

H1N1 Bird Flu Vaccine – Looking at its adverse effects

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Proportional Reporting Ratio

The proportional reporting ratio (PRR) gives the % of reports with a particular symptom compared to other vaccines. If it is greater than 1, then there is an excess incidence of this symptom. If it is greater than 2, then the incidence is twice as much as the comparator vaccines. If it is 3, then the incidence is three times as much and so on. A PRR greater than 2 is regarded as a SAFETY SIGNAL.

The proportional reporting ratio has a mean value but it also has a range within which we can be 95% confident that it will fall. This range is defined by the upper and lower confidence limits. 97.5% of the PRR values will be higher than the lower confidence limit. 2.5% will be higher than the upper confidence limit.

Proportional reporting ratio scores for “**intra-uterine death**” were obtained using Safety Signal, a vaccine-symptom search engine that you can access here – [link](#). My datasets were provided to Knoll Frank who created the web app to search that data.

Safety Signal utilizes 33 years of VAERS data for 99 different vaccines and 16849 different symptoms ([read more here](#)).

The Incidence of “Intra-uterine death” with H1N1 Bird Flu Vaccines

Here are the lower confidence interval scores for “Intra-uterine death” (the clinical term for still birth)

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
FLU(H1N1)	119.51214309877504
FLUX(H1N1)	64.84091168923767
HPV4	12.359486796229232

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And here is a table showing the mean PRR, and how the H1N1 vaccines rank on this symptom compared to all the other 98 vaccines in VAERS. You can also see the lower confidence limit (LCI) and the upper confidence limit (UCI). This is the range within which 95% of the PRR scores will fall. For example, for FLUX(H1N1) the incidence of intra-uterine death has a PRR of 115.4, which means that on average FLUC(H1N1) will have 115 times the incidence of still births compared to other vaccines. Its LCI is 64.84, so we can be confident that 97.5% of the PRR scores will be ABOVE 64.84. Its UCI is 205.4, so we can be confident that 2.5% of the PRR scores will be ABOVE 205.

VAX_TYPE	PRR Score	Number of Records	LCI	UCI
FLU(H1N1)	174.1698659	43	119.51	253.8
FLUX(H1N1)	115.40997	13	64.84	205.4
HPV4	18.81515045	29	12.35	28.64
HPV2	5.261750921	2	1.3	21.29
FLUX	4.612073387	6	2.02	10.48
RAB	4.000198214	1	0.55	28.63
TDAP	3.57715726	4	1.31	9.69
FLU3	2.734564329	9	1.38	5.39
ANTH	2.630448973	1	0.36	18.83
HEPA	2.082259947	1	0.29	14.9
TD	1.71928041	1	0.24	12.3
MMR	1.644698697	2	0.4	6.65
HEP	1.501315145	3	0.47	4.72
VARCEL	0.749101015	1	0.1	5.36

As you can see, there are 2 “Bird-Flu” vaccines with excessive incidence, FLU(H1N1) and FLUX(H1N1). H1N1 has the highest incidence of still birth out of all 100 vaccines in VAERS – 174 times and 116 times incidence compared to all other vaccines respectively.

The incidence of stillbirth with FLU(H1N1) Bird Flu vaccine has a confidence interval where the upper limit is 253.8, and the lower limit is 119.51. This means that there is a 97.5% chance that the incidence of still birth will be higher than 119.51 times. It also means that 2.5% of the time it will even be higher than 253.8 times.

Note: Safety Signal only shows the LCI scores for each vaccine. If you want to see the PRR, UCI and number of reports, you can download the datasets and use tables tPRR, tUCI, and tA respectively. The datasets can be downloaded here - [link](#)

The Incidence of Spontaneous Abortions with H1N1 Bird Flu Vaccines

Here are the Lower Confidence Limit scores for the PRR for the symptom “Spontaneous abortion”.

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
FLUX(H1N1)	<u>6.347802438349588</u>
FLU(H1N1)	<u>5.371089967698373</u>
HPV4	<u>3.714420117033533</u>
HPV2	<u>3.067774030033997</u>
HEPA	<u>1.469260304455296</u>
COVID19	<u>1.208403317108976</u>

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VAX	PRR	Reports	LCI	UCI
FLUX(H1N1)	8.661161	40	6.34	11.82
FLU(H1N1)	6.594385	93	5.37	8.09
HPV4	4.181145	294	3.71	4.7
HPV2	3.992277	56	3.06	5.19
FLUR3	2.393956	1	0.33	16.98
JEV	2.120471	1	0.29	15.04
HEPA	2.039403	36	0.42	2.83
RUB	1.383165	2	0.34	5.52
COVID19	1.297066	3262	1.2	1.39
FLUX	1.247891	62	0.97	1.6
MMR	1.157655	52	0.88	1.52
YF	1.083801	4	0.4	2.88

As you can see, there are 2 “Bird-Flu” vaccines with excessive incidence, FLU(H1N1) and FLUX(H1N1). H1N1 has the highest incidence of spontaneous abortion out of all 100 vaccines in VAERS – 8.66 times and 6.59 times incidence compared to all other vaccines respectively.

The incidence of spontaneous abortion with FLU(H1N1) Bird Flu vaccine has a confidence interval where the upper limit is 11.82, and the lower limit is 6.34. This means that there is a 97.5% chance that the incidence of spontaneous abortion will be higher than 6 times. It also means that 2.5% of the time it will even be higher than 11 times.

Both H1N1 vaccines have the highest incidence for spontaneous abortion compared to the other 98 vaccines in VAERS.

Note: Safety Signal only shows the LCI scores for each vaccine. If you want to see the PRR, UCI and number of reports, you can download the datasets and use tables tPRR, tUCI, and tA respectively. The datasets can be downloaded here - [link](#)

Going back to 1987

The WHO developed a vaccine for the purpose of fertility regulation. You can find their paper here [who-infertility-vaccine.pdf](#)

Here is the abstract for that research –

A new approach to fertility regulation is the development of vaccines directed against human substances required for reproduction. Potential candidates for immunological interference include reproductive hormones, ovum and sperm antigens, and antigens derived from embryonic or fetal tissue. Several vaccines targeted at the beta chain of the human chorionic gonadotrophin molecule have reached the clinical trial stage in Australia, Finland, India and Sweden, and the preliminary results are very encouraging. A prototype vaccine using the beta subunit of ovine luteinizing hormone seems effective in female primates. Contradictory effects on spermatogenesis in male primates have been observed by different researchers using follicle-stimulating hormone as an antigen. Both this and gonadotrophin-releasing hormone require further basic research. Immunological interference could also be aimed at sperm production or maturation, or at sperm-ovum interaction in the female reproductive tract. The best characterized sperm antigen to date is LDH-C4, an isoenzyme of lactic dehydrogenase. The identification of new sperm antigens is being aided by monoclonal antibody techniques. Another approach is to detect, and then mimic, the anti-sperm antibodies found in women and men with immunologically mediated infertility. Research on ovum antigens is focusing on the zona pellucida (ZP); anti-ZP antibodies dramatically depress fertility in vitro and in vivo in a variety of species. Vaccines interfering with sperm function and fertilization could be available for human testing by the early 1990s.

The WHO was interested in inducing infertility by using a vaccine that targets human chorionic gonadotrophin. They developed this vaccine from 1972 to 1992 over a twenty year period.

How the Infertility Vaccine Works

It operates by combining the HCG molecule with the tetanus toxoid, so when the human body creates an antibody against the tetanus toxoid, it also creates an antibody against HCG. When the foetus begins to produce HCG, the baby is destroyed by the antibodies. HCG is required for a woman to produce progesterone. The antibodies destroy the HCG, so she can no longer produce progesterone – so she becomes sterile. So it destroys the baby, and destroys the woman's ability to get pregnant again. Please see video here [video link](#).

So does the H1N1 vaccine attack HCG ?

FLU(H1N1) has the highest PRR for “Blood human chorionic gonadotropin”, meaning that it has the highest incidence for the measurement of HCG. This vaccine has 92 times the incidence compared to other vaccines, and a lower confidence limit of 33.85, but the number of reports is only 5. While this definitely qualifies as a safety signal, we need more data to draw firm conclusions about decreased HCG being the mechanism

Similarly FLU(H1N1) has the highest PRR for “Blood human chorionic gonadotropin decreased” This vaccine has 197 times the incidence compared to other vaccines for abnormal HCG

The lower confidence limit is 32. However the number of cases is only 2, so we lack the data to draw any conclusions.

Similarly FLUX(H1N1) has the highest PRR for “Blood human chorionic gonadotropin abnormal”. This vaccine has 914 times the incidence compared to other vaccines for abnormal HCG.

The lower confidence limit is 57. However the number of reports is only 1, so we simply lack the data to draw any conclusions.

However, we can say that the consistent top rank of H1N1 vaccines in relation to testing of HCG levels, decreased HCG and abnormal HCG raises a suspicion that changes in HCG may be the mechanism, and this warrants further investigation.

SYMPTOM1	FLU(H1N1)
Blood human chorionic gonadotropin decreased	197.1224839
Blood human chorionic gonadotropin	92.40116432
Urine human chorionic gonadotropin negative	42.24053226

SYMPTOM1	FLUX(H1N1)
Blood human chorionic gonadotropin abnormal	914.4020702

Independent Studies Confirm the Effects of Bird Flu Vaccines

Dannemann Report (NCOWW) [2012]

Excessive incidence of a symptom indicated by a high PRR ratio is a reliable safety signal for that symptom. However we can also look for independent confirmation. The National Coalition of Working Women issued a report in 2012 on vaccination adverse effects for the combined flu vaccination administered between 2009 and 2010, which included the bird flu H1N1 vaccine.

They found that this vaccination increased reports of fetal deaths by **an order of magnitude**

Eileen Dannemann, NCOWS director that despite these figures being known to the CDC,

1. **NO WARNING WAS GIVEN** : the vaccination was once again recommended to women as a safe vaccination.
2. **THE CDC DENIED ANY ADVERSE EFFECTS** : the CDC denied there were any adverse effects.
3. **THE CDC COMMISSIONED FAKE STUDIES** : the CDC carried out a bogus study that omitted all the 2009 data, and used this study to promote the vaccine globally.
4. **THE CDC OBTAINED THE SIGNATURES OF 12 NGOs** : The CDC issued a letter signed by these NGOs recommending the vaccine.

Outraged by the CDC's total disregard for human life, Ms Dannemann accused the CDC of 'will-full misconduct', saying that they are responsible for the deaths of thousands of unborn babies.

See [link](#)

Moro Studies [2010]

In October 2010, Moro et al. summarized that during 19 influenza seasons (1990 through 2008), there were a total of 17 spontaneous abortion (SAB) and 6 stillbirth (SB) reports following the seasonal influenza vaccine in the Vaccine Adverse Event Reporting System (VAERS) database for an overall mean of 1.21 (23/19) fetal loss reports per year. This study's stated rate of fetal-loss reporting was 1.9 per 1 million (or 23/11,800,000) vaccinated pregnant women. See [link](#).

In a second study published 8 months following the first, Moro et al. noted 121 SAB and 19 SB reports or a total of 140 fetal-loss reports to VAERS during the first 5 months of the 2009 influenza season, when the Bird Flu H1N1 vaccine was administered. See [link](#). This equates to greater than 57 reports per million (>140/2,437,113) vaccinated pregnant women. The ratio of the 140 fetal-loss reports during the incomplete 2009 season to the 1.21 reports/year representing the mean of the 19 prior seasons, yields **a 116-fold (140/1.21) increase in fetal-loss reports (SAB and SB) in the VAERS database**. Moro et al. attributed this dramatic increase, in part, to reporting bias, citing a "Weber-like effect." The Weber effect is a temporal reporting pattern whereby the number of reported adverse events (AEs) for a new drug increases during the first 2 years of marketing and then subsequently declines, presumably reflecting decreased enthusiasm for reporting as AEs become well known.

In comparison, the PRR ratio output by Safety Signal for "intra-uterine death" is 115.4 – very close to 116. However, Safety Signal also shows that there were 2 different H1N1 vaccines, the other having a much higher PRR of 174.

Despite the statistically significant rate ratio (RR) of 29.4 (95% confidence interval (CI): 19.0–45.8) for 2009/2010 fetal-loss report rate (57 reports/1 million) to the mean rate of 1.9 reports/1 million (over the previous 19 influenza seasons), the second Moro et al. study concluded,

“... H1N1 vaccination in pregnant women did not identify any concerning patterns of maternal or fetal outcomes.”

Goldman Study [2012]

In September 2012, the “Human and Environmental Toxicology Journal” published a study by Dr Gary Goldman who looked at the VAERS data for 2008, 2009 and 2010. He found an increase in foetal loss reports from 6.8 per million in 2008, to 77.8 per million in 2009 with the administration of the Bird Flu H1N1 vaccine. With the return to a single flu shot in 2010, the vaccine related reports of foetal loss returned to a significantly lower level of 12.6 per million.

This demonstrates that the H1N1 vaccine administered in 2009 was associated with a 10 fold higher rate of still births compared to the effects of the ordinary flu vaccine in 2008 and 2010.

See [link](#), [link](#)

Note that Goldman only compared the 2009 data to that of one previous year, that of 2008, whilst Moro compared the 2009 data to the previous 19 years. Safety Signal matches the Moro result because Safety Signal is based on 33 years of data from 1990 to 2023.

The Goldman study suggests that already in 2008 the toxicity of the seasonal flu jab had a 10 fold higher toxicity than previous flu jabs, and in 2009 H1N1 vaccine increased this toxicity by 10 fold again – resulting in the 116 fold increase found by Moro and by Safety Signal.

A New Pandemic.

In 2024, the WHO announced a new pandemic of Bird Flu (H1N1) . Bill Gates and others have already made public announcements that the next pandemic will have a very high mortality for children.

If the Bird Flu vaccine is mandated for this “pandemic” then we can indeed expect a high mortality for children – unborn children – since the vaccine will kill all unborn fetuses, and still births will become the norm.

Summary

The point of this article is to impress upon you the observations that

- H1N1 vaccines have a still birth rate that is HUNDREDS of times higher than the average for other vaccines.
- H1N1 vaccines have a high incidence of reports for abnormal HCG and for deficient HCG
- Several independent studies confirm these PRR safety signals.
- The WHO has been developing a vaccine for the explicit purpose of inducing infertility for population control – from 1972 to 1992 (see paper above)
- The WHO’s infertility vaccine targets HCG – generating antibodies that destroy the unborn child, and inducing sterility in the parent through suppression of progesterone.
- The WHO has already deployed this infertility method in Kenya and other African countries, only a few years before the COVID “pandemic” (see video above)
- The WHO just announced a pandemic of Bird Flu (H1N1), for which the Bird Flu vaccine will be mandated.

Global Results

If an infertility vaccine is rolled out globally, then sterility and infertility will result globally. In an extreme scenario, if no more children are born then we are the last generation. If we are the last generation, then by definition this is the end of days.

Speaking in 2009, Austrian investigative journalist, Jane Burgermeister, warned the world about the WHO’s intention to override national sovereignty, along with its plans for forced injections of a “biological weapon” disguised as a vaccine.

“What is technically a biological weapon is being sold to us as a prophylactic, and if we don’t take it voluntarily...we are finally forced to take it” See [link](#)

Effect of a Bird-flu Vaccine on Bird Egg Laying

A question arises regarding the vaccination of chickens against "bird flu". If the vaccine causes sterility and infertility, might it not also sterilize the birds - terminating their egg laying. This would prove disastrous for a subsistence society comprised of small farms where eggs are a very important part of diet. It needs to be ascertained if the bird flu vaccine has this effect on birds. If it does then mass starvation and malnutrition will arise in its wake. Famine will, of course, also serve a depopulation agenda.