective Vaccine," *Washington Post Live* (March 10, 2022), https://www.washingtonpost.com/video/washington-post-live/wplive/albert-bourla-on-why-mrna-technology-was-counterintuitive-in-producing-an-effective-vaccine/2022/03/10/c397ca8c-afaa-4254-b860-b2cca54b0ecf_video.html.

[4] Jon Cohen, "Unveiling "Warp Speed," the White House's America-First Push for a Coronavirus Vaccine.," *Science* (May 12, 2020), http://dx.doi.org/10.1126/science.abc7056.

[5] David E. Sanger, "Trump Seeks Push to Speek Vaccine Despite Safety Concerns," *The New York Times* (April 29, 2020), https://www.nytimes.com/2020/04/29/us/politics/trump-coronavirus-vaccine-operation-warp-speed.html.

properly,[6] and typically longer than 15 years for genetic therapies such as these COVID genetic "vaccines".

5. On October 26, 2021, during the FDA panel meeting to discuss whether to approve the Pfizer covid vaccine in children aged 5-11, Dr. Eric Rubin (adjunct professor at the Harvard School of Public Healthy) stated: "We're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes." [7]

6. The Center for Disease Control (CDC) updated very longstanding definitions of immunity and vaccines on September 1, 2021, swapping out the prior "produce immunity" to "provide protection" because these COVID genetic vaccines do NOT produce traditional immunity or act as traditional vaccines.[8]

7. Prior head of vaccine research and development at Pfizer, Kathrin Jansen, explained the lightning speed with which these genetic "vaccines" were developed, stating: "we flew the aeroplane while we were still building it."[9]

8. Alarmingly, the integrity of the Pfizer vaccine trial was called into question by a whistle blower, who told the British Medical Journal that the "company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow-up on adverse events reported in Pfizer's pivotal phase III trial". "Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding." The whistle blower informed the US Food and Drug Administration (FDA) and she was fired later the same day.[10] This case was recently dismissed, in part because the U.S. Department of Defense entered evidence that these were not "vaccines" but in fact their own "countermeasures", that were not subject to safety and efficacy studies.[11]

## II. Numerous international jurisdictions now recommend against the COVID genetic jabs in young populations, due to a risk-benefit analysis favoring harm from these experimental "vaccines."

9. Back in June 2022, Søren Brostrøm, Denmark's Director of National Board of Health recently stated after announcing that it would no longer recommend these COVID-genetic vaccines to those under 18 years old, that "we have become wiser, and we would not do the

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[6] M. M. Struck, "Vaccine R&D Success Rates and Development Times," *Nat Biotechnol* 14, no. 5 (May 1996), http://dx.doi.org/10.1038/nbt0596-591.
[7] David Gortler, "The Fda Shouldn't Cut Corners on Child Vax Safety," *National Review* (October 29, 2021), https://www.nationalreview.com/2021/10/the-fda-shouldnt-cut-corners-on-child-vax-safety/.
[8] CDC, *Center for Disease Control - Sep 2021 Updated Definitions of Vaccine and Immunity.*
[9] K. Kingwell, "Covid Vaccines: "We Flew the Aeroplane While We Were Still Building It"," *Nat Rev Drug Discov* 21, no. 12 (Dec 2022), http://dx.doi.org/10.1038/d41573-022-00191-2.
[10] Paul D Thacker, "Covid-19: Researcher Blows the Whistle on Data Integrity Issues in Pfizer's Vaccine Trial," *British Medical Journal* 375 (November 2, 2021), http://dx.doi.org/https://doi.org/10.1136/bmj.n2635.
[11] See the following: 1) https://childrenshealthdefense.org/defender/pfizer-whistleblower-brook-jackson-lawsuit-dismissal-fraud/; 2) https://bailiwicknews.substack.com/p/recap-of-jackson-v-pfizer-whistleblower; 3) https://bailiwicknews.substack.com/p/litigation-framing-biochemical-weapons

same today. And we will not do that in the future either."[12] Similarly, the UK removed these COVID-vaccines among children under age 12 years.[13] In September 2022, the Danish Health Authority began advising people under 50 years old to not get COVID-19 genetic vaccine boosters.[14]

10. On October 7, 2022, the Florida Surgeon General, Dr. Joseph Ladapo revealed the results of the Florida Department of Health self-controlled case series where they observed an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination. Non-mRNA vaccines were not found to have these increased risks. They stated: "With a high level of global immunity to COVID-19, the benefit of vaccination is likely outweighed by this abnormally high risk of cardiac-related death among men in this age group. As such, the State Surgeon General recommends against males aged 18 to 39 from receiving mRNA COVID-19 vaccines." [15]

11. In fact, on January 3, 2024, Dr. Joseph Ladapo (Florida Surgeon General) called for the complete removal of these genetic vaccines [16] across all age groups in the context of confirmation, that vials are contaminated with billions, sometimes hundreds of billions of DNA fragment contamination from their manufacturing process involving E. coli bacteria. The more DNA contamination, the higher association with serious adverse events. [17]

12. Quebec changed their COVID vaccine recommendations February 2, 2023, only recommending boosters to vulnerable individuals never infected with COVID-19, thus acknowledging the benefit of natural-acquired COVID immunity.[18] Similarly, the World Health Organization (WHO) streamlined their COVID genetic vaccine recommendations March 28, 2023, suggesting that healthy children and adolescents do not need a shot, but

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[12] Zachary Stieber, "Mistake to Recommend Covid-19 Vaccines for All Children: Top Danish Health Official. ," *The Epoch Times*June 23, 2022, https://www.theepochtimes.com/mistake-to-recommend-covid-19-vaccines-for-all-children-top-danish-health-official_4553337.html.

[13] Owen Evans, "England Winding Down Offering Covid-19 Vaccines to Children under 12. ," *The Epoch Times*September 6, 2022, https://www.theepochtimes.com/england-winding-down-offering-covid-19-vaccines-to-children-under-12_4713206.html.

[14] Jack Phillips, "Denmark Government Advises People under 50 Not to Get Covid-19 Boosters," *The Epoch Times*September 14, 2022, https://www.theepochtimes.com/denmark-government-advises-people-under-50-not-to-get-covid-19-boosters_4730709.html?utm_source=ai&utm_medium=search.

[15] Communications Office - Florida Health, "State Surgeon General Dr. Joseph A. Ladapo Issues New Mrna Covid-19 Vaccine Guidance.," (October 7, 2022), https://www.floridahealth.gov/newsroom/2022/10/20220512-guidance-mrna-covid19-vaccine.pr.html.

[16] "Florida State Surgeon General Calls for Halt in the Use of Covid-19 Mrna Vaccines.," *Florida Health - Communications Office* (January 3, 2024), https://www.floridahealth.gov/newsroom/2024/01/20240103-halt-use-covid19-mrna-vaccines.pr.html.

[17] Rose J. Speicher D., Gutschi M., Wiseman DM., K. McKernan, "DNA Fragments Detected in Monovalent and Bivalent Pfizer/Biontech and Moderna Modrna Covid-19 Vaccines from Ontario, Canada: Exploratory Dose Response Relationship with Serious Adverse Events. ," *OSF Preprints* (2024).

[18] Amy Luft, "Quebec Recommends Booster Only to Vulnerable Never Infected with Covid-19.," *CTV News* (February 2, 2023), https://montreal.ctvnews.ca/quebec-recommends-booster-only-to-vulnerable-never-infected-with-covid-19-1.6257156.

high-risk vulnerable groups should consider a booster between 6-12 months after their last vaccine.[19]

13. Through Access to Information, Blacklock's Reporter recently made public a secret Privy Council internal memo in May 2021 showing that our federal government downplayed known COVID vaccine injuries and deaths.[20]

14. In January 2023, Health Canada deemed 400 deaths and > 10, 000 serious adverse events after receiving COVID vaccine low.[21] Note these numbers also represent a significant underrepresentation of the actual injury and death caused by the COVID genetic vaccines. The underreporting factor is further described below.

15. In complete contrast, consider that on July 16, 1999, the CDC recommended that healthcare providers suspend the use of the licensed RotaShield – a rotavirus vaccine – after only 15 cases of bowel obstruction (intussusception) were reported in VAERS! [22]

16. On July 14, 2022, I co-authored a letter requesting the halt of COVID-19 vaccinations in children, signed by 15 Canadian physicians and scientists, arguing that these genetic vaccines were not safe and effective, nor were they needed in the pediatric population.[23]

17. The need for pediatric COVID vaccination is even further reduced if prior infection to SARS-CoV-2 has occurred, and thus natural-acquired immunity is now conferred. While initially deemed misinformation, past infection with SARS-CoV-2 is now recognized to provide excellent protection from re-infection, and even better protection against serious illness and disease. [24, 25]

18. The National Citizen's Inquiry is a citizen-led inquiry into Canada's handling of the COVID pandemic, that held testimony across 8 cities in Canada in 2023, with hundreds of witnesses, including experts testifying. I testified under oath at the Toronto and Red Deer

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[19] Reuters, "Who Revises Covid-19 Vaccine Recommendations for Omicron-Era," *Reuters* (March 28, 2023), https://www.reuters.com/business/healthcare-pharmaceuticals/who-changes-covid-vaccine-recommendations-2023- 03-28/.

[20] Postmedia News, "Privy Council Advocated Downplaying Covid Vaccine Injuries or Deaths.," *Toronto Sun* (June 6, 2023), https://torontosun.com/news/national/privy-council-advocated-downplaying-covid-vaccine-injuries-or-deaths.

[21] Joe Warmington, "Health Canada Deems 400 Deaths after Receiving Covid Vaccine Low.," *Toronto Sun* (January 21, 2023), https://torontosun.com/news/local-news/warmington-health-canada-deems-400-deaths-after-receiving-covid-vaccine-low.

[22] "Suspension of Rotavirus Vaccine after Reports of Intussusception--United States, 1999," *MMWR Morb Mortal Wkly Rep* 53, no. 34 (Sep 3 2004).

[23] Eric Payne and CCCA Science Committee Members, "Request to Halt Covid-19 Vaccinations in Children," (July 14, 2022), https://www.canadiancovidcarealliance.org/wp-content/uploads/2022/07/CCCA-Halt-vaccination-of-children-Officials-Letter-Jul-14-22.pdf.

[24] Allysia Finley, "Three Years Late, the Lancet Recognizes Natural Immunity," *Wall Street Journal* (Feb 26, 2023), https://www.wsj.com/articles/three-years-late-the-lancet-recognizes-natural-immunity-great-barrington-declaration-tech-censor-antibodies-mandates-b3ba912c.

[25] Covid- Forecasting Team, "Past Sars-Cov-2 Infection Protection against Re-Infection: A Systematic Review and Meta-Analysis," *Lancet* 401, no. 10379 (Mar 11 2023), http://dx.doi.org/10.1016/S0140-6736(22)02465-5.

hearings. Their Commissioners Report concluded that the COVID-19 genetic vaccines should be removed immediately from the Canadian market.[26]

## III. Any initial COVID genetic "vaccine" effectiveness was limited to months only. There is irrefutable evidence that any effectiveness wanes (i.e. need for repeated boosters), and in fact the more COVID genetic vaccinations one takes, the more likely one is to get infected with SARS-CoV-2.

19. Back on August 6, 2021, prior to any COVID-vaccine mandate, former CDC Director Dr. Walensky stated that these genetic COVID vaccines could no longer prevent transmission.[27] In fact, we now know from her emails obtained through Access to Information that she was discussing the problem of COVID vaccine breakthroughs with former NIH Director Dr. Francis Collins in January 2021.[28]

20. With respect to the Omicron SARS-CoV-2 mutations, which began affecting Canadians in mid-December 2021, the publicly available data since that time has shown that it is the fully vaccinated who have been more likely to get COVID-19 compared to the unvaccinated.

21. In fact, publicly available provincial statistics from Alberta, Ontario, and British Columbia, revealed that EVEN proportionally by vaccination status, the fully vaccinated were in fact MORE likely to catch the Omicron variant, than those who were unvaccinated (Appendix A, Figures 1-4).

22. A recent prospective observational study at Cleveland Clinic assessed the effectiveness of the COVID-19 bivalent vaccine among 50, 111 health care workers in the Fall 2022 vs. the omicron strains circulating at the time. In a dose-response fashion, you were more likely to be infected with COVID-19 the more shots one had taken (Appendix A, Figure 5).

23. The U.S. Center for Disease Control (CDC) also demonstrated negative vaccine effectiveness vs. omicron over time across all age groups including children (Appendix A, Figure 6).

[26] National Citizens Inquiry Commissioners Report, (September 14, 2023.), https://nationalcitizensinquiry.ca/commissioners-report/.
[27] Dr. Rochelle Walensky - Director CDC, "Cnn Comments - Covid-19 Vaccines Cannot Prevent Transmission," (August 6, 2021), https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html.
[28] Epoch Times Hans Mahncke, "Dr. Walensky Email to Dr. Francis Collins (Director Nih) Regarding "Vaccine Breakthroughs"," (June 2023), https://twitter.com/HansMahncke/status/1670972522790092801.

24. Negative vaccine effectiveness over time following injection with a genetic COVID-19 vaccine was also noted with Omicron in other countries including the United Kingdom,[29] Scotland,[30] Denmark,[31] and Sweden.[16]

25. The initial randomized controlled clinical trial for the Pfizer/BioNtech mRNA vaccine (BNT162b2), was funded by BioNTech and Pfizer.[32] It suggested 95% efficacy against COVID-19, as defined by their primary endpoint "efficacy of the vaccine against laboratory confirmed Covid-19 and [2-month] safety".

26. However, they disingenuously reported only the relative risk reduction (RRR) of 95%, instead of also including the absolute risk reduction (ARR) of 0.84%, which is a better indication of an individual's risk reduction for COVID-19. "It's an ethical imperative that every doctor and patient understand the difference between relative and absolute risks to protect patients against unnecessary anxiety and manipulation (2009 WHO bulletin, Gerd Gigerenzer, the director of the Max Planck institute)".[33]

27. Even the US FDA itself, in a 2011 "evidence-based user's guide" on communicating risk and benefits stated on page 60: "Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used.[34]

28. The initial randomized controlled clinical trial for the Moderna mRNA vaccine (mRNA-1273) showed 94.1% efficacy at preventing COVID-19 illness BUT only a 1.24% ARR.[35] This was funded by the National Institute of Allergy and Infectious Diseases (NIAID) and the Biomedical Advanced Research and Development Authority (BARDA).

29. The ARR also allows calculation of the number needed to vaccinate (NNV) to prevent one more case of COVID-19. With Pfizer that is 119 and with Moderna that is 81. Despite repeated public health official statements, there was never any chance that a "vaccine" with

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[29] UK Health Security Agency, *Covid-19 Vaccine Surveillance Report - Week 9* (March 3, 2022), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058464/Vaccine-surveillance-report-week-9.pdf.

[30] Public Health Scotland, *Public Health Scotland Covid-19 & Winter Statistical Report* (February 16, 2022), https://publichealthscotland.scot/media/11763/22-02-16-covid19-winter_publication_report.pdf.

[31] Astrid Blicher Schelde Christian Holm Hansen, Ida Rask Moustsen-Helm, Hanne-Dorthe Emborg, Tyra Grove Krause, Kåre Mølbak, Palle Valentiner-Branth on behalf of the Infectious Disease Preparedness Group at Statens Serum Institut "Vaccine Effectiveness against Sars-Cov-2 Infection with the Omicron or Delta Variants Following a Two-Dose or Booster Bnt162b2 or Mrna-1273 Vaccination Series: A Danish Cohort Study," *medRxiv* (December 23, 2021), http://dx.doi.org/ https://doi.org/10.1101/2021.12.20.21267966

[32] F. P. Polack et al., "Safety and Efficacy of the Bnt162b2 Mrna Covid-19 Vaccine," *N Engl J Med* 383, no. 27 (Dec 31 2020), http://dx.doi.org/10.1056/NEJMoa2034577.

[33] G. Gigerenzer, "Making Sense of Health Statistics," *Bull World Health Organ* 87, no. 8 (Aug 2009), http://dx.doi.org/10.2471/blt.09.069872.

[34] FDA - U.S. Food & Drug Administration, *Communicating Risks and Benefits: An Evidence-Based User's Guide*, ed. Noel T Brewer Baruch Fischhoff, Julie S. Downs (2011), https://www.fda.gov/about-fda/reports/communicating-risks-and-benefits-evidence-based-users-guide.

[35] L. R. Baden et al., "Efficacy and Safety of the Mrna-1273 Sars-Cov-2 Vaccine," *N Engl J Med* 384, no. 5 (Feb 4 2021), http://dx.doi.org/10.1056/NEJMoa2035389.

an ARR of ~ 1% and NNV > 80 would allow us to end the pandemic.[36] Thus, we knew (or should have known) that these COVID-19 genetic vaccines would never yield the purported 95% efficacy seen in the original adult Pfizer and Moderna trials and "end the pandemic".

30. In Federal Court cross examination on June 3, 2022, Celia Lourenco, the Government of Canada official responsible for approving the COVID genetic vaccines in Canada, admitted that to receive approval, these genetic vaccines needed to achieve only at least 50% relative risk reduction regarding efficacy against infection for at least a short duration (i.e. initial trials limited only to 2-months). Absolute risk reduction was not used as part of the approval criteria. "Protection" from severe illness and death were secondary endpoints, and while considered, they were not needed in the approval process. Further, she admitted that she never considered whether the COVID genetic vaccines prevented transmission, as transmission was not an outcome measure that was assessed. [37]

31. Further, the landmark clinical trials for all the COVID-genetic vaccines in adults and pediatrics were NOT designed or powered to assess for vaccine protection from severe COVID-19 infection outcomes. None of the published trial participants who caught COVID-19 during the trials even required hospital admission.

32. Subsequently, a Swedish total population cohort study published in Lancet included 1,685,948 patients from the Swedish nationwide registers, observing that the Pfizer (BNT162b2) vaccine effectiveness waned progressively from 92% at DAY 15-30, to 47% at DAY 121-180, and from DAY 211 onward no effectiveness could be detected (23%). Further, the ability of this vaccine to prevent severe outcomes waned from 89% at DAY 15-30, to 64% from DAY 121 onward. [38]

33. A large study across 68 countries and 2947 U.S. counties studied the relationship between the percentage of the population fully vaccinated and new COVID-19 cases.[39] The countries and U.S. counties with the highest vaccination rates had more COVID-19 cases. Similarly, 4 of the 5 U.S. counties with the highest percentage of population fully vaccinated, are listed by the CDC as "high" transmission counties, while 50 "low" transmission counties had only 20% of their population fully vaccinated.

34. A study at the University of California Davis, Genome Center and UCSF found that there was no significant difference in viral load between vaccinated and unvaccinated groups, or

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[36] P. Olliaro, E. Torreele, and M. Vaillant, "Covid-19 Vaccine Efficacy and Effectiveness-the Elephant (Not) in the Room," *Lancet Microbe* 2, no. 7 (Jul 2021), http://dx.doi.org/10.1016/S2666-5247(21)00069-0.

[37] Federal Court between the Honourable A. Brian Peckford, Leesha Nikkanen, Ken Baigent, Drew Belobaba, Natlkie Grcic, and Aeden Macdonald vs. The Attorney General of Canada. https://www.doakshirreff.com/cross-examination-of-celia-lourenco/

[38] P. Nordstrom, M. Ballin, and A. Nordstrom, "Risk of Infection, Hospitalisation, and Death up to 9 Months after a Second Dose of Covid-19 Vaccine: A Retrospective, Total Population Cohort Study in Sweden," *Lancet* 399, no. 10327 (Feb 26 2022), http://dx.doi.org/10.1016/S0140-6736(22)00089-7.

[39] Akhil Kumar S. V. Subramanian, "Increases in Covid-19 Are Unrelated to Levels of Vaccination across 68 Countries and 2947 Counties in the United States," *European Journal of Epidemiology* 36 (September 30, 2021), http://dx.doi.org/https://doi.org/10.1007/s10654-021-00808-7.

between asymptomatic and symptomatic groups infected with the Delta variant, suggesting a similar ability to catch and transmit COVID regardless of vaccination status.[40]

35. Similarly, a University of Wisconsin-Madison study showed that vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the Delta variant. "Thus, neither vaccine status nor the presence of symptoms should influence the recommendation and implementation of public health practices designed to mitigate the spread of COVID-19." [41]

36. Several prospective observational studies, including a U.S. national nursing home study, and a Mayo Clinic Health Systems study, both showed that with respect to the Delta SARS-Cov-2 variant, the mRNA vaccines were only "preventing transmission" about half the time. [42]

37. On July 23, 2021, Israel's Health Ministry indicated that a complete course of the Pfizer/BioNTech mRNA vaccine was just 39% effective at preventing infections and 41% effective at preventing symptomatic illness with the Delta variant but remained 91% effective at preventing serious illness and hospitalization. [43] However, by August 16, 2021, and despite having 78% of those 12 and older fully vaccinated, 59% of gravely ill patients in Israel were fully vaccinated.[44]

38. Note that all COVID-19 vaccines approved by WHO and FDA were previously required to have an efficacy rate of 50% or above.[45]

39. These COVID genetic vaccines do not prevent and are likely facilitating transmission and infection with subsequent SARS-CoV-2 variants. Any direct benefit to an individual or to society at large is thus non-existent from the transmission perspective. In fact, given current data indicating that the fully COVID vaccinated are the most likely to get COVID. Canada should join numerous other jurisdictions and remove these genetic "vaccines" pending a full review.

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[40] Charlotte B Acharya et al., "Viral Load among Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Persons Infected with the Sars-Cov-2 Delta Variant," *Open Forum Infectious Diseases* 9, no. 5 (2022), accessed 10/2/2022, http://dx.doi.org/10.1093/ofid/ofac135.

[41] Kasen K. Riemersma et al., "Shedding of Infectious Sars-Cov-2 Despite Vaccination," *medRxiv* (2022), http://dx.doi.org/10.1101/2021.07.31.21261387.

[42] A. Puranik et al., "Comparison of Two Highly-Effective Mrna Vaccines for Covid-19 During Periods of Alpha and Delta Variant Prevalence," *medRxiv* (Aug 21 2021), http://dx.doi.org/10.1101/2021.08.06.21261707.

[43] Robert Hart, "Pfizer Shot Just 39% Effective against Delta Infection, but Largely Prevents Severe Illness, Israel Study Suggests," *Forbes Magazine article based on Israel Health Ministry data* (July 23, 2021), https://www.forbes.com/sites/roberthart/2021/07/23/pfizer-shot-just-39-effective-against-delta-infection-but-largely-prevents-severe-illness-israel-study-suggests/?sh=6817d93e584f.

[44] Meredith Wadman, "A Grim Warning from Israel: Vaccination Blunts, but Does Not Defeat Delta," *Science* (August 16, 2021), https://www.science.org/content/article/grim-warning-israel-vaccination-blunts-does-not-defeat-delta.

[45] U.S. Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research, "Fda Development and Licensure of Vaccines to Prevent Covid-19 Guidance for Industry.," (June 2020), https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection; FDA development and licensure of vaccines to prevent covid-19 guidance for industry. .

**IV. . COVID-19 very rarely causes serious illness and death among those under 70 years of age, especially if they lack other comorbidities. Real world effectiveness data now show that the ability of COVID genetic vaccines to prevent serious illness and death was incomplete and time dependent at best, and indeed they appear to be facilitating serious illness, including death.**

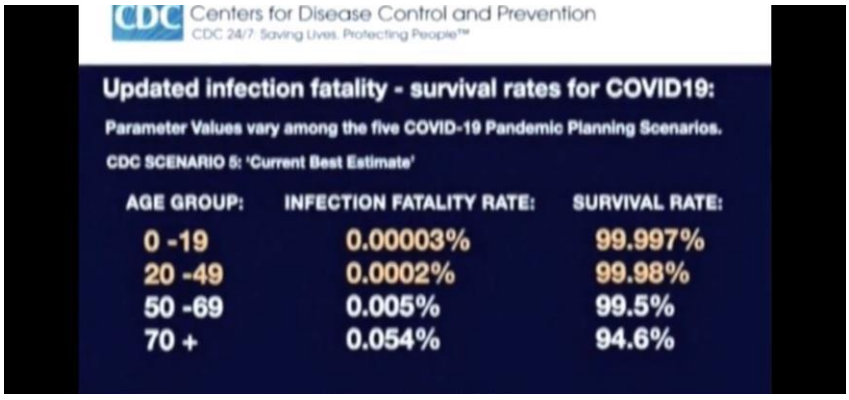
40. In Alberta, the average age with/from COVID death is 78 years.[46] As of January 13, 2022, Alberta COVID statistics indicated that among positive COVID cases, only 3.8% required hospitalizations and 0.7% required ICU admission. These numbers have remained very stable throughout the pandemic, including pre-vaccination.

41. In Alberta, from pandemic onset until June 27, 2022, there were a total of 588,691 confirmed PCR positive cases (which is a massive underrepresentation of total cases), 27,488 total hospitalizations with/from COVID, 4,097 total ICU hospitalizations with/from COVID, and 4,621 deaths with/from COVID. Therefore, among ~ 4.5 M Albertans, 0.61% were hospitalized, 0.091% required ICU admission, and 0.1% died.

42. Among those Albertans > 50 years of age, total cases = 152,983, total hospitalizations = 19,343, total ICU admissions = 2890, and total deaths = 4442. Therefore, those individuals > 50 years have comprised 70% of all COVID-related hospitalizations and ICU admissions, and 96% of all COVID-related deaths (Appendix A, Figure 7).

43. Both the public Alberta (Appendix A, Figure 8A) and Canadian data show that the risk for severe disease and deaths is extremely skewed to those above 70 years of age, especially those with multiple comorbidities. As of May 13, 2022, only 2.8% of all COVID-19 related deaths in Canada occurred in those under 50 years of age (Appendix A, Figure 8B).

44. The CDC Table below shows the infection fatality rate and survival rates for COVID-19, showing the increased risk of death beyond 70 years old. This supports the recent Denmark decision to no longer recommends the COVID vaccines to those under 50 years old.




[46] Alberta Health, "Covid-19 Alberta Statistics, Publicly Available.," (March 31, 2022), https://www.alberta.ca/stats/covid-19-alberta-statistics.htm.

45. As of June 27, 2022, uptake on the third COVID genetic vaccine in Alberta remained stable ay 39%, essentially plateauing mid-January 2022 (Appendix A, Figure 9A). While among kids in Alberta, the COVID vaccine uptake has also been low with less than 40% of kids aged 5-11 years having received 2 shots, and less than 20% of those aged 12-19 have taken 3 COVID shots (Appendix A, Figure 9B). Most parents are now apparently aware that COVID brings almost zero risk to their children, that these genetic "vaccines" do not stop transmission, and that the potential harms including serious illness and death are real and not rare.

46. Despite low uptake on the third and subsequent COVID boosters, over the 120 days in Alberta preceding July 4, 2022, 71.3% of all deaths occurred among the double or triple COVID vaccinated, including 61% who had received 3 doses (Appendix A, Figure 10A). Further, 76% of all ICU admissions with/from COVID during this time occurred in the double or triple vaccinated, including 44% who had received 3 doses (Appendix A, Figure 10B).

47. In British Columbia between March 13 – April 30, 2022, public data revealed that the COVID-vaccinated accounted for 93% of COVID-19 related deaths, including 76% who had received 3 injections, and 15% who had received 2 injections (Appendix A, Figure 4). This is despite only 51% uptake provincially on the 3rd injection at the time.

48. Similarly, the United Kingdom Health Security Agency week 9 March 2022 report revealed that 9 out of 10 COVID deaths occurred in the fully vaccinated. Specifically, among 3957 deaths, 3540 had received at least 1 dose (3429 had received at least 2 doses) = 89.5%, and only 397 deaths occurred among the unvaccinated.[24]

49. Also consider that 30-50% of all COVID deaths, died with and not from COVID. Dr. Anthony Fauci stated on December 13, 2021: "The other important thing is that you look at the children that are hospitalized many of them are hospitalized with COVID as opposed to because of COVID". "So it's over counting the number of children who are 'hospitalized' with COVID as opposed to because of COVID." [47]

50. For instance, Ontario revised its COVID-19 counts indicating that only half of the previously reported hospitalizations were actually due to COVID-19, [48] and the CDC also recently corrected reporting errors in its overall COVID-19 death counts by 72,722 deaths including 416 pediatric deaths, and adjustment that cut the CDC's estimates of deaths in children by 24%.[49]

[47] Dr. Anthony Fauci - Director NIAID, "Comments About Kids Being Admitted with and Not Because of Covid on Msnbc," (December 31, 2021), https://www.newsweek.com/fauci-children-hospital-covid-omicron-1664676.
[48] Ryan Rocca, "46% of Those Currently Hospitalized with Covid in Ontario Were Admitted for Other Reasons: New Data," *Global News* (January 11, 2022), https://globalnews.ca/news/8502714/ontario-incidental-covid-hospitalizations-january-11/.
[49] Hannah Beier, "Cdc Reports Fewer Covid-19 Pediatric Deaths after Data Correction," *Reuters* (March 18, 2022), https://www.reuters.com/business/healthcare-pharmaceuticals/cdc-reports-fewer-covid-19-pediatric-deaths-after-data-correction-2022-03-18/.

**V. Possible pathophysiologic mechanisms behind this lack of COVID-genetic "vaccine" effectiveness including vaccine-induced enhancement over-time which was highly predicted prior to genetic "vaccine" roll-out.**

51. Prior to COVID-vaccine mandates, a group of international experts stated in the New England Journal Medicine regarding SARS-CoV-2 variants and vaccines: "viral variants of concern may emerge with dangerous resistance to the immunity generated by the current vaccines".[50] Among their recommendations were: "avoid the use of treatments with uncertain benefit that could drive the evolution of variants; and consider targeted vaccination strategies to reduce community transmission."

52. With widespread dissemination of COVID-19-genetic vaccines during the pandemic, we have placed enormous evolutionary pressure on SARS-CoV-2 to continue mutating to evade our immune system, gain cell entry, replicate, and possibly cause illness. And we continue to use very "leaky" vaccines (i.e., poor at stopping transmission), making viral evasion from our antibodies that much easier. Only the fit will survive. Consider the reasonable analogy of antibiotic resistance – this is driven by the widespread and inappropriate use of antibiotics, not by people avoiding antibiotics.[51]

53. Numerous previous attempts at generating vaccines (not just genetic vaccines) against respiratory viruses, including SARS, have led to vaccine-associated disease enhancement, including numerous animal trials where the previously vaccinated animals died upon exposure to the actual virus through antibody dependent enhancement.[52]

54. The negative vaccine effectiveness that we saw globally with Omicron, suggests some degree of vaccine-induced enhancement, which was predicted and acknowledged as a possible vaccine sequela by the FDA and CDC, and numerous experts. Possibilities to explain this phenomenon include antibody dependent enhancement,[53,54] original antigenic sin immune imprinting - whereby the first encounter with the virus or vaccine-induced spike protein inappropriately shapes subsequent immune responses to the live SARS-CoV-2 virus,[55] and/or immune exhaustion - whereby multiple boosters over a short period of time overwhelms the potential immune response upon viral exposure.[56]

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[50] P. R. Krause et al., "Sars-Cov-2 Variants and Vaccines," *N Engl J Med* 385, no. 2 (Jul 8 2021), http://dx.doi.org/10.1056/NEJMsr2105280.
[51] A. H. Holmes et al., "Understanding the Mechanisms and Drivers of Antimicrobial Resistance," *Lancet* 387, no. 10014 (Jan 9 2016), http://dx.doi.org/10.1016/S0140-6736(15)00473-0.
[52] Shan Su, Lanying Du, and Shibo Jiang, "Learning from the Past: Development of Safe and Effective Covid-19 Vaccines," *Nature Reviews Microbiology* 19, no. 3 (2021/03/01 2021), http://dx.doi.org/10.1038/s41579-020-00462-y.
[53] Y. Wan et al., "Molecular Mechanism for Antibody-Dependent Enhancement of Coronavirus Entry," *J Virol* 94, no. 5 (Feb 14 2020), http://dx.doi.org/10.1128/JVI.02015-19.
[54] W. S. Lee et al., "Antibody-Dependent Enhancement and Sars-Cov-2 Vaccines and Therapies," *Nat Microbiol* 5, no. 10 (Oct 2020), http://dx.doi.org/10.1038/s41564-020-00789-5.
[55] K. Roltgen et al., "Immune Imprinting, Breadth of Variant Recognition, and Germinal Center Response in Human Sars-Cov-2 Infection and Vaccination," *Cell* 185, no. 6 (Mar 17 2022), http://dx.doi.org/10.1016/j.cell.2022.01.018.
[56] Philip L. F. Johnson et al., "Vaccination Alters the Balance between Protective Immunity, Exhaustion, Escape, and Death in Chronic Infections," *Journal of Virology* 85, no. 11 (2011), http://dx.doi.org/doi:10.1128/JVI.00166-11.

55. Antibody-dependent enhancement (ADE) occurs when antibodies facilitate viral entry into host cells and enhance viral infection in these cells. It has been observed for many viruses including coronaviruses. In fact, as part a multicenter paper that included Dr. Zhengli Shi from the Wuhan Institute of Virology (who was known for her work with bat viruses, a.k.a. the "Bat Lady"), entitled "Molecular mechanism for antibody-dependent enhancement of coronavirus entry," authors describe a novel mechanism for ADE: a neutralizing antibody binds to the surface spike protein of coronaviruses like a viral receptor, triggers a conformational change of the spike, and mediates viral entry. This paper was submitted for publication pre-pandemic November 27, 2019.[34]

56. Subsequently, researchers found "facilitating" antibodies bound to the NTD region of the Delta spike variant (located behind the contact surface so that it does not interfere with the virus-cell attachment). "Inasmuch as neutralizing antibodies overwhelm facilitating antibodies, ADE is not a concern. However, the emergence of SARS-CoV-2 variants may tip the scales in favor of infection enhancement. Our structural and modeling data suggest that it might be indeed the case for Delta variants."[57]

57. More recently against Omicron, further evidence of mRNA vaccine-induced ADE was observed. Researchers stated: "Although sera collected from mRNA-vaccinated individuals exhibited neutralizing activity, some sera gradually exhibited dominance of ADE activity in a time-dependent manner. None of the sera examined exhibited neutralizing activity against infection with the Omicron strain. Rather, some ADE of Omicron infection was observed in some sera. These results suggest the possible emergence of adverse effects caused by these antibodies in addition to the therapeutic or preventive effect.[58]

58. This vaccine-induced enhancement will likely continue and worsen. In contrast, natural acquired immunity is likely to provide sustained relative protection from subsequent COVID variants, especially against severe illness and death. While initially deemed disinformation by public health officials, natural acquired-immunity clearly provides immunity that is more durable and robust compared to any time-limited COVID-vaccine induced immunity.[59,60,61]

59. The initial large COVID genetic "vaccine" trials were clearly deficient, and real-world effectiveness did not replicate the relative risk reduction efficacy reported in these trials.

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[57] N. Yahi, H. Chahinian, and J. Fantini, "Infection-Enhancing Anti-Sars-Cov-2 Antibodies Recognize Both the Original Wuhan/D614g Strain and Delta Variants. A Potential Risk for Mass Vaccination?," *J Infect* 83, no. 5 (Nov 2021), http://dx.doi.org/10.1016/j.jinf.2021.08.010.

[58] Jun Shimizu et al., "Reevaluation of Antibody-Dependent Enhancement of Infection in Anti-Sars-Cov-2 Therapeutic Antibodies and Mrna-Vaccine Antisera Using Fcr- and Ace2-Positive Cells," *Scientific Reports* 12, no. 1 (2022/09/16 2022), http://dx.doi.org/10.1038/s41598-022-19993-w.

[59] Dr. Paul Alexander, "150 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted. ," *Brownstone Institute Articles*September 2, 2022, https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/.

[60] Finley.

[61] Team.

Subsequently, the first bivalent COVID genetic vaccine was not tested in humans, as they only tested 8 mice. The CDC advisory committee did not even know the dosage of the new bivalent vaccines until their September 1, 2022, meeting, nor did the FDA know the dosing or the variant mRNA composition at the time they approved the original bivalent boosters.[62]

## VI. Current COVID genetic vaccines are causing unprecedented harm, including serious injuries and death. The long-term consequences of these experimental vaccines remain unknown but growing evidence suggests incredible harm is possible.

60. Published independent evaluation of the adult trial data submitted by Pfizer and Moderna to the FDA and used to obtain approval for their novel genetic vaccines, revealed an actual risk of developing a serious adverse event of 1 in 800 patients. Serious adverse events included death, life-threatening event, hospitalization, and persistent disability/incapacity.[63]

61. Responding to a freedom of information act request, the FDA went to court to try to delay the release – for 55-75 years – of the Pfizer vaccine-related documents it relied on to license the genetic vaccine.[64] The first document dump included 3 month passive surveillance data from December 1 – Feb 28, 2021.[65] They reported 42,086 cases of adverse events and 1223 deaths. The report was also remarkable for its ongoing censorship of key data.[66]

62. The FDA went to court to try to prevent the release of Pfizer's 6-month outcome data from their original adult phase 3 trial. This data revealed greater illness and at least 6 additional deaths in the vaccine arm than the placebo arm. It also revealed poor trial design, missing data, and underpowered studies.[67] Appendix A, Figure 11, summarizes the 6-month Class 1 evidence of increased illness and death among those who received the Pfizer vaccine.

63. The Canadian government through Canada's Vaccine Injury Support has already awarded damages following the death of Hannelore Wagner, who died January 16, 2021, shortly after receiving the Moderna COVID injection, [68] and Ross Wightman, a young family man

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[62] Dr. Meryl Nass, "New High-Speed Covid Boosters Are Here, without Human Testing," *The Epoch Times* September 18, 2022, https://www.theepochtimes.com/new-high-speed-covid-boosters-are-here-without-human-testing_4738111.html?utm_source=ai&utm_medium=search.
[63] J. Fraiman et al., "Serious Adverse Events of Special Interest Following Mrna Covid-19 Vaccination in Randomized Trials in Adults," *Vaccine* 40, no. 40 (Sep 22 2022), http://dx.doi.org/10.1016/j.vaccine.2022.08.036.
[64] Jenna Greene, "'Paramount Importance': Judge Orders Fda to Hasten Release of Pfizer Vaccine Docs," *Reuters* (January 7, 2022), https://www.reuters.com/legal/government/paramount-importance-judge-orders-fda-hasten-release-pfizer-vaccine-docs-2022-01-07/.
[65] Pfizer/BioNtech, "Foia Requested Pfizer Covid Vaccine Documents Submitted to Fda," *Public Health and Medical Professionals for Transparency Documents* (2022).
[66] Pfizer, "5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of Pf-07302048 (Bnt162b2) Received through 28-Feb-2021," *FOIA request - Public Health and Medical Professionals for Transparency Documents* (November 2021), https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf.
[67] S. J. Thomas et al., "Safety and Efficacy of the Bnt162b2 Mrna Covid-19 Vaccine through 6 Months," *N Engl J Med* 385, no. 19 (Nov 4 2021), http://dx.doi.org/10.1056/NEJMoa2110345.
[68] Neil Corbett, "Maple Ridge Woman Compensated for Mother's Death from Covid-19 Vaccine.

from B.C. who was hospitalized with Guillain-Barre Syndrome just days after his first and only Oxford-AstraZeneca COVID-19 vaccine.[69]

64. The CDC has a longstanding active vaccine surveillance injury reporting system called V-safe. This was also used during the U.S. rollout of the COVID genetic vaccines. Recipients are prospectively enrolled to report any side effects over the subsequent weeks. While the data was always publicly available, the CDC went to court to prevent release of their COVID vaccine data. After 2 lawsuits and 463 days, they released the data. It showed that post receiving a COVID genetic vaccine, 7.7% of patients had to seek medical attention, and 25% missed work or school or had a bad reaction requiring medical attention (Appendix A, Figure 12).

65. Passive surveillance systems, including the CDC and FDA's Vaccine Adverse Reporting System (VAERS) "is the nation's early warning system that monitors the safety of vaccines after they are authorized or licensed for use by the FDA".[70] It is a self-reporting system that does not prove causality but rather is designed to help identify adverse events signals (i.e., COVID-19 vaccine thrombotic events and myocarditis). "VAERS scientists look for unusually high numbers of reports of an adverse event after a particular vaccine or a new pattern of adverse events".

66. While you would certainly expect a spike in the reports submitted during a pandemic where we are using an experimental vaccine technology, it is also true that adverse events reported in VAERS are historically vastly underreported. In the 2009 Harvard Pilgrim Health Care study assessing the VAERS, "fewer than 1% of vaccine adverse events are reported [to the FDA]." [71]

67. During 1997-2013, VAERS received 2149 death reports and "no concerning pattern" was observed among any of their vaccines.[72]

68. But as Senator Ron Johnson wrote August 22, 2021: "the 12,791 deaths related to Covid-19 vaccines reported on VAERS over the period of 8 months, compares to 8,966 deaths related to all other vaccines reported on VAERS since the inception of VAERS – a period of 31 years".[73] He continued, "VAERS is also reporting 16,044 permanent disabilities,

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Frustrated by Canada's Vaccine Injury Support Program.," *Maple Ridge-PItt Meadows News*September 6, 2022, https://www.mapleridgenews.com/news/maple-ridge-woman-compensated-for-mothers-death-from-covid-19-vaccine/.

[69] Jon Hernandez, "B.C. Man among First Canadians Approved for Covid-19 Vaccine Injury Payout," *CBC*June 1, 2022, https://www.cbc.ca/news/canada/british-columbia/bc-man-vaccine-injury-payout-1.6472636.

[70] CDC, "Vaccine Adverse Event Reporting System (Vaers) - Description," (2022), https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html.

[71] R. Lazarus, Klompas, M., Harvard Pilgrim Health Care, Inc, Steve Bernstein, *Electronic Support for Public Health-Vaccine Adverse Event Reporting System (Esp:Vaers)* (2010), https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf.

[72] P. L. Moro et al., "Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997-2013," *Clin Infect Dis* 61, no. 6 (Sep 15 2015), http://dx.doi.org/10.1093/cid/civ423.

[73] U.S. Senator Ron Johnson, "Press Release: Sen. Johnson to Federal Health Agencies: Expediting Approval Process Appears to Serve the Political Purpose of Imposing and Enforcing Vaccine Mandates," (August 2021),

51,242 hospitalizations, and 571,831 total adverse events related to the Covid-19 vaccines." (Appendix A, Figure 13).

69. Other international safety databases have identified this huge safety signal among the COVID genetic vaccines including the World Health Organization's VigiAccess database (Appendix A, Figure 14). Specifically, as of March 31, 2022, the COVID-19 vaccines have generated 3,525,837 adverse reports, including 1,411,632 nervous system disorders. In contrast, the mumps vaccine since 1972 has generated only 723 adverse reports (Appendix A, Figure 15).

70. Severe illness and death from COVID-19 is exceptionally rare in the young and healthy. Consider, that Pfizer in its October 26, 2021, briefing document submission to the FDA to get their COVID vaccine approved in kids aged 5-11 years, indicated in their modeling of severe events that 1 million fully injected kids in this age group might prevent 1 death. They also predicted about 34 "excess myocarditis ICU admissions" among these 1 million patients (Appendix A, Figure 16).[74] At minimum, these numbers are also relevant to younger adults, especially younger male adults.

71. Projecting zero deaths among 34 "excess myocarditis ICU admissions" appears optimistic at best, as cohort studies among hospitalized pediatric myocarditis patients prior to COVID-19 observed death in > 15% of cases, and while most deaths occur in the first few days, death can also occur years later.[75,76,77,78,79] One would expect a young healthy heart to recover better than that of an elderly patient with comorbidities.

72. Very recently, autopsy findings from two adolescents who were found dead in bed 3 and 4 days after receiving the second Pfizer-BioNTech COVID-19 dose, revealed microscopic myocardial injury resembling a catecholamine-induced injury, not typical myocarditis.[80]

73. Indeed, a large portion of adolescents presenting to the Seattle Children's Hospital with Pfizer COVID-19 mRNA-vaccine-related myopericarditis, have persistent "late

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https://www.ronjohnson.senate.gov/2021/8/sen-johnson-to-federal-health-agencies-expediting-approval-process-appears-to-serve-the-political-purpose-of-imposing-and-enforcing-vaccine-mandates.

[74] Pfizer, "Fda Briefing Document. Vaccines and Related Biological Products Advisory Committee Meeting, October 26, 2021. Eua Amendment Request for Pfizer-Biontech Covid-19 Vaccine Use in Children 5 through 11 Years of Age. ," (October 26, 2021), https://www.fda.gov/media/153447/download.

[75] K. J. Lee et al., "Clinical Outcomes of Acute Myocarditis in Childhood," *Heart* 82, no. 2 (Aug 1999), http://dx.doi.org/10.1136/hrt.82.2.226.

[76] S. A. Teele et al., "Management and Outcomes in Pediatric Patients Presenting with Acute Fulminant Myocarditis," *J Pediatr* 158, no. 4 (Apr 2011), http://dx.doi.org/10.1016/j.jpeds.2010.10.015.

[77] Y. J. Chang et al., "Analysis of Clinical Parameters and Echocardiography as Predictors of Fatal Pediatric Myocarditis," *PLoS One* 14, no. 3 (2019), http://dx.doi.org/10.1371/journal.pone.0214087.

[78] B. W. Duncan et al., "Mechanical Circulatory Support for the Treatment of Children with Acute Fulminant Myocarditis," *J Thorac Cardiovasc Surg* 122, no. 3 (Sep 2001), http://dx.doi.org/10.1067/mtc.2001.115243.

[79] I. Wilmot et al., "Effectiveness of Mechanical Circulatory Support in Children with Acute Fulminant and Persistent Myocarditis," *J Card Fail* 17, no. 6 (Jun 2011), http://dx.doi.org/10.1016/j.cardfail.2011.02.008.

[80] J. R. Gill, R. Tashjian, and E. Duncanson, "Autopsy Histopathologic Cardiac Findings in Two Adolescents Following the Second Covid-19 Vaccine Dose," *Arch Pathol Lab Med* (Feb 14 2022), http://dx.doi.org/10.5858/arpa.2021-0435-SA.

gadolinium enhancement" on cardiac MRI. [81] Which raises concern for potential long-term effects as "positive late gadolinium enhancement is a powerful prognosticator of adverse outcome in myocarditis."[82]

74. There is increased risk of pericarditis and myocarditis post vaccine compared to post SARS-COV-2 infection. Canada has limited the use of Moderna among young people because of suspected myocarditis rates of between 1:3000 or 1:5000, vs. closer to 1:18000 post Pfizer vaccine.

75. A large population-based Israeli paper recently found that the COVID infection itself, prior to roll-out of the COVID-vaccine, conferred NO increase in the risks of either myocarditis or pericarditis from COVID-19, strongly suggesting that the increases observed in earlier studies were because of the mRNA vaccines, with or without COVID-19 infections as an additional risk in the vaccinated.[83]

76. A 2017 pre-COVID nationwide study in Finland observed that myocarditis leading to hospital admission is relatively uncommon in children, with the overall incidence rate of myocarditis found to be 1.95 per 100,000 person-years. The incidence rate ratio increased to 3.5 per 100,000 person-years among children aged 11-15 years and was highest among males.[84]

77. In contrast, a recent prospective COVID-19 vaccine study from Thailand recruited 301 healthy students aged 13-18 years and observed cardiovascular manifestations in 29% post vaccination, with 1 in 43 participants (2.3%) suspected or confirmed to have heart or pericardial inflammation. Myopericarditis was confirmed in 1 patient after vaccination, 2 patients had suspected pericarditis, and 4 patients had suspected subclinical myocarditis. While authors suggest this inflammation was temporary, with all cases "fully recovered" within 14 days, the study only collected data at baseline, Day 3, Day 7, and Day 14 was optional.[85]

78. A recent well-designed cohort of 23 million Nordic residents, evaluated the risk of myocarditis and pericarditis within 28-days post SARS-CoV-2 vaccinations.[86] For individuals receiving 2 doses of the same vaccine, risk of myocarditis was highest among young males aged 16-24 years after the second dose. These findings are compatible with

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[81] J. Schauer et al., "Persistent Cardiac Mri Findings in a Cohort of Adolescents with Post Covid-19 Mrna Vaccine Myopericarditis," *J Pediatr* (Mar 26 2022), http://dx.doi.org/10.1016/j.jpeds.2022.03.032.
[82] F. Yang et al., "The Prognostic Value of Late Gadolinium Enhancement in Myocarditis and Clinically Suspected Myocarditis: Systematic Review and Meta-Analysis," *Eur Radiol* 30, no. 5 (May 2020), http://dx.doi.org/10.1007/s00330-019-06643-5.
[83] Ortal Tuvali et al., "The Incidence of Myocarditis and Pericarditis in Post Covid-19 Unvaccinated Patients&Mdash;a Large Population-Based Study," *Journal of Clinical Medicine* 11, no. 8 (2022), https://www.mdpi.com/2077-0383/11/8/2219.
[84] Anita Arola et al., "Occurrence and Features of Childhood Myocarditis: A Nationwide Study in Finland," *Journal of the American Heart Association* 6, no. 11 (2017), http://dx.doi.org/doi:10.1161/JAHA.116.005306.
[85] Suyanee Mansanguan et al., "Cardiovascular Manifestation of the Bnt162b2 Mrna Covid-19 Vaccine in Adolescents," *Tropical Medicine and Infectious Disease* 7, no. 8 (2022), https://www.mdpi.com/2414-6366/7/8/196.
[86] Øystein Karlstad et al., "Sars-Cov-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents," *JAMA Cardiology* 7, no. 6 (2022), accessed 10/3/2022, http://dx.doi.org/10.1001/jamacardio.2022.0583.

between 4 and 7 excess events in 28 days per 100 000 vaccinees after Pfizer BNT162b2, and between 9 and 28 excess events per 100 000 vaccinees after Moderna mRNA-1273.

79. A recent paper in *Nature* revealed a 25% increase in both acute coronary syndrome and cardiac arrest calls in the 16- to 39-year-old age groups significantly associated with administration with the first and second doses of the mRNA vaccines but NO association with COVID-19 infection.[87]

80. Another very recent autopsy series identified undiagnosed myocarditis as the cause of death among otherwise healthy individuals who "died suddenly" within 20 days following an anti-SARS-Cov-2 genetic vaccine.[88]

81. Unsurprisingly, officials in Finland, Norway, Denmark, Sweden, and Iceland have all suspended the use of Moderna vaccine for younger people due to the risk of myocarditis.[89]

**VII. The available COVID-genetic vaccine biodistribution data now overwhelmingly acknowledges the widespread distribution of these vaccines and their products throughout the brain and body. This raises legitimate concerns of increased long-term injuries and death, at a time when increased all-cause mortality has reached catastrophic high levels, especially among those *least* at risk from SARS-CoV-2.**

82. When these novel COVID-injections were first rolled-out to the population, it was considered disinformation to suggest that these COVID-genetic vaccines did not remain at the site of injection and might continue to circulate for days to weeks. As such, we were reassured that we did not need to really worry about any long-term consequences.

83. As of October 2, 2022, the Canadian Government states on their website: "COVID-19 vaccines that use mRNA platforms contain modified nucleotides that code for the SARS-CoV-2 spike protein. A lipid nanoparticle formulation delivers the mRNA into the recipient's cells. Once inside the cytoplasm of a cell, the mRNA provides instructions to the cell's protein production machinery to produce the trans-membrane spike protein antigen that becomes anchored on the cell's external surface. The mRNA does not enter the nucleus of the cell and does not interact with, or alter, human DNA. The mRNA, lipid nanoparticle, and spike protein are degraded or excreted within days to weeks from time of immunization." [90]

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[87] Christopher L. F. Sun, Eli Jaffe, and Retsef Levi, "Increased Emergency Cardiovascular Events among under-40 Population in Israel During Vaccine Rollout and Third Covid-19 Wave," *Scientific Reports* 12, no. 1 (2022/04/28 2022), http://dx.doi.org/10.1038/s41598-022-10928-z.

[88] C. Schwab et al., "Autopsy-Based Histopathological Characterization of Myocarditis after Anti-Sars-Cov-2-Vaccination," *Clin Res Cardiol* (Nov 27 2022), http://dx.doi.org/10.1007/s00392-022-02129-5.

[89] Jack Phillips, "Fda Responds to Nordic Countries Suspending Moderna Covid Vaccine Usage.," *The Epoch Times* (October 11, 2021), https://www.theepochtimes.com/mkt_breakingnews/fda-responds-to-nordic-countries-suspending-moderna-covid-vaccine-usage_4042820.html.

[90] Government of Canada, "Covid-19 Vaccine: Canadian Immunization Guide. For Health Professionals. ," (August 29, 2022), https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html.

84. It was difficult to initially obtain what is typically very standard pharmacokinetic and biodistribution data provided about a new vaccine or drug. We now have confirmation that both Pfizer [91] and Moderna [92] genetic vaccines do distribute widely throughout the body and brain, despite reassurance that they stay at the injection site.

85. Canadian immunologist and vaccine researcher Dr. Byram Bridle (Guelph University) was awarded a large government grant for research on COVID-19 vaccine development. Only through a Freedom of Information Act, did he and other scientists subsequently gain access to Pfizer's rat biodistribution study from the Japanese regulatory agency. It clearly showed that when injected intramuscularly, the concentration was highest at the dosing site, then the liver, and then detected in the spleen, adrenal glands, and ovaries.[93]

86. When injected intravenously, the S1 protein of SARS-CoV-2 was found to cross the blood-brain-barrier in mice. Inflammation potentiated this uptake. The S1 protein entered all brain regions, with no statistical difference among them, including cortex, olfactory bulb, striatum, thalamus and hypothalamus, hippocampus, cerebellum, and brainstem.[94]

87. A prospective biodistribution study among 13 healthcare workers at Harvard, revealed that the spike protein did circulate in their plasma for several days to weeks.[95] Specifically, spike (S1 antigen) was detected as early as day one post vaccination and peak levels were detected on average 5 days post first injection, and in all participants declined and became undetectable by day 14.

88. Similarly, a more recent study observed vaccine mRNA in the blood at 15 days post-vaccination. [96] More recently, the presence of viral spike protein and vaccinal spike protein in the blood of serum of patients with long-COVID syndrome was found to last at least several months.[97]

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[91] Australian Government Department of Health - Therapeutic Goods Administration, *Nonclinical Evaluation Report. Bnt162b2 [Mrna] Covid-19 Vaccine (Comirnatytm). Submission No: Pm-2020-05461-1-2.* (January 2021), https://www.tga.gov.au/sites/default/files/foi-2389-06.pdf.

[92] European Medicines Agency, "Assessment Report - Covid-19 Vaccine Moderna," (March 11, 2021), https://www.ema.europa.eu/en/documents/assessment-report/spikevax-previously-covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf.

[93] Pfizer Japan, "Sars-Cov-2 Mrna Vaccine (Bnt162, Pf-07302048). Overview of Pharmacokinetic Test," (2020), https://www.dropbox.com/home?preview=Pfizer_ovaries_study_in_English.pdf.

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89. In a retrospective longitudinal multicenter cohort study among 37 sperm donors (216 samples), the Pfizer COVID-vaccine was found to impair semen concentration and total motile counts for at least 3 months post-vaccination.[98]

90. Post-vaccination with Pfizer or the Moderna COVID-19 mRNA vaccines, spike protein mRNA has now been detected in the breastmilk of lactating women. The Centers for Disease Control and Prevention recommend the COVID-19 mRNA vaccines to breastfeeding women, although the possible passage of vaccine mRNAs in breast milk resulting in infants' exposure at younger than 6 months was not investigated. But, in this recent trial of 11 lactating women, trace amounts of BNT162b2 (Pfizer) and mRNA-1273 (Moderna) COVID-19 mRNA vaccines were detected in 7 samples from 5 different participants at various times up to 45 hours post-vaccination.[99]

91. Recent post-mortem autopsy of a 76-year-old man with Parkinson's Disease who died three weeks after receiving his third COVID-19 vaccination revealed a multifocal necrotizing encephalitis of unknown etiology, and in the heart, a chronic cardiomyopathy and mild acute myocarditis and vasculitis were present. Surprisingly, only spike protein BUT not nucleocapsid protein could be detected within the foci of inflammation in both the brain and heart, especially in the small blood vessels, suggesting COVID VACCINE-related inflammation and injury rather than due to viral SARS-CoV-2 infection.[100]

92. A recent published case report described a 22-year-old man who experienced COVID-19 vaccine-induced encephalitis (brain inflammation) and status epilepticus (prolonged seizures). He was admitted for a first seizure 6 days post receiving his second Moderna vaccine. Remarkably, antibodies were detected in his cerebral spinal fluid against SARS-CoV-2 spike S1 receptor-binding domain.[101]

93. Since the spike protein generated from these vaccines can circulate into our brains, we need more studies to see what effect this may have. COVID vaccines might promote neurodegenerative diseases and neuroinflammation in some patients. [102]

94. "SARS-CoV-2 S1 RBD binds to several aggregation-prone, heparin binding proteins including Aβ, α-synuclein, tau, prion, and TDP-43 RRM. These interactions suggests that the heparin binding site on the S1 protein might assist the binding of amyloid proteins to

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[102] P. R. Oldfield, J. Hibberd, and B. W. Bridle, "How Does Severe Acute Respiratory Syndrome-Coronavirus-2 Affect the Brain and Its Implications for the Vaccines Currently in Use," *Vaccines (Basel)* 10, no. 1 (Dec 21 2021), http://dx.doi.org/10.3390/vaccines10010001.

the viral surface and thus could initiate aggregation of these proteins and finally leads to neurodegeneration in brain."[103, 104]

95. Numerous studies have also suggested that these mRNA vaccines, including the spike protein they produce, can impact one's innate immune system negatively, including through immune suppression.[105]

96. The mRNA lipid nanoparticle-based SARS-CoV-2 vaccine is highly inflammatory, and its synthetic ionizable lipid component is responsible for the induction of inflammation. Further, this platform induces long-term unexpected immunological changes affecting adaptive immune responses and heterologous protection against infection.[106]

97. Studies have indicated that spike protein can interact with tumor suppressor proteins p53 and BRCA, suggesting the possibilities of increased cancers and the return of aggressive cancers.[107]

98. Most concerning, is a recent in vitro liver cell study, showing that these mRNA vaccines led to increased production of an enzyme called "reverse transcriptase" which allows mRNA to become DNA. And it found the spike protein INSIDE the cell's nucleus which acts as our genetic control center. [108] If correct, this raises the possibility of truly ominous considerations. We are still being reassured by Canadian health authorities that the spike protein getting into our cell's nucleus is not possible.

99. Excess all-cause mortality is elevated essentially globally since the roll-out of these genetic vaccines. Scott Davison an Indiana life insurance CEO says deaths are up 40% among people ages 18-64, stating: "We are seeing, right now, the highest death rates we have seen in the history of this business. The data is consistent across every player in that business.

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[103] D. Idrees and V. Kumar, "Sars-Cov-2 Spike Protein Interactions with Amyloidogenic Proteins: Potential Clues to Neurodegeneration," *Biochem Biophys Res Commun* 554 (May 21 2021), http://dx.doi.org/10.1016/j.bbrc.2021.03.100.

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"Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic," he said. "So, 40% is just unheard of." [109]

100. Similarly, one of Germany's largest health insurance company CEO's was abruptly fired after he released data suggesting German health authorities are significantly underreporting COVID-19 vaccine injuries. Schofbeck wrote: "If these figures are extrapolated to the whole year and to the population in Germany, probably 2.5-3 million people in Germany have received medical treatment for vaccination side effects after Corona vaccination." [110]

101. In Alberta, the number 1 cause of death in 2021 was "ill-defined and unknown" at 3,362 deaths. Dementia (2135 deaths) and COVID-19 (1950 deaths) rounded out the top 3 (see below). [111] This at a time when the medical community has now created a new diagnosis called SADS – Sudden Adult Death Syndrome.[112]

102. Recently, Dr. Rancourt's team assessed excess all-cause mortality data from 17 Southern Hemisphere countries. They found quite conclusively that these genetic "vaccines" have contributed to 17 +/- 0.5 million COVID "vaccine" deaths worldwide up to September 2023. They concluded that a mass iatrogenic event killed 0.213 +/- 0.006 % of the world population - 1 death per 470 living persons, in less than 3 years, and that these genetic "vaccines" did not measurably prevent any deaths.[113]

103. The Precautionary Principle, non-maleficence – First, DO NO HARM.[114] This should be our guide with respect to these novel genetic vaccines. It is my strong opinion that the risk benefit analysis appears to favor injury from the novel genetic vaccines, and the unknown long-term sequelae are real and very concerning. *Where there is risk, there must be choice*. Informed consent and patient autonomy remain bedrock principles of medicine that must be upheld, especially during a novel pandemic.

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[109] Margaret Menge, "Indiana Life Insurance Ceo Says Deaths Are up 40% among People Ages 18-64.," *The Center Square - Indiana* (Jan 1, 2022), https://www.thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html.

[110] Nolan Bowman, "German Insurance Company Fires Ceo Who Released Covid Vaccine Injury Data, Then Scrubs Data from Website. ," *The Defender - Children's Health Defense*March 14, 2022, https://childrenshealthdefense.org/defender/german-insurance-fires-andreas-schofbeck-covid-vaccine-injuries-data/.

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# APPENDIX A

**Figure 1.** Proportional COVID case rate (per 100, 000 persons) by vaccination status in Alberta from March 1, 2021, to March 22, 2022. *This Figure was removed from the Alberta COVID website on March 23, 2022*. (A) By late December 2021 (while the Omicron variant accounted for almost all COVID cases), the **double vaccinated were proportionately most likely to be infected** with COVID. (B) By mid-February, the **triple vaccinated were proportionately most likely to get COVID.**

**A.**

Case rate per 100,000 population by vaccination status in Alberta, 12+ population only

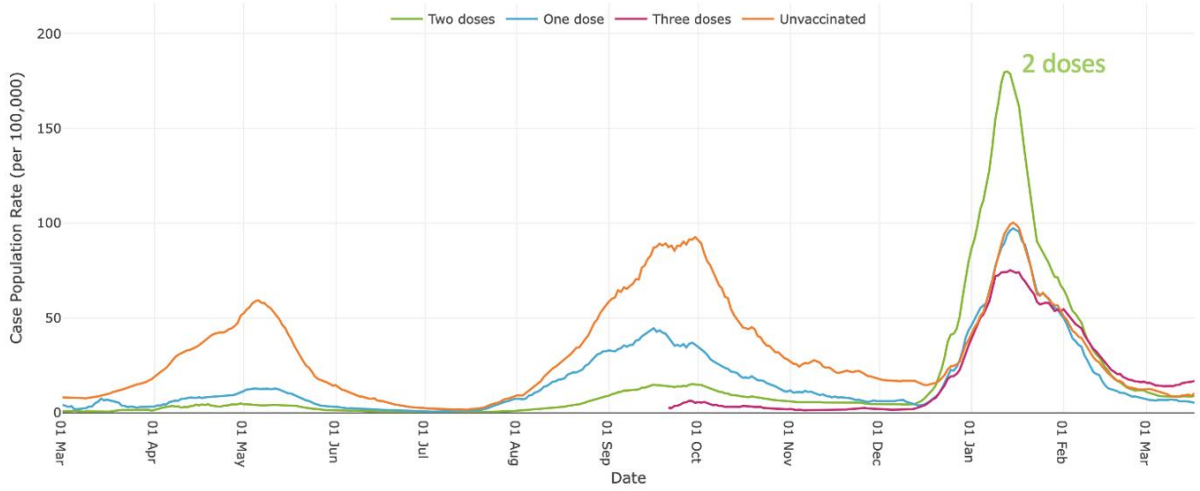
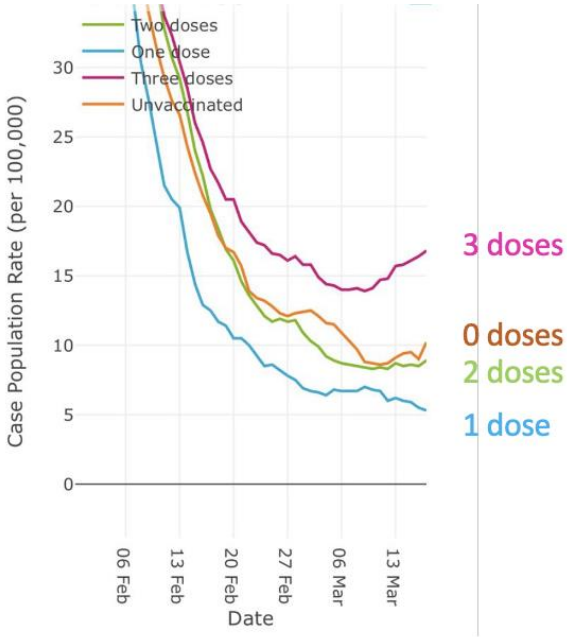



Figure 10: Case rate per 100,000 population by vaccination status in Alberta, 12+ population only. Note: Vaccine status category is based on protection as Table 3.

**B.**




https://www.alberta.ca/stats/covid-19-alberta-statistics.htm

## APPENDIX A

**Figure 2.** Total number of COVID cases by vaccination status in Ontario. In mid-December and January, the fully vaccinated occupied the vast majority of COVID cases.

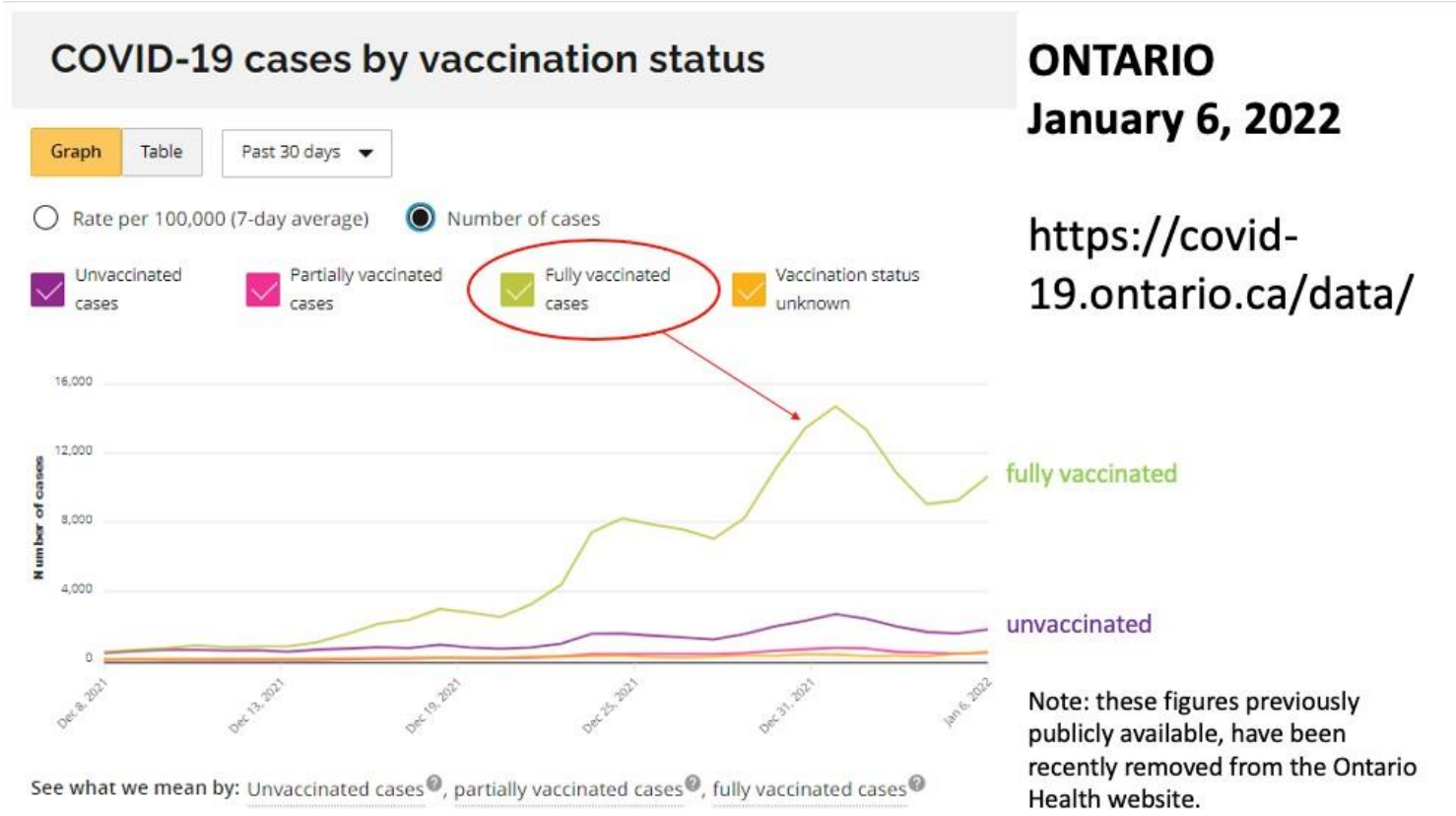
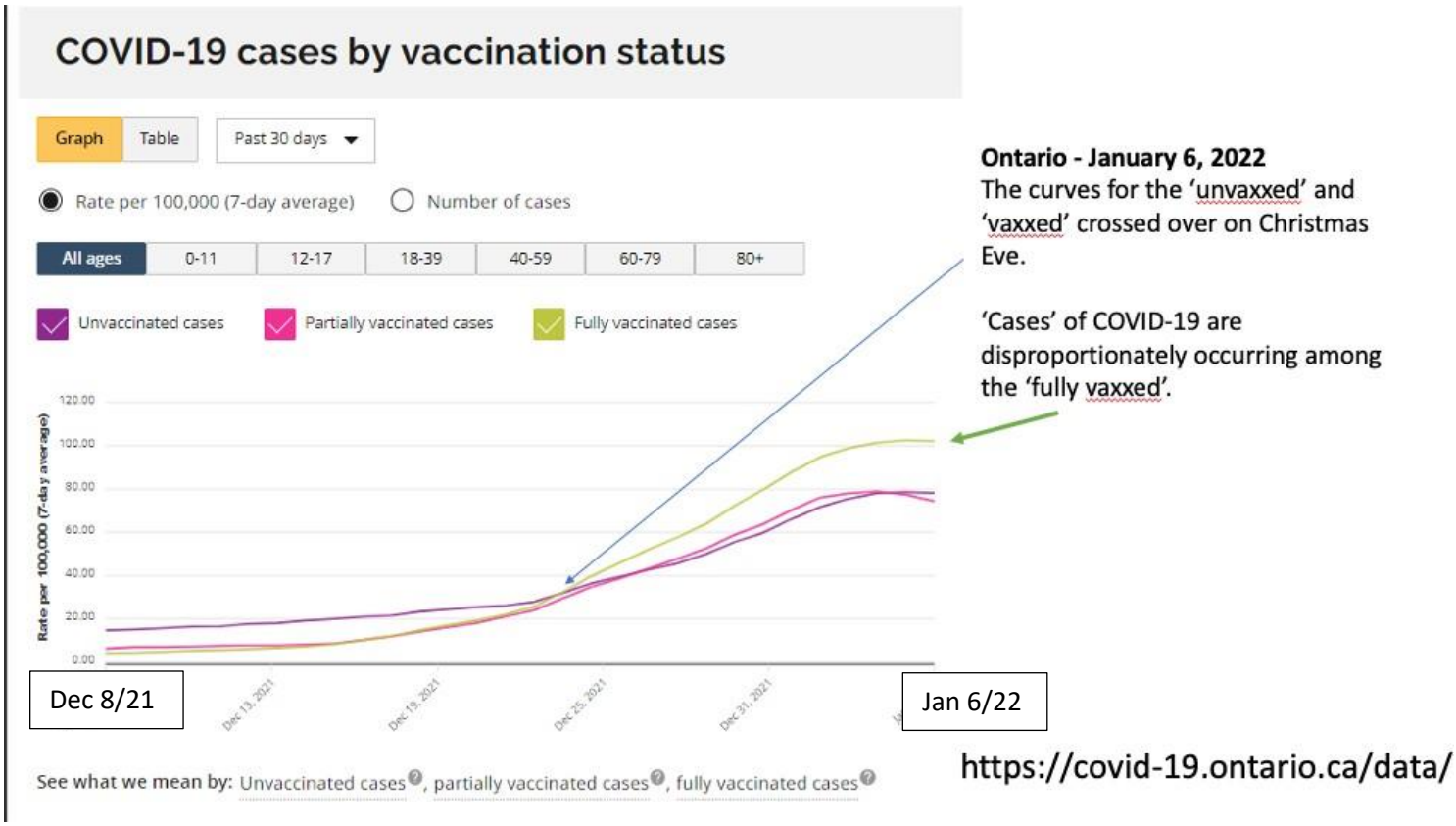


**Figure 3.** Proportional rate (per 100, 000) of COVID cases by vaccination status in Ontario. In mid-December and January, COVID cases were disproportionately occurring among the fully vaccinated.




As of April 29, 2022, the figure was changed slightly, but continued to show that most Ontarians with COVID-19 were among the "vaccinated with booster".

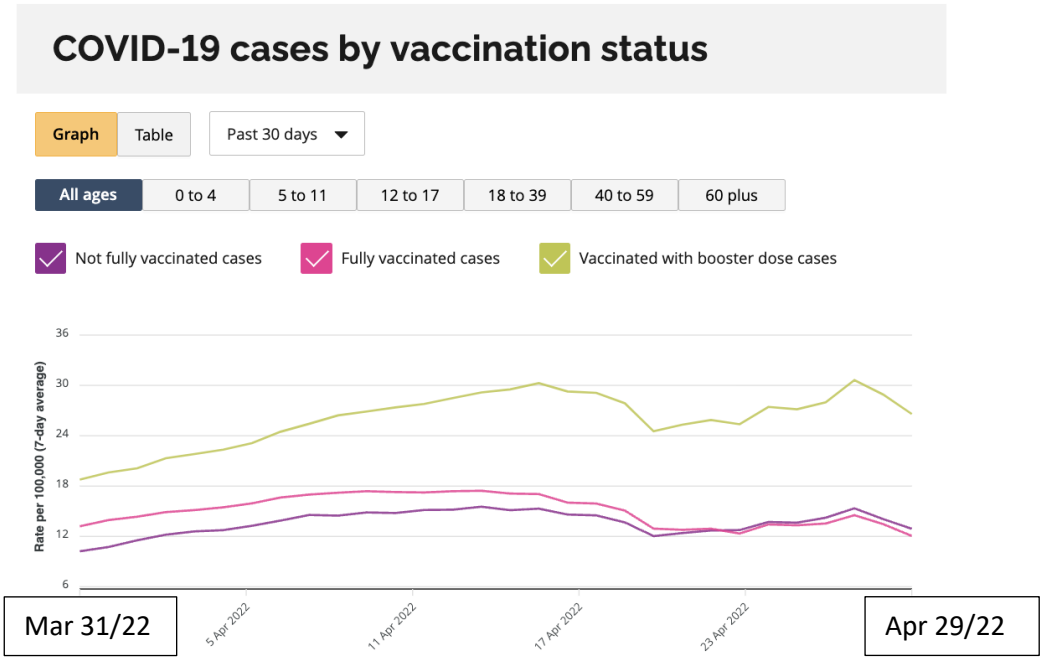


**Figure 4.** Previously publicly available British Columbia CDC COVID-19 data trends for "health outcomes by vaccination status" for the periods March 13 to April 30, 2022.

www.bccdc.ca/health-professionals/data-reports/covid-19-surveillance-dashboard

Vaccinated individuals accounted for 93% of COVID-19 related deaths, an increase of 226% since March 13. This included 76% who had received 3 injections, and 15% who had received 2 injections. The triple and double vaccinated accounted for 85% of COVID-19 cases, 82% of hospitalizations with/from COVID, and 85% of Critical Care COVID-related admissions. The triple vaccinated accounted for 66% of cases, 63% of hospitalizations, and 57% of critical care.

Vaccination uptake in BC at that time showed that 83% had taken at least 2 shots, but only 51% had taken the 3rd shot.

| | | Vaccinated (Doses 1,2 & 3) | | | | Unvaccinated | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date | Period of Report | Cases | Hospitalizations | Critical Care | Deaths | Cases | Hospitalizations | Critical Care | Deaths |
| 2022-04-16 | March 13 to April 9 | 5618 | 735 | 111 | 58 | 914 | 207 | 41 | 16 |
| 2022-04-23 | March 20 to April 16 | 6107 | 840 | 116 | 84 | 965 | 182 | 37 | 10 |
| 2022-04-28 | March 27 to April 23 | 6732 | 1023 | 132 | 132 | 1053 | 183 | 34 | 16 |
| 2022-05-05 | April 3 to April 30 | 7276 | 1200 | 164 | 189 | 1082 | 216 | 33 | 15 |
| Net Change from 2022-04-16 | | 1658 | 465 | 53 | 131 | 168 | 9 | -8 | -1 |
| Net Change (%) | | 30% | 63% | 48% | 226% | 18% | 4% | -20% | -6% |

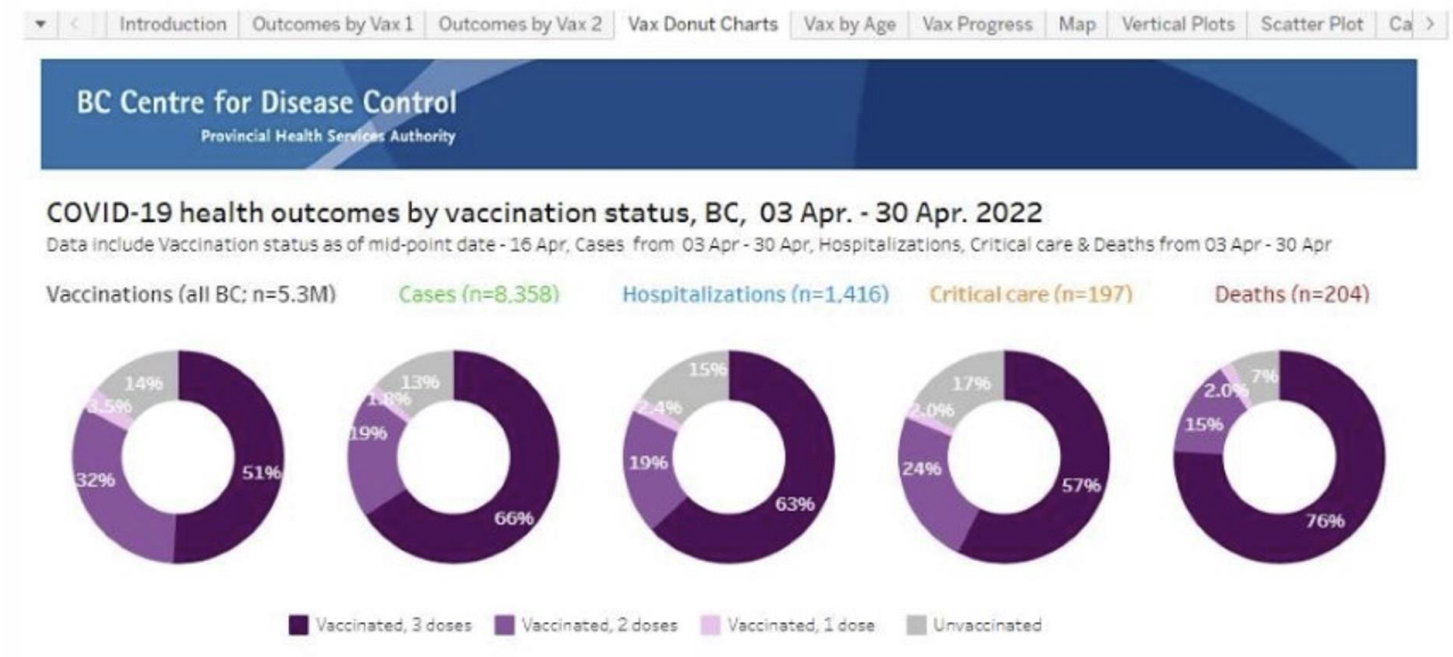


**Figure 5.** Cleveland Clinic Study. Effectiveness of the COVID-19 Bivalent Vaccine.

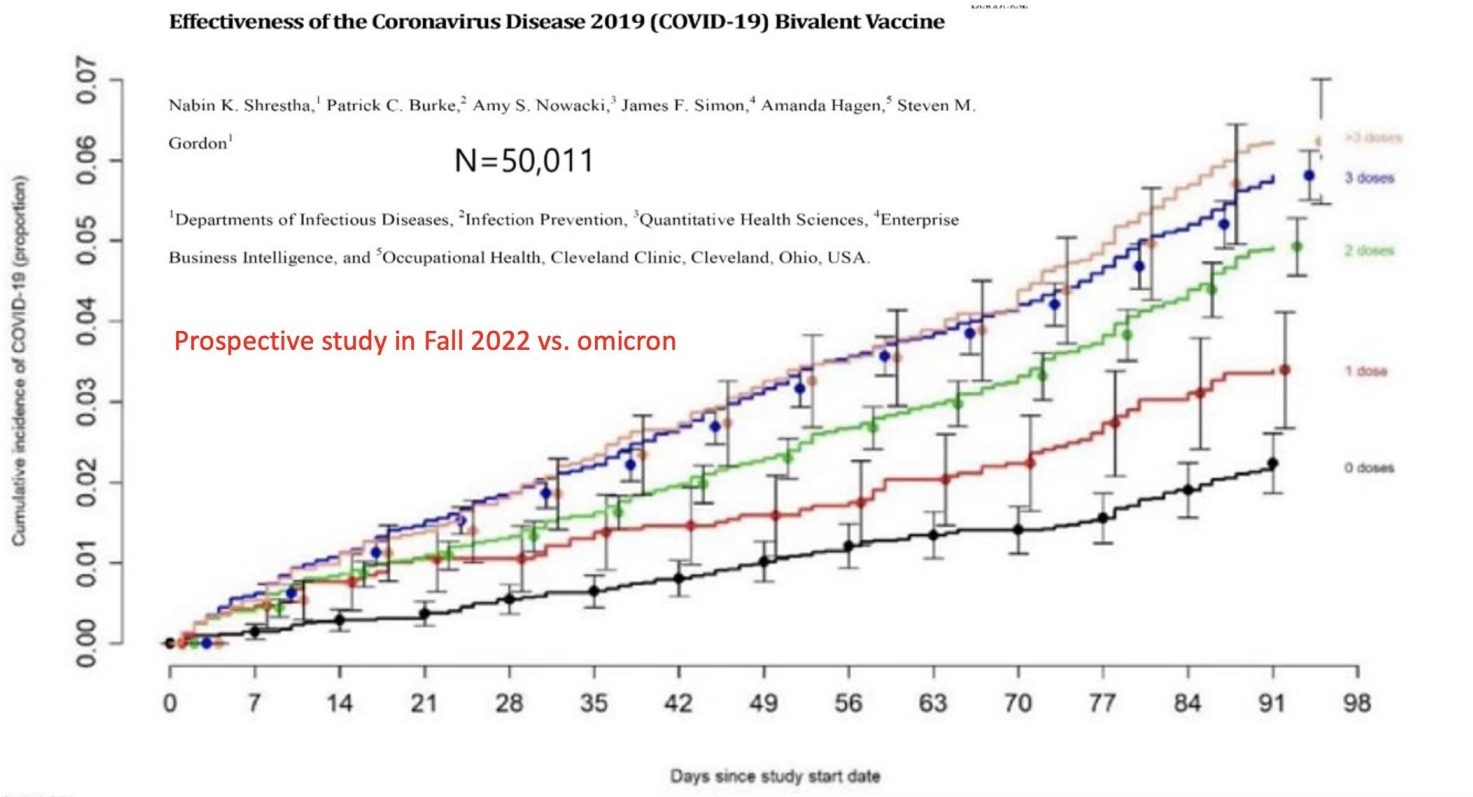


**Figure 6.** Negative vaccine effectiveness vs. omicron variant over time across all age groups.

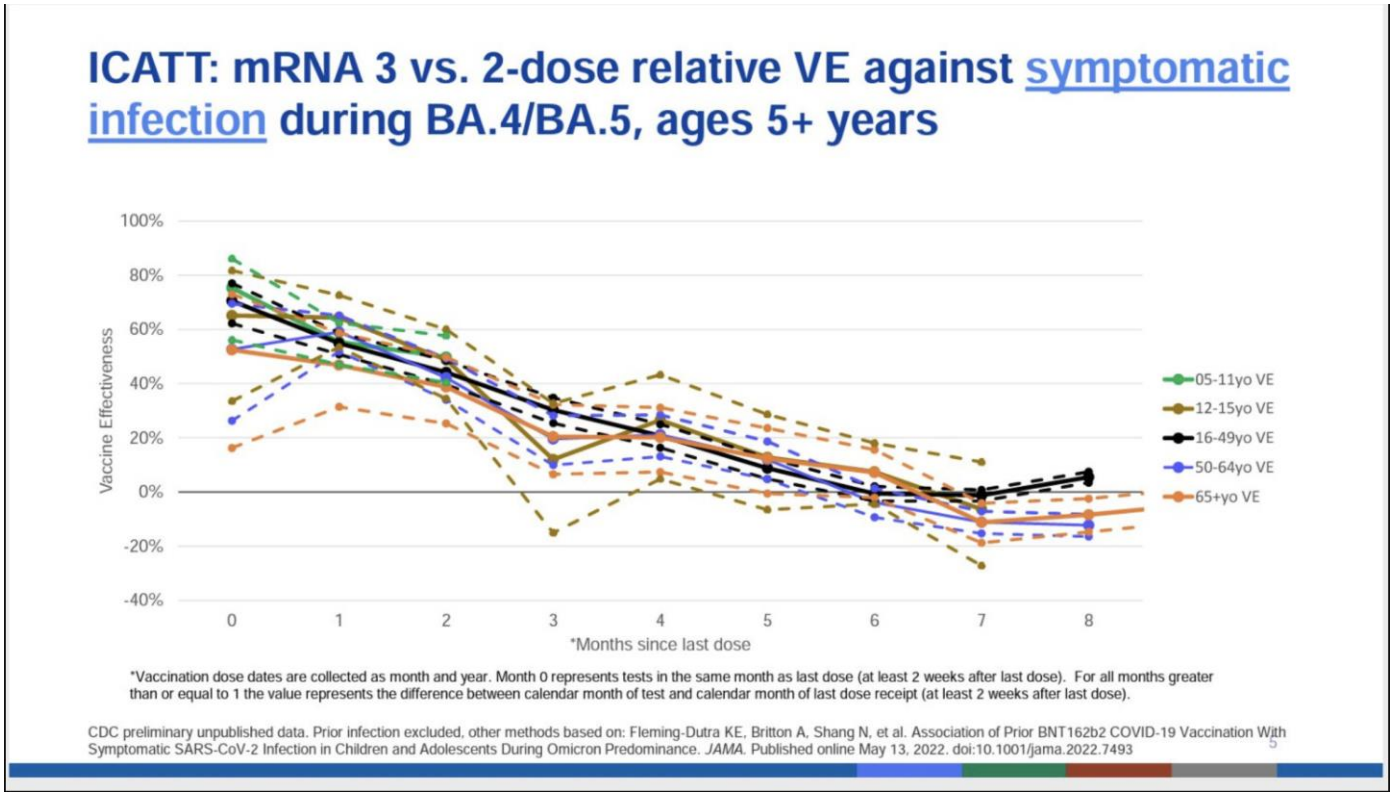
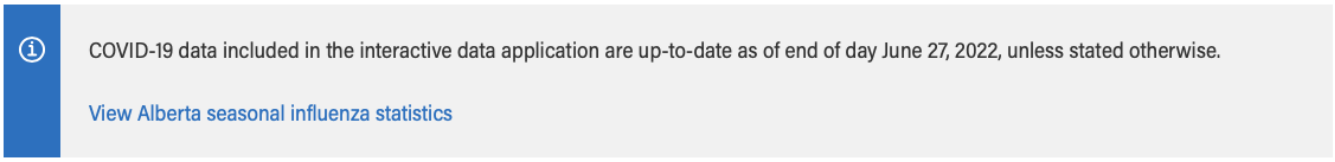


**Figure 7.** Total hospitalizations, ICU admissions and deaths among COVID-19 cases in Alberta by age group, SINCE pandemic onset until June 27, 2022.




Highlights | Total Cases | Characteristics | Vaccinations | Vaccine Outcomes | Severe Outcomes | Healthcare Capacity

Geospatial | Laboratory Testing | Variants of Concern | Wastewater surveillance | Data Export | Data Notes

Table 11. Total Hospitalizations, ICU admissions and deaths (ever) among COVID-19 cases in Alberta by age group

| Age Group | Cases | Hospitalized | | | ICU | | | Deaths | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Count | Count | Case rate | Pop. rate | Count | Case rate | Pop. rate | Count | Case rate | Pop. rate |
| **Total** | 588691 | 27488 | 4.7 | 621.9 | 4097 | 0.7 | 92.7 | 4621 | 0.8 | 104.5 |
| **Under 1 year** | 4556 | 368 | 8.1 | 728.9 | 71 | 1.6 | 140.6 | 0 | 0.0 | 0.0 |
| **1-4 years** | 21273 | 355 | 1.7 | 163.4 | 37 | 0.2 | 17.0 | 1 | 0.0 | 0.5 |
| **5-9 years** | 31481 | 178 | 0.6 | 64.1 | 25 | 0.1 | 9.0 | 2 | 0.0 | 0.7 |
| **10-19 years** | 68795 | 527 | 0.8 | 98.9 | 63 | 0.1 | 11.8 | 2 | 0.0 | 0.4 |
| **20-29 years** | 100762 | 1521 | 1.5 | 257.2 | 159 | 0.2 | 26.9 | 19 | 0.0 | 3.2 |
| **30-39 years** | 114196 | 2523 | 2.2 | 352.7 | 315 | 0.3 | 44.0 | 48 | 0.0 | 6.7 |
| **40-49 years** | 94495 | 2669 | 2.8 | 438.7 | 536 | 0.6 | 88.1 | 106 | 0.1 | 17.4 |
| **50-59 years** | 67366 | 3748 | 5.6 | 680.3 | 875 | 1.3 | 158.8 | 278 | 0.4 | 50.5 |
| **60-69 years** | 40670 | 4689 | 11.5 | 988.6 | 1061 | 2.6 | 223.7 | 626 | 1.5 | 132.0 |
| **70-79 years** | 20221 | 4849 | 24.0 | 1859.7 | 740 | 3.7 | 283.8 | 1075 | 5.3 | 412.3 |
| **80+ years** | 24726 | 6057 | 24.5 | 4306.2 | 214 | 0.9 | 152.1 | 2463 | 10.0 | 1751.1 |
| **Unknown** | 149 | 4 | 2.7 | NA | 1 | 0.7 | NA | 1 | 0.7 | NA |
| **NA** | 1 | 0 | 0.0 | NA | 0 | 0.0 | NA | 0 | 0.0 | NA |

*Note:*
Based on total hospitalizations and ICU admissions ever.
Row percent is out of the number of cases in each age group.
Each ICU admission is also included in the total number of hospitalization
Case rate (per 100 cases)
Population rate (per 100,000 population)

**Figure 8.** Total hospitalizations, ICU, and deaths (ever) among COVID-19 cases in Alberta (A), and Canada (B).

A) Alberta (as of Jan 13, 2022). https//www.alberta.ca/stats/covid-19-alberta-statistics.htm

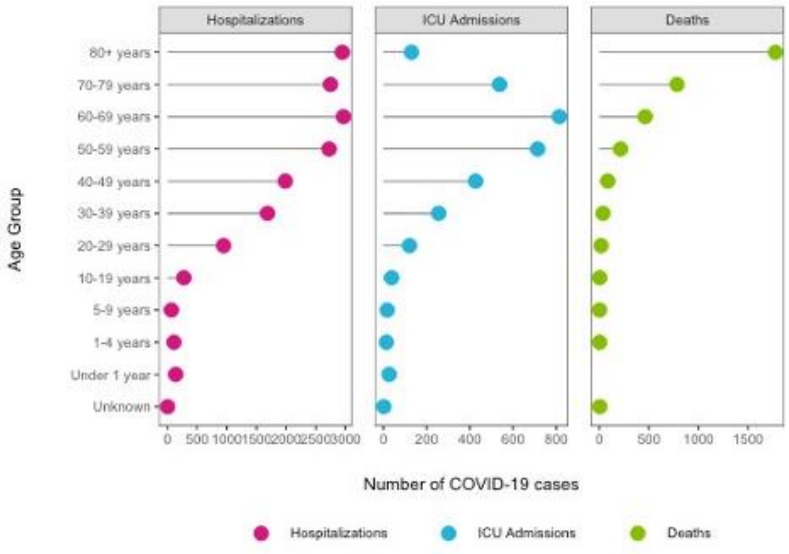



Figure 13: Total hospitalizations, ICU admissions and deaths (ever) among COVID-19 cases in Alberta by age group. Each ICU admission is also included in the total number of hospitalizations.This is based on totals rather than current hospitalizations and ICU admissions.

B) Canada (as of May 13, 2022). **Only 2.8% of all COVID-19 related deaths occurred in those < 50 years old.**

health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html

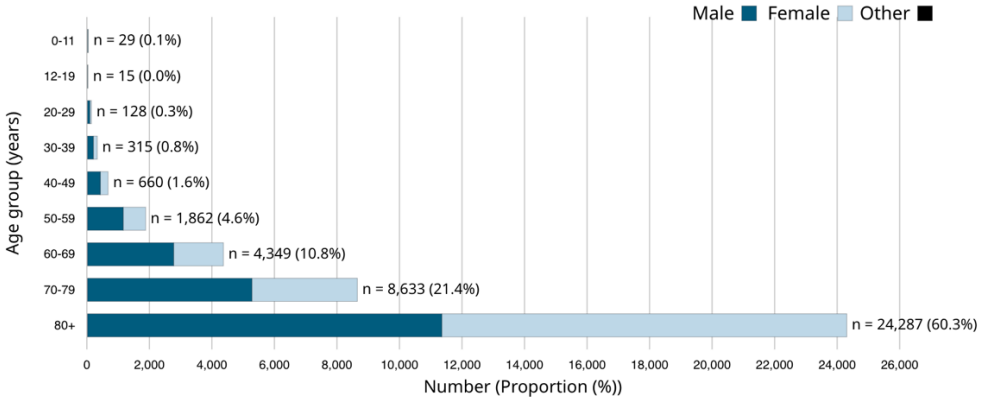
**Hospitalizations and deaths to date**

We have detailed case report data with hospitalization status for 3,623,319 cases:

- **158,472** cases **(4.4%)** were hospitalized, of whom:
  - **26,578 (16.8%)** were admitted to the ICU

The provinces and territories provided detailed case report forms for **40,361** deaths related to COVID-19.

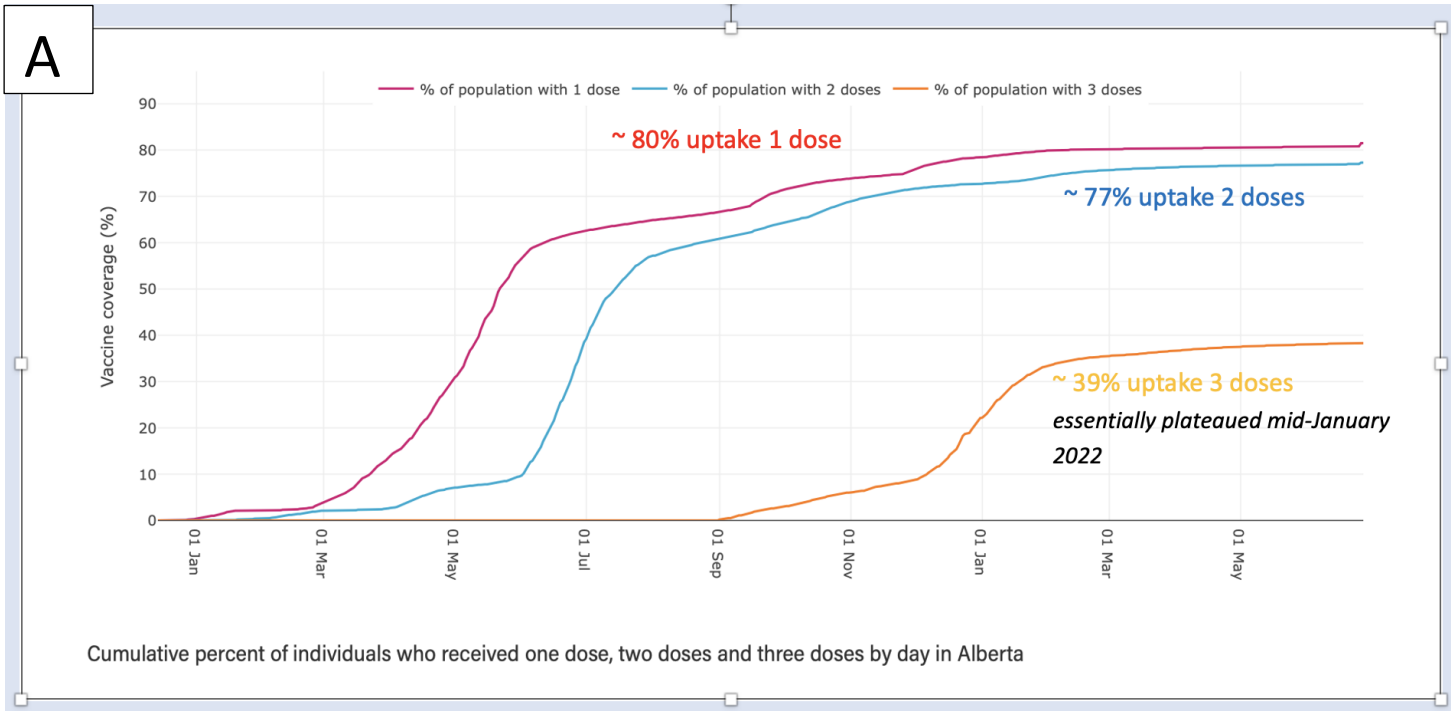
**Figure 7. Age and gender [4] distribution of COVID-19 cases deceased in Canada as of May 13, 2022, 9 am EST (n=40,278 [1])**




Data note: Figure 7 includes COVID-19 cases hospitalized, admitted to ICU, and deceased for which age and gender information were available. Therefore, some COVID-19 hospitalizations, ICU admissions, and deaths may not be included in Figure 7.

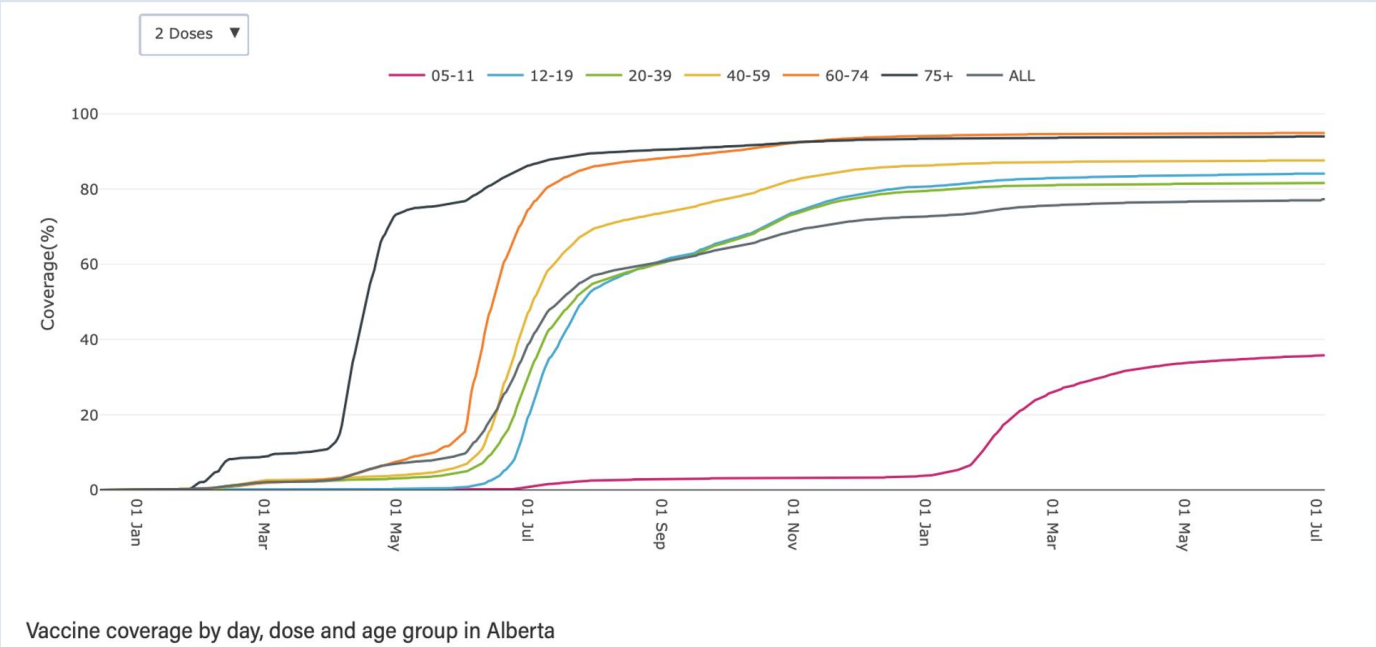
**Figure 9.** COVID genetic vaccine uptake among Albertans as of June 27, 2022. Uptake on 3 dose plateaued around mid-January 2022. (https//www.alberta.ca/stats/covid-19-alberta-statistics.htm)

A




Cumulative percent of individuals who received one dose, two doses and three doses by day in Alberta

B




Vaccine coverage by day, dose and age group in Alberta

**Figure 10**. (A) COVID-19 deaths in the past 120 days in Alberta by vaccine status and age, as of July 4, 2022. (B) COVID-19 hospitalized cases in ICU over the same time. (https//www.alberta.ca/stats/covid-19-alberta-statistics.htm)

Table 9. COVID-19 deaths in the past 120 days in Alberta by vaccine status

A

| Age group | Total (includes dose 1) | Three doses | | Two doses | | Unvaccinated | |
|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % |
| **12-29 years** | 2 | 1 | 50.0% | 1 | 50.0% | 0 | – |
| **30-39 years** | 4 | 0 | – | 2 | 50.0% | 2 | 50.0% |
| **40-49 years** | 5 | 0 | – | 0 | – | 3 | 60.0% |
| **50-59 years** | 35 | 8 | 22.9% | 11 | 31.4% | 14 | 40.0% |
| **60-69 years** | 82 | 37 | 45.1% | 23 | 28.0% | 19 | 23.2% |
| **70-79 years** | 151 | 89 | 58.9% | 30 | 19.9% | 29 | 19.2% |
| **80+ years** | 373 | 263 | 70.5% | 55 | 14.7% | 50 | 13.4% |

*Note:*

* Vaccine status category is based on protection as Table 2.
* Pre-existing conditions include respiratory diseases, diabetes, stroke, dementia, cardiovascular disease, liver diseases, renal diseases, cancer and immuno-deficiency diseases.
* Table does not include those with 1 dose. As a result, percentages across rows or columns may not add to 100.

Table 6. Hospitalized COVID-19 cases in ICU in the past 120 days in Alberta by vaccine status

B

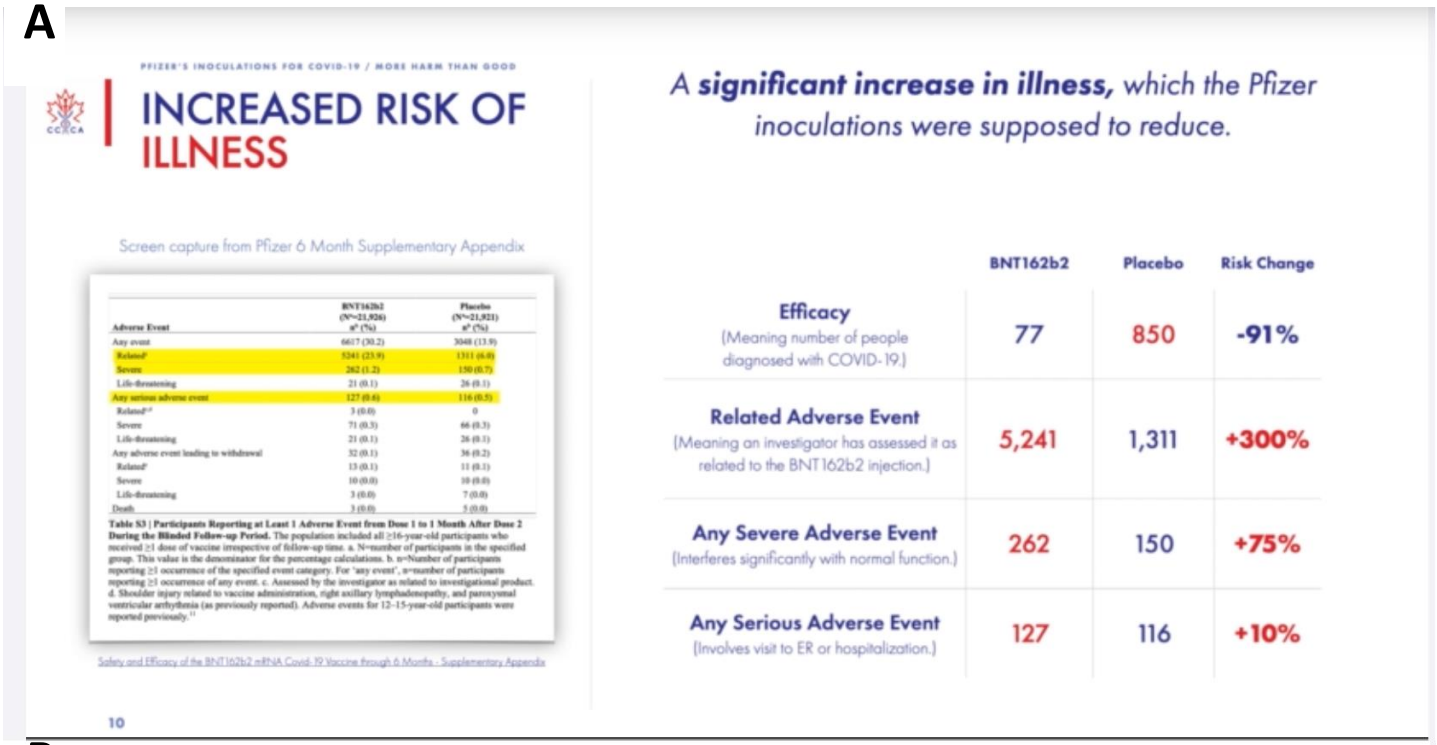
| Age group | Total (includes dose 1) | Three doses | | Two doses | | Unvaccinated | |
|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % |
| **Under 5 years** | 43 | 0 | – | 0 | – | 43 | 100.0% |
| **5-11 years** | 6 | 0 | – | 0 | – | 5 | 83.3% |
| **12-29 years** | 33 | 5 | 15.2% | 19 | 57.6% | 5 | 15.2% |
| **30-39 years** | 30 | 1 | 3.3% | 14 | 46.7% | 14 | 46.7% |
| **40-49 years** | 55 | 13 | 23.6% | 25 | 45.5% | 12 | 21.8% |
| **50-59 years** | 94 | 31 | 33.0% | 30 | 31.9% | 27 | 28.7% |
| **60-69 years** | 149 | 64 | 43.0% | 33 | 22.1% | 45 | 30.2% |
| **70-79 years** | 113 | 68 | 60.2% | 17 | 15.0% | 26 | 23.0% |
| **80+ years** | 41 | 27 | 65.9% | 11 | 26.8% | 3 | 7.3% |

*Note:*

* Vaccine status category is based on protection as Table 2.
* Pre-existing conditions include respiratory diseases, diabetes, stroke, dementia, cardiovascular disease, liver diseases, renal diseases, cancer and immuno-deficiency diseases.
* Table does not include those with 1 dose. As a result, percentages across rows or columns may not add to 100.

**Figure 11**. Pfizer's 6-month phase III trial data revealing more injuries (A) and death (B) among those who received the experimental vaccine (BNT162b2) vs. placebo. Summary slides from the Canadian Covid Care Alliance's Video – "Pfizer Inoculations for COVID-19 - More Harm Than Good" (https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html).

**A**




**B**

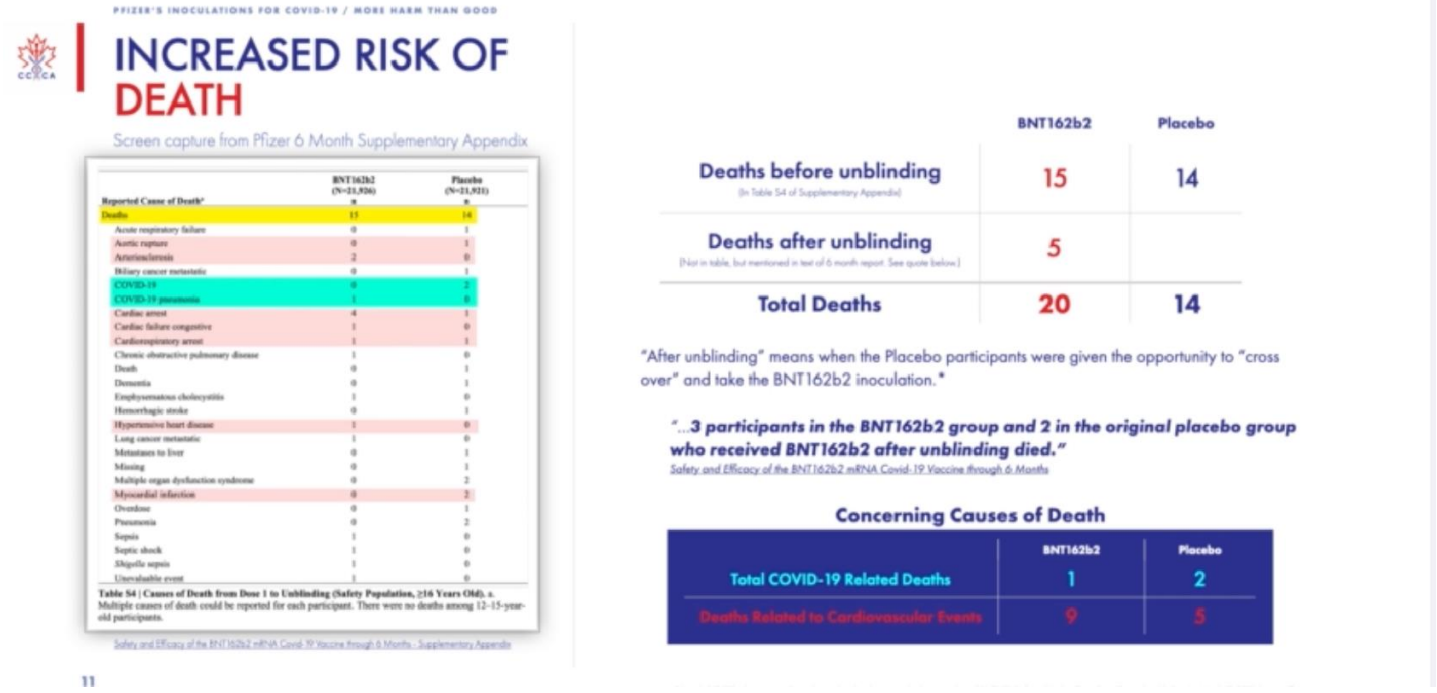


**Figure 12.** Official CDC V-safe data showing the adverse health impacts reported prospectively by U.S. patients who received a COVID genetic vaccine.

- 7.7% of patients had to seek medical attention

- 25% missed work or school or had a bad reaction requiring medical attention

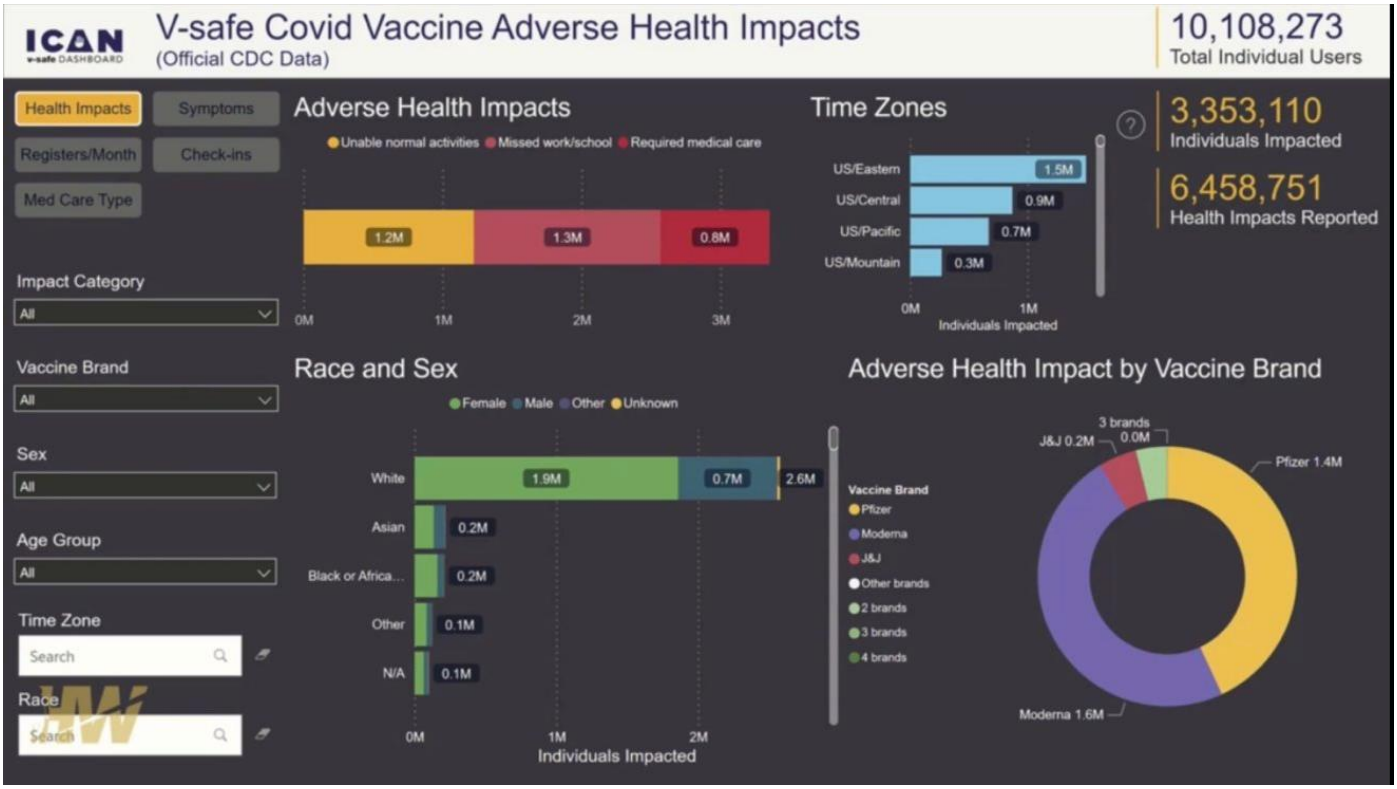
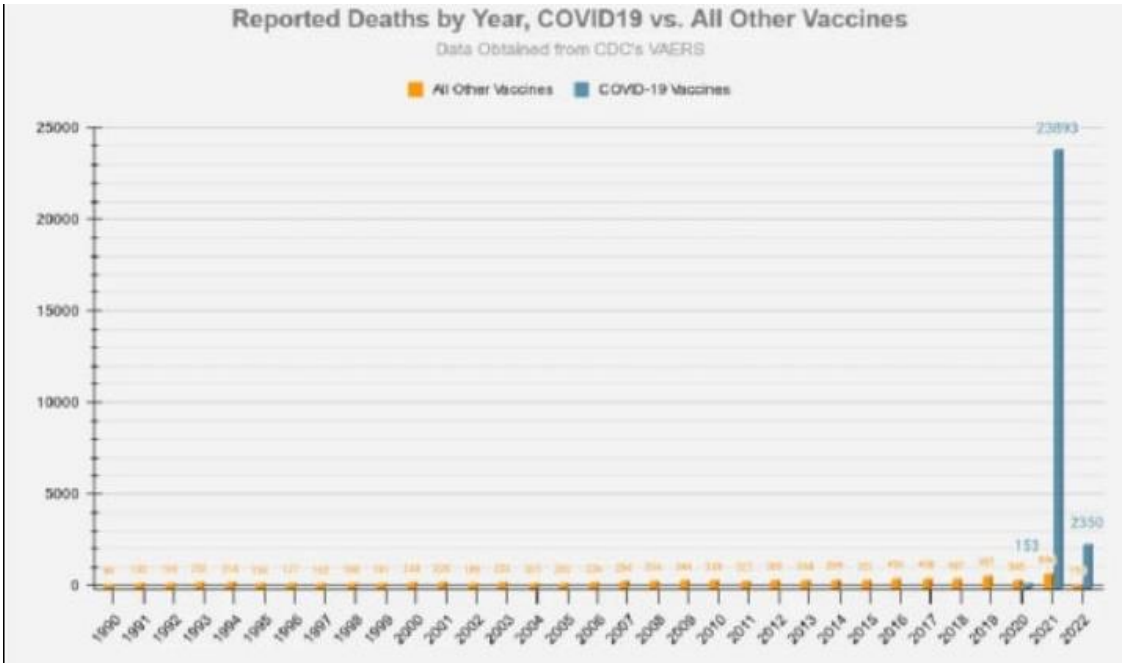


**Figure 13**. COVID genetic vaccines - Vaccine Adverse Event Reporting System (VAERS).

A) As of March 25, 2022, there were 1,205,753 total adverse events associated with COVID-19 vaccines, including 23,396 deaths and 48,852 permanently disabled persons. B) Adverse events reported to VAERS by year for all vaccines since 1990. Note the huge COVID genetic vaccine signal increase in 2020. C) Most reported deaths occurred in the first 3 days post inoculation.

**A)**


**B)**



**C)**

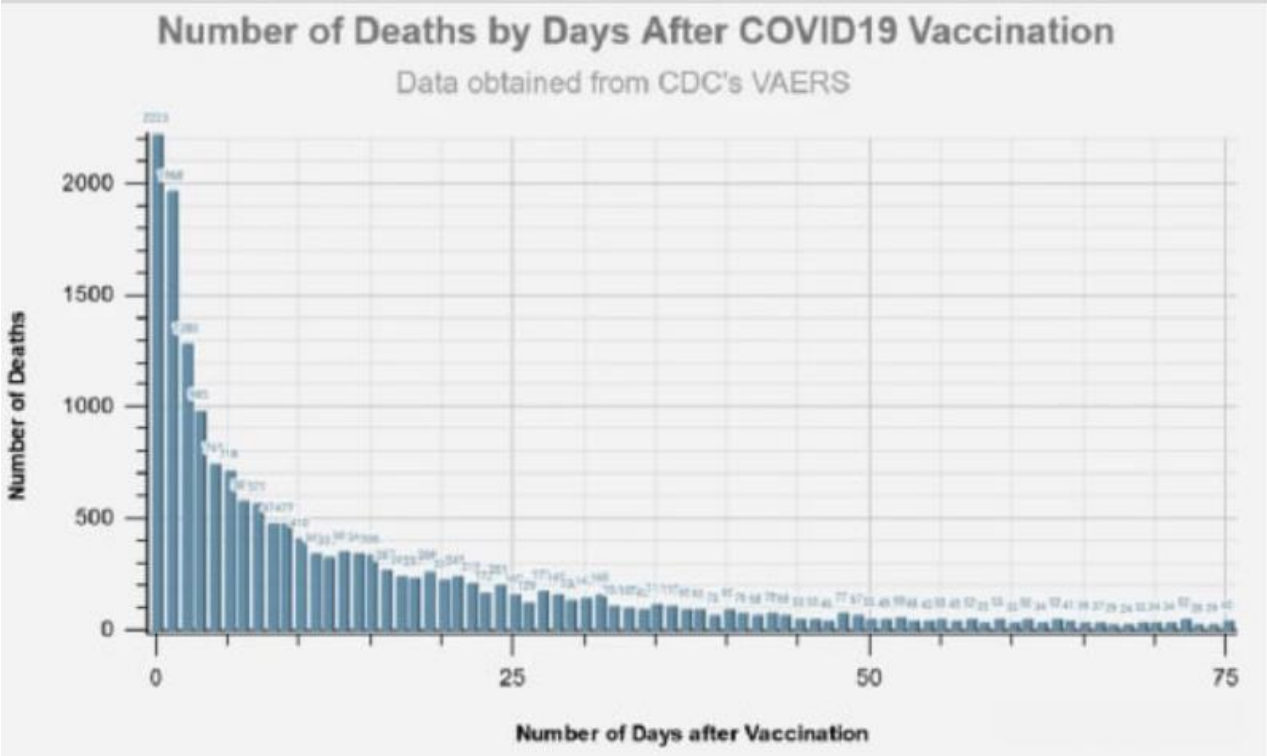

Number of Deaths by Days After COVID19 Vaccination
Data obtained from CDC's VAERS
Number of Deaths
2000
1500
1000
500
0
0
25
50
75
Number of Days after Vaccination

**Figure 14**. VigiAccess – WHO global database of reported potential side effects of medicinal products. It contains more than 26 million reports dating back to 1968.

VigiAccess™

Uppsala Monitoring Centre

WHO Collaborating Centre for International Drug Monitoring

### What is VigiBase?

VigiBase is the unique WHO global database of reported potential side effects of medicinal products. It contains more than 26 million reports dating back to 1968. The data in VigiBase are provided by the more than 140 members of the WHO PIDM, who share their data to support global pharmacovigilance. All Programme members that share data have their own rules and guidelines for when and how to report information about side effects and what to share with the programme through VigiBase. For example, one member may require that there is at least a probable link between the product and the reaction to warrant reporting to VigiBase, while another may share all events that have been observed within a certain period after the product was administered, whether a link is suspected or not. Understanding the variety of reporting practices used throughout the programme is vital when interpreting the data in VigiBase.

Adverse Drug or Vaccine Reports. Table updated Nov 12, 2021.
COVID-19 vaccine from 2020-2021 = 2,457,386 adverse reports

Combined cumulative vaccines from 1968 to 2021 including mumps, rubella, measles, smallpox, tetanus, rotavirus, hepatitis B, polio, meningococcal, pneumococcal, and influenza = 959,466 adverse reports

Note: Ivermectin (1992-2021) = 5705; Hydroxychloroquine (1968-2021) = 32,641; Vancomycin (1974-2021) = 71,159

World Health Organization

VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products.

| Vaccine or Drug Name | Total ADRs | Years |
|---|---|---|
| Mumps vaccine | 711 | 1972-2021 |
| Rubella vaccine | 2,621 | 1971-2021 |
| Ivermectin | 5,705 | 1992-2021 |
| Measles vaccine | 5,827 | 1968-2021 |
| Penicillin nos | 6,684 | 1968-2021 |
| smallpox vaccine | 6,891 | 1968-2021 |
| chloroquine | 7,139 | 1968-2021 |
| tetanus vaccine | 15,085 | 1968-2021 |
| Hydroxychloroquine | 32,641 | 1968-2021 |
| Hepatitis A vaccine | 46,773 | 1989-2021 |
| Benzylpenicillin | 51,327 | 1968-2021 |
| Rotavirus vaccine | 68,327 | 2000-2021 |
| Accutane | 70,719 | 1983-2021 |
| Vancomycin | 71,159 | 1974-2021 |
| Hepatitis B vaccine | 104,619 | 1984-2021 |
| Polio vaccine | 121,988 | 1968-2021 |
| Meningococcal vaccine | 126,412 | 1976-2021 |
| Ibuprofen | 166,209 | 1969-2021 |
| tylenol | 169,359 | 1968-2021 |
| Aspirin | 184,481 | 1968-2021 |
| Pneumococcal vaccine | 234,783 | 1980-2021 |
| Influenza vaccine | 272,202 | 1968-2021 |
| Covid-19 vaccine | 2,457,386 | 2020-2021 |

www.vigiaccess.org
Updated Nov. 12th 2021

**Figure 15.** VigiAccess (www.vigiaccess.org) – WHO global database of reported potential side effects of medicinal products. As of March 31, 2022, (LEFT) the total number of mumps vaccine adverse events reported from 1972-2021 was 723. In contrast, from 2020-2021 there are 3,525,837 adverse event reports associated with the COVID-19 vaccines. (RIGHT) Distribution of COVID-19 adverse drug reactions reported to the WHO database.

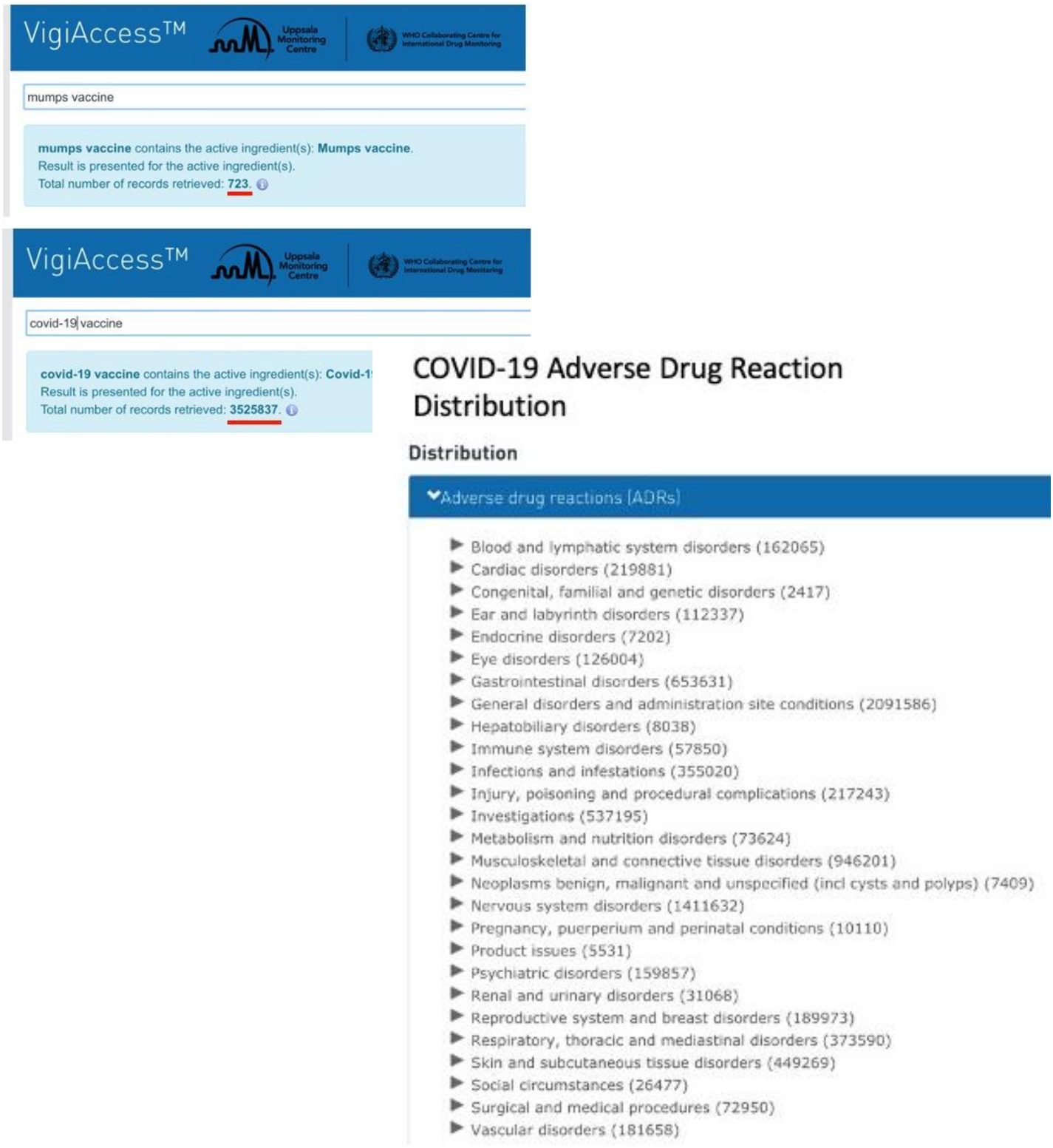


**Figure 16**. Pfizer submission to the FDA for consideration of their genetic COVID vaccine approval among 5- to 11-year-olds (page 34). Because serious illness is so rare in children, Pfizer modelled the benefit-risk outcomes based on ONE MILLION FULLY vaccinated children 5-11 years o

**Table 14. Model-Predicted Benefit-Risk Outcomes of Scenarios 1-6 per One Million Fully Vaccinated Children 5-11 Years Old**

| | Benefits | | | | Risks | | | |
|---|---|---|---|---|---|---|---|---|
| **Sex** | **Prevented COVID-19 Cases** | **Prevented COVID-19 Hospitalizations** | **Prevented COVID-19 ICU Admissions** | **Prevented COVID-19 Deaths** | **Excess Myocarditis Cases** | **Excess Myocarditis Hospitalizations** | **Excess Myocarditis ICU Admissions** | **Excess Myocarditis Deaths** |
| **Males & Females** | | | | | | | | |
| Scenario 1 | 45,773 | 192 | 62 | 1 | 106 | 58 | 34 | 0 |
| Scenario 2 | 54,345 | 250 | 80 | 1 | 106 | 58 | 34 | 0 |
| Scenario 3 | 2,639 | 21 | 7 | 0 | 106 | 58 | 34 | 0 |
| Scenario 4 | 58,851 | 241 | 77 | 1 | 106 | 58 | 34 | 0 |
| Scenario 5 | 45,773 | 192 | 62 | 3 | 106 | 58 | 34 | 0 |
| Scenario 6 | 45,773 | 192 | 62 | 1 | 53 | 29 | 17 | 0 |
| **Males only** | | | | | | | | |
| Scenario 1 | 44,790 | 203 | 67 | 1 | 179 | 98 | 57 | 0 |
| Scenario 2 | 54,345 | 250 | 82 | 1 | 179 | 98 | 57 | 0 |
| Scenario 3 | 2,639 | 21 | 7 | 0 | 179 | 98 | 57 | 0 |
| Scenario 4 | 57,857 | 254 | 83 | 1 | 179 | 98 | 57 | 0 |
| Scenario 5 | 44,790 | 203 | 67 | 3 | 179 | 98 | 57 | 0 |
| Scenario 6 | 44,790 | 203 | 67 | 1 | 89 | 49 | 29 | 0 |
| **Females only** | | | | | | | | |
| Scenario 1 | 45,063 | 172 | 54 | 1 | 32 | 18 | 10 | 0 |
| Scenario 2 | 54,345 | 250 | 78 | 2 | 32 | 18 | 10 | 0 |
| Scenario 3 | 2,639 | 21 | 7 | 0 | 32 | 18 | 10 | 0 |
| Scenario 4 | 57,938 | 215 | 67 | 2 | 32 | 18 | 10 | 0 |
| Scenario 5 | 45,063 | 172 | 54 | 4 | 32 | 18 | 10 | 0 |
| Scenario 6 | 45,063 | 172 | 54 | 1 | 16 | 9 | 5 | 0 |

Scenario 1: COVID-19 incidence as of September 11, 2021, VE 70% vs. COVID-19 cases and 80% vs. COVID-19 hospitalization.
Scenario 2: COVID-19 incidence at peak of U.S. Delta variant surge at end of August 2021, VE 70% vs. COVID-19 cases and 80% vs. COVID-19 hospitalization.
Scenario 3: COVID-19 incidence as of nadir in June 2021, VE 70% vs. COVID-19 cases and 80% vs. COVID-19 hospitalization.
Scenario 4: COVID-19 incidence as of September 11, 2021, VE 90% vs. COVID-19 cases and 100% vs. COVID-19 hospitalization.
Scenario 5: COVID-19 case incidence as of September 11, 2021, VE 70% vs. COVID-19 cases and 80% vs. COVID-19. hospitalization, COVID-19 death rate 300% that of Scenario 1.
Scenario 6: COVID-19 incidence as of September 11, 2021, VE 70% vs. COVID-19 cases and 80% vs. COVID-19 hospitalization, excess myocarditis cases 50% of Scenario 1.