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# What Vaccine Trials?

TOPICS: Coronavirus Covid 19 Lockdown Vaccines



POSTED BY: IAIN DECEMBER 23, 2020

COVID 19 vaccine trials appear to have caused some confusion. Hopefully, this article might help clear things up a bit. People genuinely appear to believe that the COVID 19 vaccines have undergone clinical trials and have been proven to be both safe and effective. That belief is simply wrong.

The main point is this. If you decide to have Pfizer and BioNTechs experimental **mRNA-based** BNT162b2 (BNT) vaccine, or any other claimed COVID 19 vaccine for that matter, you are a test subject in a drug trial.

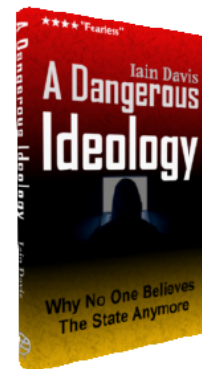
The mRNA in BNT was sequenced from the 3rd iteration of the original WUHAN published Genome (MN908947.3). That genome is highly questionable as the WHO

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protocols used to detect it do not appear to identify anything that can be said to be unique to the SARS-CoV-2 virus. When investigator Fran Leader questioned Pfizer, they confirmed. All views expressed belong solely to the author. In This Together is intended for informational purposes only.

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There are no completed clinical trials of these vaccines.

Trials are ongoing. If you are jabbed with one, you are the guinea pig. This may be fine with you but it's not a leap of faith I or my loved ones wish to take. However, everyone is different.

We are going to focus on the BNT vaccine but all the manufacturers have essentially performed the same trick. They have been ably supported in their jiggery-pokery by government and the mainstream media (MSM).

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## What Vaccine Trials?

On November 18th Pfizer and BioNTech announced they had **completed their phase three trial** of BNT in a so called 1,2,3 phase trial. They had demonstrated efficacy of 95% and U.S. Food and Drug Administration's (FDA's) *Emergency Use Authorization* (EUA) safety data milestone had been met.

The only part of this statement that was true was compliance with FDA emergency safety data milestones. They have not concluded their phase three trials. They have only concluded phase one.



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Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) so called "unapproved" drugs are allowed on the market in emergencies. Similarly, in the UK, authorization under Regulation 171 of the Human Medicines Regulations 2012 (as an informational purposes only.

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Medicines and Healthcare products Regulatory Agency

(MHRA) state:

*“This medicinal product does not have a UK marketing authorisation”*

The fact that there are no completed clinical trials for the Pfizer and BioNTech BNT vaccine **also explains why** the FDA State:

*“Additional adverse reactions, some of which may be serious, may become apparent with more widespread use of the Pfizer-BioNTech COVID-19 Vaccine.”*

The **FDA also noted:**

*“[There is]...currently insufficient data to make conclusions about the safety of the vaccine in subpopulations such as children less than 16 years of age, pregnant and lactating individuals, and immunocompromised individuals....[the] risk of vaccine-enhanced disease over time, potentially associated with waning immunity, remains unknown.”*

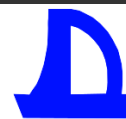
Yet the first people to receive this vaccine are the most vulnerable in society, many of whom are immunocompromised. The precautionary principle appears to have been abandoned. The notion that the purpose of the BNT vaccine roll out is to *save life* seems quite ridiculous.

The Pfizer announcement enabled politicians to **pretend to cry** on national television while others were really excited. UK Prime Minister **Boris Johnson said** it was *“fantastic news,”* and the BBC said it was *“good news”* and



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*“really encouraging.” Everyone was thoroughly impressed with the 95% effective claim.*

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Patrick Henningsen



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00:40



However, this was based upon **relative risk reduction**. That is the declared percentage difference between the vaccinated group's 8/18310 chance (0.00044%) of developing COVID 19 against a 162/18319 (0.0088%) chance of COVID 19 symptoms without the vaccine. As this larger group of 43,000 people has yet to be trialled, there is no basis for this claimed outcome. But it is what it is, and we can use these reported figures here.

It should be noted this only refers to an alleged reduction of COVID 19 symptoms among those who have the virus. The tested endpoints **do not demonstrate that the vaccine** will either reduce the spread of infection or save lives. It should also be noted that these figures suggest the threat from COVID 19 is vanishingly small.

Using Pfizer's figures, the relative risk reduction is  $100(1 - (0.00044/0.0088))$ . Which is 95%. Voila!

This sounds much better, and is a superior marketing strategy, than reporting the absolute risk reduction. The

Explanation, it is unclear why they've done it. Here are some thoughts on #DeepFake #QueensSpeech this #Christmas....21stcenturywire.com/2020/12/26/dee...



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Yes that's right. If you are old sick and vulnerable you need to keep the windows firmly closed during heatwaves and upon them wide when subzero cold fronts hit. Science from the ever helpful BBC. Because they care, no they really do![archive.is/ti9hU](https://archive.is/ti9hU)



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absolute risk of developing COVID 19 symptoms without

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By using the relative instead of absolute risk reduction the mainstream media (MSM) were free to market the mRNA vaccine for Pfizer and BioNTech (and other interested parties) with **impressive sounding claims**. These weren't remotely truthful because no one has a clue about it's safety or efficacy. There are no clinical trial results.

## The Clinical Trials That Don't Exist



An analysis of available positive RT-PCR tests and mortality results led the **Oxford Centre for Evidence Based Medicine** estimated a COVID 19 Case Fatality Rate (CFR) of around 1.4%.

Based upon the figures reported to the FDA by Pfizer and BioNTech, this indicates a broad population based mortality risk from COVID 19 of 1.4(0.0088/100) which is 0.00012%.

Given that the **World Health Organisation** point out that *“most people who get COVID-19 have mild or moderate symptoms,”* if Pfizer's evidence is accurate, then it is

almost impossible to calculate the population based mortality risk. It would appear to be statistically zero. I still use the same cookies as before to ensure that I give you the best experience on this website. Nothing has changed except the introduction of unnecessary, draconian censorship legislation. If you continue to use this site I am now forced to declare that I assume you are happy with it. All readers are encouraged to do their own research and make up their own minds. All views expressed belong solely to the author. In This Together is intended for informational purposes only.

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seemingly increases with age, with the average age of death being 82 and a mortality distribution indistinguishable from standard mortality, the intention is to **give the vaccine to everybody**.

If we look at the “*V-Safe Active Surveillance for COVID 19 Vaccines*” reported by the U.S. **Center For Disease Control** (CDC), early indications of the recorded “*Health Impact Events*” (HIE) reveal a worrying level of adverse reactions from the mRNA vaccine. The CDC define an HIE as:

*“Unable to perform normal daily activities, unable to work, required care from doctor or health care professional”*

On December the 18th 112,807 people were injected with the Pfizer/BioNTech vaccine in the U.S. Of these, 3,150 were subsequently *unable to perform normal daily activities, unable to work, required care from doctor or health care professional*. This is an HIE rate of 2.8%.

This suggests that among the first 10 million people to receive the vaccine in the UK, around 280,000 may find themselves unable to perform normal daily activities, unable to work and require medical care as a result. As it is the most vulnerable who are the first to receive this vaccine, given the tiny risk of mortality from the COVID 19 disease, it is by no means clear that this is a risk worth taking.

## V-safe Active Surveillance for COVID-19 Vaccines

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\*Dec 18, 5:30 pm EST

\*\*unable to perform normal daily activities, unable to work, required care from doctor or health care professional

### Data from the CDC

Clearly, the potential exists that the vaccine will contribute to more deaths than the disease it allegedly *protects* vulnerable people against. We can say “*allegedly*” with absolute confidence. Despite the claims of politicians and the MSM, there are definitely no completed clinical trials for the Pfizer BioNTech vaccine. This is not a matter for debate. It is a “*fact.*”

The Pfizer/BioNTech trial was registered as **clinical trial number** NCT04368728 with the CDC. Having recently discussed what I am about to share with you with people who simply refused to believe the evidence of their own eyes, I think it is important to stress that this is the Phase 3 Clinical Trial which Pfizer claimed they had concluded in their press release. There isn't another one. **This is it.**

The CDC state:

*“When available, study results information is included in the study record under the Study Results tab.....After study results information has been submitted to ClinicalTrials.gov, but before it is posted, the results tab in the study record is labeled “Results Submitted.”*

At the time of writing (21st December 2020) as can be seen by date of the **archived ClinicalTrials.gov web-page**, the Study Results tab reads “No Results Posted.” That is because, as we can read, in English, there are no

posted or submitted results from the Pfizer BioNTech trial of the BNT162b2 vaccine.

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point, but it is

remarkable to me that you can show people, who claim to be scientists, direct primary evidence as

proof of this fact and their response is that they don't *believe* it. They deny its existence and say they "*trust in the science.*"



They do not trust science. They are compelled by **cognitive dissonance** to completely ignore science. What they mean is that they would rather cling to their delusional belief system than confront real scientific evidence.

**Mainstream media reports**, giving the impression that these vaccines have been found to be *effective* and *safe* are not evidence and they are not based on science. They are based on political policy and they report dangerous pseudo-scientific babble, masquerading as *science* journalism, while being nothing but thoroughly repugnant propaganda which may well end up killing people.

There will of course be **mindless anti-rationalists** who will call this dangerous antivaxxer nonsense. All the time insisting that it is perfectly safe to give a vaccine with a questionable safety profile, for which there are no completed clinical trials, to the most vulnerable people in our society. I am running out of patience with these people.

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According to the “*Current Primary Outcome Measures*,” the minimum time frame for them to assess serious adverse events (SAE’s) is “*6 months after last dose*.” This is the *minimum* term for assessing SAE’s in phase one of the trial.

Phase one is the only part of the NCT04368728 trial to have been **completed and published**. It was published on the 14th October, 5 months and two weeks after the start date. The minimum term for assessing SAE’s has not been met during Phase One.

During Phase One, 195 participants were split into 13 groups of 15 people. In each group 12 received one of two potential mRNA vaccine candidates (either BNT162b1 or BNT162b2) and 3 a placebo.

39 people aged between 18-55 and another 39 people aged between 65-85 received the BNT vaccine, now approved for global distribution. The threat of COVID 19, though tiny overall, is **statistically zero** for those aged 18-55. Those with any measurable risk from COVID 19 were in the older age group.

Of the 39 older people who received 2 doses of BNT about half of them experienced “*fatigue*,” roughly 15% had “*chills*” and 3 of them had a fever. The **common side effects** of BNT included nausea, headache (a very common BNT induced nervous system disorder) arthralgia and myalgia (very common), fatigue, chills and fever (again very common.) Other than fatigue, no one in the placebo group suffered these problems.

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*design, for the collection, analysis, and interpretation of the data; and for the writing of the report.”* Therefore, it is reasonable to conclude that while Pfizer see the side effects of their vaccine as *fatigue, chills and fever*, the CDC refer to them as people who can't work and need medical care.

The UK Medical and Healthcare products Regulatory Agency (MHRA) approved the BNT vaccine, to be given to vulnerable British people, based upon a study of 39 older people. This study reported a pretty high adverse reaction rate. It was produced exclusively from the R&D of the vaccine manufacturer. The MHRA questioned nothing.

They “*approved*” BNT in the certain knowledge that there were no completed clinical trials for this vaccine. In their Public Assessment Report they state:

*“At the time of writing, the main clinical study is still on-going....It was concluded that BNT162b2 has been shown to be effective in the prevention of COVID-19. Furthermore, the side effects observed with use of this vaccine are considered to be similar to those seen with other vaccines. Therefore, the MHRA concluded that the benefits are greater than the risks.”*

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This conclusion and approval not only lacks supporting evidence it is utterly at odds with what little is known about BNT. While Pfizer and BioNTech only completed trials of the vaccine on 39 relevant test subjects, the results, even from this practically inconsequential effort, suggest the risk from the vaccine is greater than the risk presented by COVID 19. By a considerable margin.

This undoubtedly explains why the MHRA **ordered software from European suppliers** to deal with the slew of vaccine adverse reaction they presumably anticipate. They state:

*“The MHRA urgently seeks an Artificial Intelligence (AI) software tool to process the expected high volume of Covid-19 vaccine Adverse Drug Reaction (ADRs)...it is not possible to retrofit the MHRA’s legacy systems to handle the volume of ADRs that will be generated by a Covid-19 vaccine.”*

From the way the manufacturers, politicians, regulators and the MSM have approached vaccine safety, it is clear that they collectively have at total disregard for the

welfare of vulnerable people. We really must put aside this ridiculous notion that the authorities care about us or our loved ones. We mean nothing to them. I still use the same cookies as before to ensure that I give you the best experience on this website. Nothing has changed except the introduction of unnecessary, draconian censorship legislation. If you continue to use this site I am now forced to declare that I assume you are happy with it. All readers are encouraged to do their own research and make up their own minds. All views expressed belong solely to the author. In This Together is intended for informational purposes only.

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**vulnerable** in society. It is a risk to the infirm elderly and people with existing life threatening conditions. If we look at the

**exclusion criteria** for Phase One, these people were not in the cohort tested. Anyone with high blood pressure, asthma, diabetes or a high BMI were excluded from the alleged safety trial. But the vaccine is being given to the most vulnerable first.

Of the 39 older people at most risk in the phase one study, none of them had the serious comorbidities which the overwhelming majority of those who die “with” COVID 19 possess. The people actually at risk from COVID 19 nominally entered the BNT trials at phase 2 and 3. However, it appears every effort has been made to limit, if not completely remove, their number too. “*Immunocompromised or individuals with known or suspected immunodeficiency,*” were excluded.

Immunodeficiency is caused by a wide **range of health conditions**. Conditions such as undernutrition, polytrauma, stress after surgery, diabetes and cancer lead to immunodeficiency. The people with the comorbidities associated with so called COVID 19 deaths were practically ruled out from the vaccine trials.

NCT04368728 was designed as a 1,2,3 trial with all phases running concurrently. With regards to assessing safety

Pfizer described systemic events as:

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than a week, following each dose:

*“In the first 360 participants randomized into Phase 2/3, percentage of participants reporting systemic events [ Time Frame: For 7 days after dose 1 and dose 2 ]”*

The same cohort of 360 test subjects were also monitored for Serious Adverse Events (SAE's) for up to 6 months:

*“In the first 360 participants randomized into Phase 2/3, percentage of participants reporting serious adverse events [ Time Frame: From dose 1 through 6 months after the last dose]”*

Pfizer also intend to report the percentage of all test subjects who suffer SAE's:

*“Percentage of participants in Phase 2/3 reporting adverse events [ Time Frame: From dose 1 through 6 month after the last dose ]”*

But there are no reported results from phase 2 or 3. No one has the faintest idea what the health risks of BNT are, especially for those it is supposedly designed to protect, and no one in authority gives a damn. Phase 2/3 clinical trials are now a moot point anyway.

The regulatory agencies have already approved the vaccine and health services have started injecting people with BNT. They do so after the manufacturers tested its safety on a 39 people who were in the *at risk* group but did not have the comorbidity that leads to claimed COVID 19 deaths.

If you find this unbelievable I can only say to you that I wish it was  
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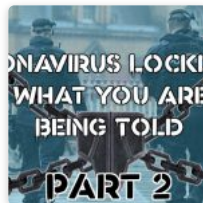
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Iain

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many have expressed their wish that I didn't.

2 COMMENTS

ON "WHAT VACCINE TRIALS?"



David Fehily | December 24, 2020 at 9:39 pm

| Reply

Great article on the data on the tests. Keep up the good work eventually one or two more might get the message!

I just cannot get my head around the fact that tests have not established if it stops you getting seriously ill and secondly if it stops transmission and yet people think it's the answer to the problem. When I point this out they just dismiss it and cannot compute the deception. I posted the following on Facebook on the 12 December, got a few likes and no criticism, also on a WhatsApp group. I give up

Here is the post

On the subject of the vaccines.  
There are 3 things you need from them  
1) to prevent the illness causing serious consequences, causing hospitalisation and death.

2) to prevent the transmission of the disease to others. I still use the same cookies as before to ensure that I give you the best experience on this website. Nothing has changed except the introduction of unnecessary, draconian censorship legislation. If you continue to use this site I am now forced to declare that I assume you are happy with it. All readers are encouraged to do their own research and make up their own minds. All views expressed belong solely to the author. In This Together is intended for short term and the long term. informational purposes only.



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see BMJ article:-

<https://www.bmj.com/content/371/bmj.m4037>).

Unbelievable but true, Matt Hancock is lying to us, he says it will save lives without testing no1 that is simply untrue.

Without testing the transmission ,any arguments for compulsory vaccination are without any merit.

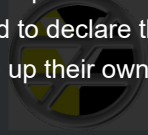
On number 3, too early to tell for long term.

Secondly there are criticisms from a number of doctors about the health risks. However If I post the links to them they will be flagged as false information as Facebook are shutting down any alternative views on anything to do with vaccines. There will certainly be some adverse reactions but the scale of which is unknown at this moment.

The MHRA who have authorised the use of the phizer jab are one of the most corrupt organisations. There is a litany of outrageous behaviour over the last 20 years, including falsifying 6000 test data to allow them to authorise the use of a cervarix HPV vaccine. They are essentially an arm of Big Pharma, dressed up as a regulatory body.

Why would anyone who was informed would allow this to be injected into themselves is beyond me. It strikes me as act of Blind faith in Pfizer, whose track record is hardly one anyone would be proud of.

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Excellent stuff



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