Proportional Reporting Ratio

Signal Detection in Pharmacovigilance

by Craig Paardekooper

WHAT IS PROPORTIONAL REPORTING RATIO ?

PRR is a simple way to get a measure of how common an adverse event for a particular drug is compared to how common the event is in the overall database. It is used to measure the strength of the statistical association between a risk factor (specific drug) and a condition (specific adverse event).

Proportional Reporting Ratio | Pharmacovigilance (allaboutpharmacovigilance.org)

If a drug produces a disproportionate number of specific adverse reactions per report compared to the number of the same adverse reaction per report found with other drugs. In other words – the number of adverse reactions is disproportionately high for the number of reports compared to what would be expected from the occurrence of the same reaction with other drugs. Disproportionality is used to detect if a drug is causing an adverse reaction.

Disproportionality method requires us to establish a baseline by measuring the adverse reactions per report for other drugs compared to the same for the target drug.

PRR is a classic disproportionality based method and it is defined as the ratio between the frequency with which a specific adverse event is reported for the drug of interest and the frequency with which the same adverse event is reported for all drugs in the comparison group. The formula used is as follows.

$$PRR = \frac{n_{ij}/n_i}{(n_j - n_{ij})/(n - ni)}$$

n_{ij} = number of reports containing target drug and suspected reaction
n_i = number of reports with the target drug

(so n_{ji} **/**n_i = the % of reports for a target drug that involve the severe reaction)

n_j **-** n_{ij} = total number of reports with the suspected reaction for other drugs
n = total number of spontaneous reports for other drugs

(so $(n_j - n_{ij})/(n - n_i)$ gives the % of reports for other drugs that involve the severe reaction)

Ref : J.C. Bouvy, M.L. De Bruin, M.A. Koopmanschap, "Epidemiology of adverse drug reactions in Europe: a review of recent observational studies," Drug Saf. vol.38 (5), pp.437-453, 2015

WHO USES PROPORTIONAL REPORTING RATIO ?

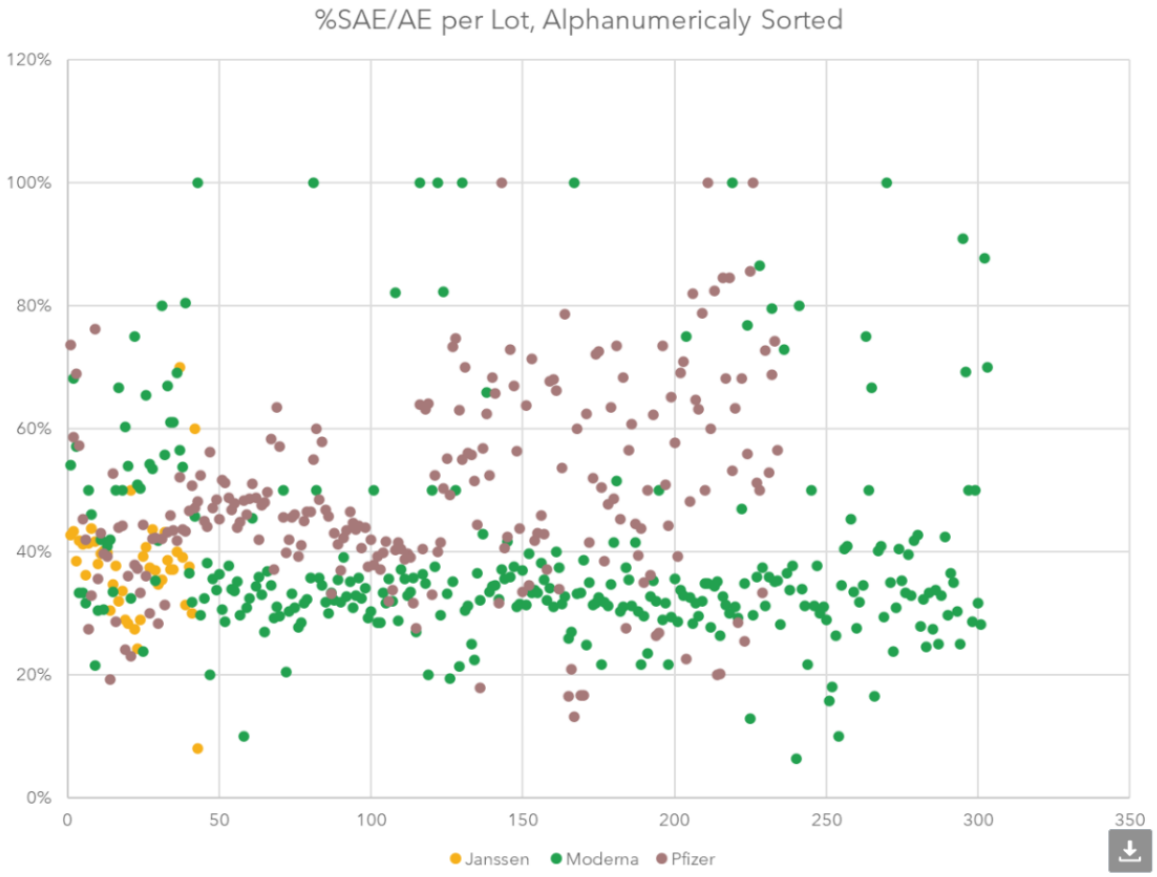
The European Medical Association (EMA) uses Proportional Reporting Ratio for signal detection.

> *"Different statistical methods to generate SDRs are in use. In the **EudraVigilance Data Analysis System**, the Proportional Reporting Ratio (PRR) has been implemented in the first release. Other methods will be considered for future implementation."*

Ref : 2006 Report : GUIDELINE ON THE USE OF STATISTICAL SIGNAL DETECTION METHODS IN THE EUDRAVIGILANCE DATA ANALYSIS SYSTEM (europa.eu)

APPLYING PROPORTIONAL REPORTING RATIO TO COVID 19 LOTS

The variation in Proportional Reporting Ratio for different Covid 19 vaccine lots can be seen here - Lethality (Howbad.info)



(Graph provided by Sasha Latypova)

As you can see, many Pfizer lots have a high % of reports that are severe, compared to Moderna.

For many lots 35% of the reports are severe, where-as for 11 lots 100% of the reports are severe. So some lots have a PRR that exceeds 3.

In the table provided here, you can see that the % or reports that resulted in death varied by as much as 60 x between different lots Lethality (Howbad.info). That's a PRR of 60 !

The % or reports that resulted in a severe outcome varied by as much as 17 x between different lots.

AT WHAT POINT DOES PRR BECOME SIGNIFICANT

The **Proportional Reporting Ratio (PRR)** is a statistical measure used in pharmacovigilance to identify potential safety issues related to medicinal products [1] [2]. A PRR value is considered to constitute a signal if the lower bound of the 95% Confidence Interval is ≥1 and the number of events of interest with the drug of interest is ≥3 [3].

To calculate a 95% confidence interval for PRR, we can use the Normal approximation method. The formula for calculating the 95% confidence interval for PRR is:

$$\mathrm{PRR} \pm 1.96 \sqrt{\frac{\mathrm{PRR}(1-\mathrm{PRR})}{\mathrm{N}}},$$

where PRR is the Proportional Reporting Ratio, and N is the total number of reports [4] [5].

I hope this helps!

Cases	Drug of interest	Comparator
Event of interest	a	c
Other events	b	d

$$PRR = \frac{a/(a+b)}{c/(c+d)}$$

$$95\%\ CI\ of\ PRR = \frac{PRR}{e^{1.96 \times s}}, PRR \times e^{1.96 \times s}$$

$$s = \sqrt{\frac{1}{a} + \frac{1}{c} - \frac{1}{a+b} - \frac{1}{c+d}}$$

The lower bound of the confidence interval is given by $PRR/e^{1.96 \times s}$

The upper bound of the confidence interval is given by $PRR \times e^{1.96 \times s}$

APPLYING PRR TO ASTRAZENECA COVID 19 VACCINE

A PRR value is considered to constitute a signal if the lower bound of the 95% Confidence Interval is ≥1 and the number of events of interest with the drug of interest is ≥3. PRR can be derived from open-source regulatory drug safety databases.

In this example, we evaluate the PRR for thromboembolic events with the Astra Zeneca COVID-19 vaccine (drug of interest) marketed in India and the UK under the brand names Covishield® and Vaxzevria® respectively. Typically, the comparator for PRR is all events for all other drugs in the database. For the purpose of this example, the comparator is other COVID-19 vaccines in use in the UK – Comirnaty® and Moderna®.

We used safety reports of COVID vaccines available in the public domain from the UK regulator (https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting)

The default Medical Dictionary for Regulatory Activities is MedDRA. We used the Standardised MedDRA Query (SMQ) for Embolic and thrombotic events as the event of interest..

	Vaccine of interest	Comparator vaccines		
	Vaxzevria®	Comirnaty®	Moderna®	Total
AEs under SMQ of interest	4251	930	1	931
Total AEs	5,73,650	1,49,082	660	1,49,742

Date cut-off: 21-Apr-2021

The PRR for the Embolic and thrombotic events SMQ was 1.19 (95% CI 1.11, 1.28), i.e.. there appeared to be small but statistically significant increase in thromboembolic events with Covishield® (Vaxzevria®).

PLEASE NOTE that this small but significant increase is when one poison (Covishield) was compared to another (Comirnaty). If instead we had compared Covishield with the Flu vaccine, for example, we would have obtained a far greater value of PRR

A PRR is an initial step. It implies association. Once association is established, an investigation into causation commences.

Typical subsequent steps in establishing causation require a single case analysis or aggregate analysis. Overall causation is best established by using criteria like the Bradford Hill criteria used to establish the relationship between smoking and lung cancer. At times, even when association or causation is established, a drug or vaccine may not necessarily be withdrawn if the benefit risk evaluation favours ongoing use of the drug.

Ref : Proportional Reporting Ratio (rxmd.com)

USING PRR TO COMPARE COVID VACCINES WITH FLU VACCINES

(Data Source = 2021 VAERS data USA)

Since the above example compared a poison with a poison, I decided to compare COVID-19 vaccines instead with what are regarded as traditional vaccines such as the Flu vaccine.

	Covid 19 Vaccines	**Flu Vaccines**
Death Reports	9761	54
All Reports	694773	7164
% of Reports with Death	1.404%	0.76%

PRR for COVID 19 vaccines = 1.404/0.76= 1.84

Standard deviation = 0.14

Lower bound for a 95% confidence interval = 1.39

So the lower bound for the confidence interval > 1, therefore this is a significant safety signal.

USING PRR TO COMPARE COVID VACCINES WITH ALL OTHER VACCINES

(Data Source = 2021 VAERS data USA)

What about comparing COVID-19 vaccines to all other vaccines

	Covid 19 Vaccines	**All other Vaccines**
Death Reports	9761	310
All Reports	694773	41482
% of Reports with Death	1.404%	0.747%

PRR = 1.88

Standard deviation = 0.05746

Lower bound = 1.679

So the lower bound for the confidence interval > 1, therefore this is a significant safety signal.

These results compare COVID-19 vaccines with all other vaccines for the outcome of death. What about for hospitalization.

	Covid 19 Vaccines	**All other Vaccines**
Hospitalisation Reports	46009	1245
All Reports	694773	41482
% of Reports with Hospitalisation	6.6%	3.0%

PRR = 2.2

Standard deviation = 0.028

Lower bound = 2.08

So the lower bound for the confidence interval > 1, therefore this is a significant safety signal.

USING PRR TO COMPARE SPECIFIC COVID 19 LOTS WITH ALL OTHER VACCINES

So far we have looked at all the COVID 19 vaccines as a whole. But there are differences between COVID 19 lots – some appear to be more toxic than others. Lets take the Pfizer lots that have lot numbers starting with EK or EL and compare those to all other vaccines, and lets just look at death and hospitalisation.

	Pfizer EK, EL	**All other Vaccines**
Death Reports	1060	310
All Reports	40081	41482
% of Reports with Death	2.6%	0.74%

PRR = 3.5

Standard deviation = 0.06418

Lower bound = 3.08

So the lower bound for the confidence interval > 1, therefore this is a significant safety signal.

	Pfizer EK, EL	**All other Vaccines**
Hospitalisation Reports	3414	1245
All Reports	40081	41482
% of Reports with Hospitalisation	8.5%	3.0%

PRR = 2.83

Standard deviation = 0.03235

Lower bound = 2.65

So the lower bound for the confidence interval > 1, therefore this is a significant safety signal.

So you can see why the initial calculation for Astrazeneca under estimated the signal by comparing a poison with a poison. When we compare COVID 19 vaccines with all other vaccines we get a much higher PRR. When we compare certain lots of Pfizer with all other vaccines we get a much higher PRR still.

WHY WERE THESE SAFETY SIGNALS IGNORED ?

The reason they gave for ignoring this safety signal was that it would create vaccine hesitancy, and they claimed that the danger from the COVID virus was greater than the danger from the vaccine.

Governments instructed media to censor and actively suppress information about adverse effects, and threatened doctors for speaking out.

However, in order to provide informed consent they should have informed people that the vaccine came with a possible risk of death and hospitalisation that was approximately twice as great compared to other vaccines.

They certainly knew about this risk by mid-2021, and absolutely knew the risk by end of 2021 when all the data used in this analysis was available to them. But they suppressed this information.

APPENDIX – ANALYSIS OF ALL VACCINES FOR PRR $_{death}$ AND PRR $_{hospitalisation}$

I completed a preliminary analysis of all the different vaccines and calculated their PRR scores for death and hospitalisation compared to all the other vaccines.

DEATH : A safety signal appeared for the following vaccines

- COVID-19
- FLUX (H1N1)
- MENINGITIS

HOSPITALISATION : A safety signal appeared for the following vaccines

- 6VAXF
- COVID-19
- FLUX (H1N1)
- SMALLPOX

I only used the 2021 VAERS USA data as a test sample. But I can amalgamate all of the other years to get a more accurate picture.

It seems that the most dangerous vaccines are COVID-19, H1N1, SMALLPOX and MENINGITIS. This kind of total analysis will be of great value - as long as the data is reliable, and not corrupted by CDC agendas.

Curiously H1N1 Flu vaccine shows up as it was possibly their first attempt at a bioweapon. The FLUX (H1N1) was the Swine Flu vaccine of 2008, a depopulation attempt pre-empted by Jane Burgermeister and Dr Wolfgang Wodarg.

This type of analysis can be repeated with VIGIACCESS data and YELLOWCARD data to get confirmations. I will need to accumulate more data since the number of records is too low for some vaccines.

A spreadsheet of the data gathered can be found here. https://t.me/howbadismybatch/49538

INVESTIGATION OF VACCINE DEATHS IN 1990

I obtained the VAERS data for 1990 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 2102 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
CHOL	4	2098	0	76	0
DT	36	2066	1	75	0.765185185
DTP	883	1219	55	21	3.615650111
FLU3	92	2010	6	70	1.872670807
FLUX	65	2037	2	74	0.846985447
HBPV	2	2100	2	74	28.37837838
HEP	441	1661	2	74	0.101795673
HIBV	81	2021	5	71	1.757085724
MEA	13	2089	0	76	0
MEN	2	2100	0	76	0
MER	6	2096	0	76	0
MMR	136	1966	0	76	0
MU	1	2101	1	75	28.01333333
OPV	15	2087	0	76	0
PPV	71	2031	0	76	0
RAB	9	2093	1	75	3.100740741
RUB	68	2034	0	76	0
SMALL	1	2101	0	76	0
TD	145	1957	1	75	0.179954023
TTOX	21	2081	0	76	0
TYP	9	2093	0	76	0
UNK	1	2101	0	76	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

You can see that DTP has a very strong signal, followed by FLU3 and HIBV.

DTP is a combination vaccine that is supposed to protect against 3 illnesses – diphtheria, pertussis, and tetanus. If you must get vaccinated against tetanus, it would be safer to have a DT vaccine rather than a DTP, because DT has one fifth of the PRR that DTP has. We will see if this pattern holds in subsequent years.

TD vaccine can also be used to protect against tetanus. However we need more data points to see if TD retains a low PRR. We will see if this pattern holds in subsequent years.

HIBV is the vaccine for Haemophilus influenzae type B.

FLU3 is a vaccine that contains 3 different strains of swine influenza A virus which have been inactivated (killed). FLU3 is a suspension for injection. FLU3 is used to vaccinate pigs including pregnant sows over the age of 56 days against swine influenza. FLU3 is also used to vaccinate pregnant sows so that the sows milk contains enough antibodies to immunize the piglets against swine influenza. So here people are being vaccinated against swine flu !

INVESTIGATION OF VACCINE DEATHS IN 1991

I obtained the VAERS data for 1991 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 9933 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR death
BCG	1	9932	0	160	0
CHOL	8	9925	0	160	0
DT	118	9815	2	158	1.052885647
DTP	4253	5680	117	43	3.633878138
FLU3	240	9693	12	148	3.274662162
FLUX	288	9645	7	153	1.532203159
HBPV	2	9931	1	159	31.22955975
HEP	2499	7434	3	157	0.056843119
HIBV	632	9301	12	148	1.193251796
IPV	8	9925	0	160	0
MEA	31	9902	1	159	2.00892676
MEN	3	9930	0	160	0
MER	24	9909	0	160	0
MMR	987	8946	3	157	0.1731942
MU	9	9924	0	160	0
MUR	1	9932	0	160	0
OPV	19	9914	1	159	3.281694803
PLAGUE	4	9929	0	160	0
PPV	160	9773	1	159	0.384158805
RAB	47	9886	0	160	0
RUB	79	9854	0	160	0
TD	366	9567	0	160	0
TTOX	61	9872	0	160	0
TYP	80	9853	0	160	0
UNK	10	9923	0	160	0
YF	3	9930	0	160	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

DTP and the Swine Flu Vaccine show excessive deaths as in 1990.

DT and TD, the tetanus vaccine alternatives to DTP, appear to be safer.

INVESTIGATION OF VACCINE DEATHS IN 1992

I obtained the VAERS data for 1992 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 10692 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
ADEN	1	10691	0	218	0
BCG	1	10691	0	218	0
CHOL	18	10674	0	218	0
DT	172	10520	1	217	0.281856178
DTAP	66	10626	0	218	0
DTP	3988	6704	138	80	2.899799398
FLU3	419	10273	22	196	2.752009157
FLUX	437	10255	24	194	2.903111656
HEP	3352	7340	13	205	0.138861401
HIBV	404	10288	9	209	1.09659387
IPV	9	10683	0	218	0
MEA	83	10609	0	218	0
MEN	6	10686	0	218	0
MER	16	10676	0	218	0
MM	1	10691	0	218	0
MMR	855	9837	3	215	0.160538556
MU	4	10688	0	218	0
MUR	2	10690	0	218	0
OPV	35	10657	0	218	0
PLAGUE	5	10687	2	216	19.79074074
PPV	134	10558	1	217	0.363092372
RAB	87	10605	0	218	0
RUB	64	10628	0	218	0
SMALL	1	10691	0	218	0
TD	358	10334	0	218	0
TTOX	57	10635	0	218	0
TYP	95	10597	2	216	1.032846004
UNK	9	10683	1	217	5.470046083
YF	13	10679	2	216	7.606125356

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

DTP and the Swine Flu Vaccine show excessive deaths as in 1990 and 1991

DT and TD, the tetanus vaccine alternatives to DTP, appear to be safer.

INVESTIGATION OF VACCINE DEATHS IN 1993

I obtained the VAERS data for 1993 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 10147 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-Death	Other-Death	PRR-death
ADEN	3	10144	0	219	0
ANTH	4	10143	0	219	0
CHOL	6	10141	0	219	0
DT	175	9972	1	218	0.261389253
DTAP	182	9965	1	218	0.251159391
DTP	3296	6851	136	83	3.405866183
DTPHIB	176	9971	13	206	3.575215137
FLU3	389	9758	12	207	1.454193212
FLUX	753	9394	15	204	0.917311148
HEP	3097	7050	33	186	0.403876801
HIBV	273	9874	2	217	0.333350214
IPV	22	10125	0	219	0
JEV	12	10135	0	219	0
MEA	39	10108	0	219	0
MEN	7	10140	0	219	0
MER	9	10138	0	219	0
MMR	594	9553	4	215	0.299209146
OPV	20	10127	1	218	2.322706422
PLAGUE	4	10143	0	219	0
PPV	139	10008	0	219	0
RAB	198	9949	0	219	0
RUB	57	10090	0	219	0
TD	541	9606	0	219	0
TTOX	74	10073	1	218	0.624411108
TYP	62	10085	0	219	0
UNK	7	10140	0	219	0
YF	8	10139	0	219	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

DTP and the Swine Flu Vaccine show excessive deaths as in 1990, 1991 and 1992

DT and TD, the tetanus vaccine alternatives to DTP, appear to be safer.

DTP is joined by a new vaccine DTPHIB, a 4 valent vaccine – which is supposed to protect against 4 diseases. As was observed with DTP, combination vaccines seem to have a higher mortality than vaccines that target a single disease. Whilst DTP targets 3 diseases, DTPHIB targets 4, and you can see that it has a higher PRR than DTP for death.

INVESTIGATION OF VACCINE DEATHS IN 1994

I obtained the VAERS data for 1994 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 10193 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-deaths	Other-deaths	PRR-death
ADEN	1	10192	0	223	0
CHOL	10	10183	0	223	0
DT	177	10016	0	223	0
DTAP	323	9870	2	221	0.27653643
DTP	2819	7374	105	118	2.32763752
DTPHIB	950	9243	52	171	2.95867036
FLU3	1080	9113	18	205	0.740894309
FLUX	446	9747	7	216	0.70823991
HBPV	1	10192	0	223	0
HEP	2149	8044	21	202	0.389137937
HIBV	219	9974	6	217	1.259263935
IPV	10	10183	0	223	0
JEV	19	10174	0	223	0
MEA	31	10162	0	223	0
MEN	18	10175	0	223	0
MER	10	10183	0	223	0
MMR	722	9471	5	218	0.300865333
MU	2	10191	1	222	22.9527027
MUR	1	10192	0	223	0
OPV	29	10164	0	223	0
PER	1	10192	1	222	45.90990991
PLAGUE	1	10192	0	223	0
PPV	184	10009	2	221	0.492278182
RAB	171	10022	0	223	0
RUB	39	10154	0	223	0
TD	549	9644	3	220	0.239542971
TTOX	79	10114	0	223	0
TYP	124	10069	0	223	0
UNK	13	10180	0	223	0
YF	15	10178	0	223	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Once again DTP and DTPHIB have the strongest safety signals, with the quad-valent DTPHIB having a higher PRR than the trivalent DTP.

TD provides protection against tetanus and has a PRR of only 0.239, which is about one tenth of DTP.

HIBV appears again with a weak safety signal.

INVESTIGATION OF VACCINE DEATHS IN 1995

I obtained the VAERS data for 1995 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 10001 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
CHOL	8	9993	0	140	0
DT	157	9844	1	139	0.451083719
DTAP	392	9609	0	140	0
DTP	2002	7999	42	98	1.71235907
DTPHIB	1423	8578	53	87	3.67229667
FLU3	1028	8973	20	120	1.454766537
FLUX	173	9828	0	140	0
HBPV	3	9998	0	140	0
HEP	1529	8472	12	128	0.519457162
HEPA	61	9940	0	140	0
HIBV	217	9784	2	138	0.653442864
IPV	11	9990	0	140	0
JEV	14	9987	1	139	5.132065776
JEVX	1	10000	0	140	0
MEA	21	9980	1	139	3.418979102
MEN	10	9991	0	140	0
MER	10	9991	0	140	0
MM	2	9999	0	140	0
MMR	756	9245	4	136	0.359671646
MU	4	9997	0	140	0
MUR	1	10000	0	140	0
OPV	33	9968	1	139	2.173097885
PER	1	10000	0	140	0
PLAGUE	2	9999	0	140	0
PPV	365	9636	2	138	0.382608696
RAB	152	9849	0	140	0
RUB	58	9943	0	140	0
TD	770	9231	0	140	0
TTOX	119	9882	0	140	0
TYP	64	9937	0	140	0
UNK	24	9977	0	140	0
VARCEL	573	9428	1	139	0.118372318
YF	17	9984	0	140	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

The Tri-valent and quad-valent vaccines maintain their place with the highest PRR ratios for death.

Swine flu reappears with a strong safety signal

INVESTIGATION OF VACCINE DEATHS IN 1996

I obtained the VAERS data for 1996 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 10772 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
CHOL	2	10769	0	123	0
DT	146	10625	0	123	0
DTAP	524	10247	3	120	0.488883588
DTP	1147	9624	28	95	2.473014271
DTPHIB	1770	9001	49	74	3.367300351
FLU3	1222	9549	17	106	1.253227002
FLUX	157	10614	2	121	1.117439596
HBPV	1	10770	0	123	0
HEP	1476	9295	10	113	0.55729429
HEPA	212	10559	1	122	0.408250851
HIBV	167	10604	2	121	1.049537289
IPV	10	10761	0	123	0
JEV	15	10756	0	123	0
MEA	20	10751	1	122	4.406147541
MEN	4	10767	0	123	0
MER	5	10766	0	123	0
MMR	756	10015	4	119	0.445289227
MU	1	10770	0	123	0
OPV	27	10744	0	123	0
PLAGUE	1	10770	0	123	0
PPV	295	10476	3	120	0.88779661
RAB	97	10674	0	123	0
RUB	55	10716	0	123	0
TD	764	10007	1	122	0.107362029
TTOX	116	10655	0	123	0
TYP	80	10691	0	123	0
UNK	33	10738	0	123	0
VARCEL	1657	9114	2	121	0.090914079
YF	11	10760	0	123	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

The Tri-valent and quad-valent vaccines maintain their place with the highest PRR ratios for death.

Swine flu reappears with a strong safety signal.

There seems to be a trend here, with the same vaccines persistently showing strong safety signals resulting in deaths, but the CDC and FDA are ignoring the signals – so each year repeats the same pattern. The vaccines responsible for these deaths are multi-valent vaccines and swine flu vaccine.

Pigs are seen as physiologically similar to humans, so maybe that's why swine flu vaccine was being administered to people.

DTP and DTAP – WHATS THE DIFFERENCE ?

As you look over the years of data, you can see that DTAP has only a fraction of the PRR ratio compared to DTP.

> ***DTP or DTaP <u>vaccines</u>*** *both stand for 3 diseases – Diptheria, Pertussis (Whooping Cough) and Tetanus. DTP and DTaP differ in pertussis vaccine.*
>
> *DTP has cellular pertussis vaccine while DTaP contains acellular pertussis vaccine.*
>
> *DTP has been in use many years, but is also infamous for its side-effects. A lot of kids suffer from high fever, soreness in injection-site and irritability.*
>
> *The reason pertussis vaccine was associated with fever and irritability was because it was composed of dead version of the bacteria that causes pertussis. The vaccine contained all the parts of the dead bacteria and thus was called the "whole-cell" vaccine. However, researchers soon realized that perhaps a better vaccine would be one that included those parts of the bacteria which allow for the body to become immune but leave out other parts that cause the fever and irritability. This resulted in the development of acellular vaccine. The word acellular describes the fact that this vaccine does not contain the "whole" bacteria cell but rather only the parts of the cell that allow for the body to develop immunity against the disease. So, the name DTP was modified for this acellular vaccine and called the DTaP. The "a" stands for acellular.*
>
> Ref : DTP vs. DTaP Vaccine - ShishuWorld

Unfortunately, even though researchers realised that DTP was quite toxic, the drug manufacturers still produced DTP and did not recall it from the market. Instead, they introduced DTPHIB which you can see was even worse. These vaccines were given to children, and the safety signals were ignored.

INVESTIGATION OF VACCINE DEATHS IN 1997

I obtained the VAERS data for 1997 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 11006 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
BCG	3	11003	0	133	0
CHOL	5	11001	0	133	0
DT	151	10855	1	132	0.544601646
DTAP	1112	9894	28	105	2.372661871
DTP	613	10393	14	119	1.994626235
DTPHIB	1110	9896	40	93	3.834544222
FLU3	1574	9432	19	114	0.998729352
FLUX	150	10856	4	129	2.244134367
HBHEPB	3	11003	0	133	0
HEP	1692	9314	13	120	0.596345548
HEPA	176	10830	0	133	0
HIBV	161	10845	1	132	0.510304912
IPV	21	10985	0	133	0
JEV	19	10987	0	133	0
MEA	24	10982	1	132	3.466540404
MEN	12	10994	0	133	0
MER	7	10999	4	129	48.72203765
MMR	781	10225	0	133	0
MU	4	11002	0	133	0
OPV	20	10986	2	131	8.386259542
PLAGUE	2	11004	1	132	41.68181818
PPV	344	10662	3	130	0.715250447
RAB	176	10830	0	133	0
RUB	41	10965	0	133	0
TD	672	10334	0	133	0
TTOX	93	10913	0	133	0
TYP	60	10946	0	133	0
UNK	10	10996	0	133	0
VARCEL	1958	9048	2	131	0.070550258
YF	12	10994	0	133	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

In 1997 we still have the nasty trivalent and quad-valent vaccines.

A new vaccine appears in the records – called MER. Is this Middle Eastern Respiratory Syndrome vaccine? It looks bad. We will see if subsequent years cast more light upon it.

INVESTIGATION OF VACCINE DEATHS IN 1998

I obtained the VAERS data for 1998 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 9950 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
ANTH	62	9887	0	132	0
BCG	1	9948	0	132	0
CHOL	7	9942	0	132	0
DT	67	9882	0	132	0
DTAP	1690	8259	57	75	3.714106509
DTP	262	9687	11	121	3.361207495
DTPHIB	274	9675	6	126	1.681438999
DTPPHIB	1	9948	0	132	0
FLU3	1528	8421	18	114	0.870177735
FLUX	213	9736	3	129	1.062998144
HBHEPB	24	9925	0	132	0
HEP	1840	8109	21	111	0.833769095
HEPA	160	9789	1	131	0.467032443
HIBV	171	9778	4	128	1.786915205
IPV	26	9923	0	132	0
JEV	20	9929	0	132	0
MEA	27	9922	0	132	0
MEN	60	9889	0	132	0
MER	5	9944	0	132	0
MMR	761	9188	2	130	0.185747498
MU	6	9943	0	132	0
OPV	22	9927	0	132	0
PLAGUE	2	9947	0	132	0
PPV	438	9511	0	132	0
RAB	76	9873	0	132	0
RUB	43	9906	0	132	0
RV	6	9943	0	132	0
TBE	1	9948	0	132	0
TD	696	9253	2	130	0.204531388
TTOX	80	9869	0	132	0
TYP	53	9896	0	132	0
UNK	21	9928	0	132	0
VARCEL	1293	8656	5	127	0.263563342
YF	13	9936	2	130	11.75857988

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

In 1998 we still have the nasty trivalent and quad-valent vaccines. DTAP was hyped as a much safer version of DTP, but the data says otherwise.

INVESTIGATION OF VACCINE DEATHS IN 1999

I obtained the VAERS data for 1999 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 12,123 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
ANTH	626	11497	0	144	0
BCG	1	12122	0	144	0
CHOL	5	12118	0	144	0
DT	68	12055	1	143	1.239716166
DTAP	2363	9760	66	78	3.494905433
DTAPH	3	12120	0	144	0
DTP	225	11898	5	139	1.902158273
DTPHIB	119	12004	4	140	2.882112845
DTPIPV	1	12122	0	144	0
FLU3	1422	10701	15	129	0.875036797
FLUX	231	11892	1	143	0.360003633
HBHEPB	51	12072	2	142	3.333885667
HBPV	1	12122	0	144	0
HEP	1761	10362	23	121	1.118476072
HEPA	206	11917	0	144	0
HIBV	234	11889	1	143	0.355298548
IPV	48	12075	0	144	0
JEV	13	12110	1	143	6.514254976
LYME	378	11745	2	142	0.437625755
MEA	23	12100	1	143	3.678929766
MEN	22	12101	0	144	0
MMR	814	11309	5	139	0.499752532
MU	2	12121	0	144	0
OPV	24	12099	3	141	10.72606383
PPV	550	11573	9	135	1.402787879
RAB	110	12013	0	144	0
RUB	21	12102	0	144	0
RV	142	11981	1	143	0.590022653
TD	660	11463	0	144	0
TTOX	89	12034	0	144	0
TYP	50	12073	1	143	1.688531469
UNK	63	12060	0	144	0
VARCEL	1782	10341	2	142	0.081732821
YF	15	12108	1	143	5.644755245

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

The nasty trivalent and quad-valent vaccines DTAP, DTP, DTPHIB continue to cause harm.

You can see that there has been a bigger shift from DTP to DTAP. Unfortunately DTAP is killing a lot of people.

There was a big push of the anthrax vaccine in 1999.

The Pneumonia vaccine PPV, and the polio vaccine OPV generate safety signals in this year.

The HEP signal is too weak.

INVESTIGATION OF VACCINE DEATHS IN 2000

I obtained the VAERS data for 2000 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 14,104 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
ADEN	1	14103	0	141	0
ANTH	1003	13101	4	137	0.381366848
CHOL	9	14095	0	141	0
DT	118	13986	0	141	0
DTAP	2883	11221	74	67	4.298766314
DTAPH	9	14095	0	141	0
DTOX	3	14101	0	141	0
DTP	136	13968	2	139	1.47778248
DTPHIB	53	14051	1	140	1.893665768
DTPIHI	1	14103	0	141	0
FLU3	1475	12629	19	122	1.333431509
FLUX	135	13969	1	140	0.739100529
HBHEPB	126	13978	3	138	2.411663216
HBPV	6	14098	0	141	0
HEP	1757	12347	14	127	0.774665119
HEPA	322	13782	1	140	0.305723159
HIBV	262	13842	4	137	1.542541929
IPV	146	13958	1	140	0.682876712
JEV	16	14088	0	141	0
JEVX	2	14102	0	141	0
LYME	749	13355	1	140	0.12736029
MEA	9	14095	1	140	11.18650794
MEN	45	14059	0	141	0
MER	2	14102	0	141	0
MMR	883	13221	2	139	0.215436258
MU	4	14100	0	141	0
OPV	16	14088	2	139	12.66906475
PNC	326	13778	0	141	0
PPV	558	13546	3	138	0.527738819
RAB	164	13940	1	140	0.607142857
RUB	60	14044	0	141	0
RV	26	14078	1	140	3.867582418
TD	748	13356	0	141	0
TTOX	73	14031	0	141	0
TYP	71	14033	0	141	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

DTAP looks like it has taken over from DTP, though its PRR for death is worse.

Anthrax vaccine is still being rolled out.

Swine Flu vaccine is causing harm

PECULIAR CHANGE IN DTAP

Over the period 1992 to 2000, DTAP shows a progressive increase in lethality. Here are the PRR_{death} ratios for each year.

1992 0

1993 0.25

1994 0.27

1995 0

1996 0.48

1997 2.37

1998 3.71

1999 3.49

2000 4.298

What could be the cause of this?

The increase seems to jump up by an order of magnitude in 1997. Before 1997 DTAP was not producing any safety signals.

DTAP was introduced as a safe vaccine but then became progressively more toxic. Its incredible that the CDC and FDA did not see this signal.

POLIO VACCINE SAFETY

Since 1999, the Polio Vaccine has had the highest PRR, though not enough cases of death to trigger a signal. There needs to be at least 3 cases. What is interesting though is the consistency with which it has highest PRR over many years.

1999 10.7

2000 12.6

2001 19.2

2002 33.2

2003 35.89

2004 46

2003 and 2004 have more than 2 deaths, so generate a safety signal.

By combining the data from all years, we would get a more accurate rating of PRR for each vaccine

INVESTIGATION OF VACCINE DEATHS IN 2001

I obtained the VAERS data for 2001 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 13,359 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
OPV	4	13355	1	173	19.29913295
DTAP	3871	9488	87	87	2.451046241
FLUX	169	13190	5	169	2.309092819
FLU3	1434	11925	26	148	1.460901278
ANTH	117	13242	2	172	1.316040549
DTP	122	13237	2	172	1.261627907
MEN	86	13273	1	173	0.892122597
HEP	1441	11918	16	158	0.83753371
PNC	731	12628	8	166	0.832528472
PPV	622	12737	6	168	0.731338999
DT	126	13233	1	173	0.607074043
HIBV	277	13082	2	172	0.549156242
MMR	952	12407	7	167	0.546275097
IPV	202	13157	1	173	0.376495164
HEPA	404	12955	2	172	0.372870136
VARCEL	1299	12060	4	170	0.21844858
LYME	353	13006	1	173	0.212972212
ADEN	1	13358	0	174	0
BCG	2	13357	0	174	0
CHOL	3	13356	0	174	0
DPP	1	13358	0	174	0
DTAPH	12	13347	0	174	0
DTOX	7	13352	0	174	0
DTPHIB	32	13327	0	174	0
DTPIPV	2	13357	0	174	0
HBHEPB	160	13199	0	174	0
HBPV	21	13338	0	174	0
HEPAB	13	13346	0	174	0
JEV	14	13345	0	174	0
JEVX	2	13357	0	174	0
MEA	17	13342	0	174	0
MER	4	13355	0	174	0
MM	1	13358	0	174	0
MU	4	13355	0	174	0
RAB	90	13269	0	174	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

DTAP and Swine Flu Vaccine (FLU3) and FLUX producing safety signals.

INVESTIGATION OF VACCINE DEATHS IN 2002

I obtained the VAERS data for 2002 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 14,074 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
ANTH	221	13853	1	134	0.467785507
BCG	2	14072	0	135	0
CHOL	2	14072	0	135	0
DPP	1	14073	0	135	0
DT	62	14012	0	135	0
DTAP	4592	9482	72	63	2.359880538
DTAPH	72	14002	1	134	1.45128524
DTOX	1	14073	0	135	0
DTP	132	13942	1	134	0.788218001
DTPHEP	1	14073	0	135	0
DTPHIB	41	14033	0	135	0
DTPIPV	1	14073	0	135	0
FLU3	1678	12396	14	121	0.854736552
FLUX	266	13808	6	129	2.414408113
HBHEPB	198	13876	0	135	0
HBPV	9	14065	0	135	0
HEP	1463	12611	8	127	0.542989543
HEPA	295	13779	1	134	0.348570706
HEPAB	50	14024	0	135	0
HIBV	292	13782	2	133	0.709753837
IPV	175	13899	1	134	0.592707889
JEV	15	14059	0	135	0
LYME	238	13836	1	134	0.433839207
MEA	16	14058	0	135	0
MEN	100	13974	2	133	2.101353383
MMR	1002	13072	6	129	0.606786427
MU	5	14069	0	135	0
OPV	13	14061	4	131	33.02642396
PNC	266	13808	5	130	1.996529786
PPV	599	13475	5	130	0.865224091
RAB	97	13977	0	135	0
RUB	31	14043	0	135	0
RV	3	14071	1	134	35.00248756
SMALL	43	14031	0	135	0
TD	544	13530	1	134	0.185606892
TTOX	97	13977	0	135	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

DTAP, FLUX, OPV (Polio) and PNC (Pneumonia) vaccines produced safety signals.
This was the year that Sars-Cov 1 was supposed to strike. There is a small increase in the reports involving the flu vaccines FLUX and FLU3.

INVESTIGATION OF VACCINE DEATHS IN 2003

I obtained the VAERS data for 2003 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 16,754 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
OPV	17	16737	7	192	35.89430147
MU	5	16749	1	198	16.91818182
DTAPHEPBIP	229	16525	9	190	3.418179729
FLU3	1791	14963	53	146	3.032816288
DTP	60	16694	2	197	2.824703892
HEP	1136	15618	20	179	1.536116138
RAB	175	16579	3	196	1.450058309
DTAP	5035	11719	72	127	1.319531781
PNC	211	16543	2	197	0.795967955
PPV	784	15970	7	192	0.74265253
ANTH	1098	15656	8	191	0.59722103
FLUX	339	16415	2	197	0.491592172
VARCEL	524	16230	3	196	0.474080854
HBHEPB	178	16576	1	198	0.470321189
IPV	179	16575	1	198	0.467665482
HIBV	251	16503	1	198	0.332065677
SMALL	1701	15053	5	194	0.228079904
TD	693	16061	1	198	0.117050738
MMR	1000	15754	1	198	0.079565657
6VAX-F	3	16751	0	199	0
BCG	37	16717	0	199	0
DPP	11	16743	0	199	0
DT	114	16640	0	199	0
DTAPH	85	16669	0	199	0
DTPHEP	1	16753	0	199	0
DTPHIB	28	16726	0	199	0
DTPIHI	1	16753	0	199	0
DTPIPV	1	16753	0	199	0
FLUN3	34	16720	0	199	0
HBPV	3	16751	0	199	0
HEPA	316	16438	0	199	0
HEPAB	70	16684	0	199	0
JEV	22	16732	0	199	0
LYME	139	16615	0	199	0
MEA	18	16736	0	199	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Polio vaccine reported a high PRR – strong safety signal

Introduction of first penta-valent vaccine DTAPHEPBIP with high PRR – strong safety signal

Swine Flu Vaccine (FLU3) with high PRR – strong safety signal - Judging by the number of reports it looks as if they were treating Sars Cov 1 with Swine Flu vaccine.

HEP, RAB, DTAP show safety signals

INVESTIGATION OF VACCINE DEATHS IN 2004

I obtained the VAERS data for 2004 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 15,322 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
OPV	15	15307	7	155	46.0855914
DTPHIB	15	15307	1	161	6.338302277
DTAPHEPBIP	613	14709	30	132	5.45343319
PNC	169	15153	5	157	2.855500697
FLU3	2026	13296	38	124	2.011145432
DTAPH	54	15268	1	161	1.756153669
FLUX	227	15095	4	158	1.683488541
MEN	79	15243	1	161	1.198443274
HEP	987	14335	12	150	1.161904762
DTP	91	15231	1	161	1.039587741
DTAP	4381	10941	45	117	0.960528857
DT	105	15217	1	161	0.900147885
HBHEPB	130	15192	1	161	0.725848065
HIBV	265	15057	2	160	0.710235849
RAB	140	15182	1	161	0.673558119
IPV	157	15165	1	161	0.599952526
PPV	802	14520	4	158	0.458347801
TD	542	14780	2	160	0.340867159
HEPA	283	15039	1	161	0.330070452
SMALL	292	15030	1	161	0.319705607
ANTH	820	14502	2	160	0.221067073
VARCEL	1247	14075	1	161	0.070106143
BCG	42	15280	0	162	0
DPP	11	15311	0	162	0
DTPIHI	1	15321	0	162	0
FLUN3	337	14985	0	162	0
HBPV	6	15316	0	162	0
HEPAB	92	15230	0	162	0
JEV	15	15307	0	162	0
LYME	132	15190	0	162	0
MEA	12	15310	0	162	0
MER	1	15321	0	162	0
MMR	950	14372	0	162	0
MU	2	15320	0	162	0
RUB	14	15308	0	162	0
RV	1	15321	0	162	0
TTOX	73	15249	0	162	0
TYP	40	15282	0	162	0
UNK	114	15208	0	162	0
YF	39	15283	0	162	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Polio and Pneumonia vaccines High PRR – why did Polio and Pneumonia vaccines become more toxic in this year?

Multivalent vaccines – high PRR

Swine flu vaccine - high PRR – Judging by the number of reports it looks as if they were treating Sars Cov 1 with Swine Flu vaccine.

INVESTIGATION OF VACCINE DEATHS IN 2005

I obtained the VAERS data for 2005 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 15,581 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
DTPHIB	7	15574	1	130	17.11428571
DTAPHEPBIP	742	14839	32	99	6.464210842
YF	45	15536	1	130	2.655726496
TDAP	51	15530	1	130	2.342383107
ANTH	321	15260	5	126	1.886465905
DTP	68	15513	1	130	1.754864253
FLUX	361	15220	5	126	1.673042255
HEP	882	14699	10	121	1.377316767
FLU3	2570	13011	26	105	1.25360756
DTAP	3596	11985	33	98	1.12229291
PNC	224	15357	2	129	1.062915282
TTOX	132	15449	1	130	0.900291375
HIBV	288	15293	2	129	0.823266581
MMR	896	14685	5	126	0.650377338
VARCEL	1351	14230	3	128	0.246865748
PPV	1088	14493	2	129	0.206523598
TD	584	14997	1	130	0.197536881
6VAX-F	2	15579	0	131	0
BCG	8	15573	0	131	0
DPP	18	15563	0	131	0
DT	112	15469	0	131	0
DTAPH	78	15503	0	131	0
DTOX	2	15579	0	131	0
DTPHEP	1	15580	0	131	0
DTPIHI	1	15580	0	131	0
DTPPHIB	1	15580	0	131	0
FLUN3	196	15385	0	131	0
HBHEPB	102	15479	0	131	0
HBPV	10	15571	0	131	0
HEPA	357	15224	0	131	0
HEPAB	118	15463	0	131	0
IPV	140	15441	0	131	0
JEV	26	15555	0	131	0
LYME	47	15534	0	131	0
MEA	13	15568	0	131	0
MEN	92	15489	0	131	0
MER	2	15579	0	131	0
MM	2	15579	0	131	0
MMRV	4	15577	0	131	0
MNQ	384	15197	0	131	0
MU	6	15575	0	131	0
OPV	3	15578	0	131	0
RAB	227	15354	0	131	0
RUB	19	15562	0	131	0
SMALL	219	15362	0	131	0
TYP	66	15515	0	131	0
UNK	119	15462	0	131	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Multivalent vaccines and swine flu vaccine account for most of the deaths.

INVESTIGATION OF VACCINE DEATHS IN 2006

I obtained the VAERS data for 2006 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 17,313 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
PER	2	17311	2	121	143.0661157
LYME	40	17273	2	121	7.137603306
DTAPHEPBIP	835	16478	30	93	6.365848947
HEP	778	16535	14	109	2.729770524
RAB	85	17228	1	122	1.661330762
PNC	189	17124	2	121	1.497573134
FLUX	392	16921	4	119	1.450951809
DTAP	3385	13928	30	93	1.327297851
RV5	221	17092	2	121	1.278336637
FLU3	2207	15106	19	104	1.250453104
PPV	1277	16036	7	116	0.757783598
HIBV	301	17012	1	122	0.463264528
HEPA	625	16688	2	121	0.441335537
ANTH	410	16903	1	122	0.33792483
TD	474	16839	1	122	0.291191118
MNQ	478	16835	1	122	0.288685781
MMR	1023	16290	2	121	0.26320254
TDAP	712	16601	1	122	0.191114846
VARCEL	1692	15621	1	122	0.07567434
6VAX-F	3	17310	0	123	0
BCG	29	17284	0	123	0
CHOL	2	17311	0	123	0
DPP	8	17305	0	123	0
DT	40	17273	0	123	0
DTAPH	84	17229	0	123	0
DTOX	7	17306	0	123	0
DTP	61	17252	0	123	0
DTPHEP	4	17309	0	123	0
DTPHIB	13	17300	0	123	0
DTPIHI	3	17310	0	123	0
DTPPHIB	2	17311	0	123	0
FLUN3	168	17145	0	123	0
HBHEPB	111	17202	0	123	0
HBPV	5	17308	0	123	0
HEPAB	141	17172	0	123	0
HPV4	404	16909	0	123	0
IPV	155	17158	0	123	0
JEV	24	17289	0	123	0
MEA	10	17303	0	123	0
MEN	38	17275	0	123	0
MER	3	17310	0	123	0
MMRV	180	17133	0	123	0
MU	13	17300	0	123	0
MUR	1	17312	0	123	0
OPV	4	17309	0	123	0
RUB	13	17300	0	123	0
RV	1	17312	0	123	0
RVX	1	17312	0	123	0
SMALL	172	17141	0	123	0
TTOX	82	17231	0	123	0
TYP	71	17242	0	123	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

INVESTIGATION OF VACCINE DEATHS IN 2007

I obtained the VAERS data for 2007 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 28,227 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
DTAPHEPBIP	1245	26981	57	105	11.76452094
PNC	145	28081	2	160	2.420775862
HIBV	298	27928	4	158	2.372610653
HBHEPB	84	28142	1	161	2.080893227
FLU3	2990	25236	25	137	1.540170398
FLUX	497	27729	4	158	1.412474849
HEP	899	27327	7	155	1.372772615
HEPAB	152	28074	1	161	1.147188624
DTAP	3651	24575	23	139	1.113767983
FLUN3	160	28066	1	161	1.089518634
VARZOS	1945	26281	12	150	1.080966581
TD	302	27924	1	161	0.574307926
MMRV	341	27885	1	161	0.507914246
PPV	1377	26849	4	158	0.493624923
ANTH	725	27501	2	160	0.474155172
HPV4	5217	23009	11	151	0.321286624
RV5	649	27577	1	161	0.263922518
MMR	723	27503	1	161	0.236273979
HEPA	1442	26784	2	160	0.232177531
VARCEL	2172	26054	1	161	0.074505565
6VAX-F	6	28220	0	162	0
BCG	10	28216	0	162	0
DPP	18	28208	0	162	0
DT	47	28179	0	162	0
DTAPH	72	28154	0	162	0
DTIPV	2	28224	0	162	0
DTOX	8	28218	0	162	0
DTP	68	28158	0	162	0
DTPHEP	6	28220	0	162	0
DTPHIB	9	28217	0	162	0
DTPIHI	2	28224	0	162	0
DTPIPV	2	28224	0	162	0
DTPPHIB	2	28224	0	162	0
HBPV	2	28224	0	162	0
HPVX	33	28193	0	162	0

INVESTIGATION OF VACCINE DEATHS IN 2008

I obtained the VAERS data for 2008 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 29766 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
MU	11	29755	1	181	14.94475138
DTAPHEPBIP	1266	28500	62	120	11.63112164
LYME	52	29714	2	180	6.349145299
PNC	163	29603	6	176	6.191369214
MMRV	94	29672	3	179	5.29038393
MEN	37	29729	1	181	4.439151859
DTAPIPVHIB	96	29670	2	180	3.434027778
UNK	130	29636	2	180	2.532991453
TTOX	84	29682	1	181	1.952249408
HIBV	259	29507	3	179	1.909385043
YF	91	29675	1	181	1.801651387
MMR	887	28879	8	174	1.496922339
SMALL	139	29627	1	181	1.177590524
HEP	1068	28698	6	176	0.91604954
DTAP	3221	26545	17	165	0.849096366
FLUN3	582	29184	3	179	0.840407764
MNQ	784	28982	4	178	0.830715432
FLUX	593	29173	3	179	0.824507523
PPV	1330	28436	6	176	0.728879016
FLU3	3726	26040	17	165	0.720050749
HEPAB	256	29510	1	181	0.63686982
VARZOS	2005	27761	8	174	0.636592427
TD	262	29504	1	181	0.622158492
HPV4	5454	24312	16	166	0.429652604
HEPA	1771	27995	3	179	0.264929387
TDAP	1256	28510	2	180	0.252211607
VARCEL	2126	27640	2	180	0.144454897
6VAX-F	4	29762	0	182	0
ANTH	726	29040	0	182	0
BCG	5	29761	0	182	0
DPP	13	29753	0	182	0
DT	89	29677	0	182	0
DTAPH	100	29666	0	182	0
DTAPIPV	46	29720	0	182	0
DTIPV	2	29764	0	182	0

INVESTIGATION OF VACCINE SAFETY IN 2009

I obtained the VAERS data for 2009 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 32787 records of adverse events during this year.

Here are the results –

VAX	Drug-records	Deaths	Other-Records	Other-Deaths	PRR-Death
DTAPIPVHIB	775	27	32011	164	6.800133753
DTAPHEPBIP	501	12	32285	179	4.320074934
HEP	831	10	31955	181	2.12451217
MMR	941	11	31845	180	2.068101311
FLUX	961	8	31825	183	1.447717826
FLU(H1N1)	4644	27	28142	164	0.997660238
DTAP	2094	12	30692	179	0.982599926
FLU3	4922	27	27864	164	0.932012567
PPV	1388	7	31398	184	0.860582947
VARZOS	1668	8	31118	183	0.81555739
HPV4	2774	13	30012	178	0.79015416
HEPA	1448	4	31338	187	0.462936154
FLUN(H1N1)	1651	4	31135	187	0.403385406

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

The vaccines showing safety signals for death are – DTAPPIPVHIB, DTAPHEPBIP, HEP, MMR and FLUX

The combination vaccines such as DTAPIPVHIB are supposed to protect against 5 viruses. However, they display a stronger safety signal than the vaccines against single viruses. These combination vaccines are given to children, and their bodies must find it hard to cope. So it seems that these combination vaccines are much more dangerous.

INVESTIGATION OF VACCINE SAFETY IN 2010

I obtained the VAERS data for 2010 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 31,582 records of adverse events during this year.

Here are the results –

Vaccine	drug-records	other-records	drug-deaths	other-deaths	PRR-Death
DTAPIPVHIB	944	30638	29	132	7.130376862
DTAPHEPBIP	374	31208	9	152	4.940754292
HEP	760	30822	7	154	1.843421053
FLU(H1N1)	3550	28032	27	134	1.591053185
MNQ	615	30967	4	157	1.282875045
VARZOS	835	30747	5	156	1.18021649
HPV4	2281	29301	12	149	1.034551548
FLUX	1081	30501	5	156	0.904344268
FLU3	7134	24448	30	131	0.784802162
PPV	1497	30085	6	155	0.777942983
HEPA	1361	30221	5	156	0.7116986
DTAP	1723	29859	5	156	0.555437743

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Once again, the combination vaccines come out the worst because they are assaulting the body with multiple pathogens at once.

The Swine Flu vaccine also has a safety signal.

INVESTIGATION OF VACCINE SAFETY IN 2011

I obtained the VAERS data for 2011 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 25,408 records of adverse events during this year.

Here are the results –

Drug	drug-rec	other-rec	drug-death	other-death	PRR-death
PNC	54	25354	5	168	13.97376543
DTP	67	25341	4	169	8.952044511
FLU(H1N1)	50	25358	3	170	8.949882353
DTAPIPVHIB	1033	24375	39	134	6.867586077
FLUX	1066	24342	21	152	3.15482127
DT	49	25359	1	172	3.008898908
DTAPHEPBIP	392	25016	7	166	2.691049914
HEPAB	188	25220	3	170	2.367334168
HEP	694	24714	9	164	1.954259507
IPV	80	25328	1	172	1.840697674
RAB	104	25304	1	172	1.414579606
TD	112	25296	1	172	1.313122924
FLU3	6538	18870	35	138	0.732008193
HPV4	1835	23573	9	164	0.704981059
MNQ	855	24553	4	169	0.679691339
DTAP	1493	23915	7	166	0.67546139
FLUN3	744	24664	3	170	0.585009488
PNC13	252	25156	1	172	0.580380214
VARCEL	849	24559	3	170	0.510475993
HEPA	1173	24235	4	169	0.489010629
TDAP	1557	23851	5	168	0.455909564
ANTH	326	25082	1	172	0.447317734
MMR	729	24679	2	171	0.395944136
DTAPIPV	598	24810	1	172	0.241211013
VARZOS	1910	23498	2	171	0.143890267
PPV	1432	23976	1	172	0.097343121

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Swine Flu (H1N1) vaccine still showing a strong safety signal.

The multivalent vaccines, DTAPIPVHIB and DTAPHEPBIP showing a strong safety signal.

FLUX vaccine showing a big increase in PRR from previous year (was it being mixed with the H1N1 FLU vaccine?)

PNC, the Pneumonia vaccine has the highest PRR.

INVESTIGATION OF VACCINE SAFETY IN 2012

I obtained the VAERS data for 2012 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 26,668 records of adverse events during this year.

Here are the results –

drug	drug-rec	other-rec	drug-death	other-death	PRR-Death
FLUX(H1N1)	45	26623	14	152	54.49152047
MEN	45	26623	3	163	10.88875256
6VAX-F	15	26653	1	165	10.76888889
HPV2	32	26636	2	164	10.15091463
DTP	51	26617	2	164	6.364658058
DTAPHEPBIP	436	26232	15	151	5.976669299
DTAPIPVHIB	889	25779	28	138	5.883601506
ADEN_4_7	28	26640	1	165	5.766233766
FLUX	1026	25642	17	149	2.851459372
PNC13	120	26548	2	164	2.69796748
RAB	96	26572	1	165	1.677525253
HEPA	1025	25643	8	158	1.266711948
MMR	743	25925	5	161	1.083612683
HEP	1074	25594	7	159	1.049143272
HIBV	186	26482	1	165	0.862886934
DTAP	1282	25386	6	160	0.742570203
MNQ	685	25983	3	163	0.698123685
FLU3	6487	20181	25	141	0.551594187
VARZOS	3468	23200	12	154	0.52127803
VARCEL	774	25894	2	164	0.407985126
HPV4	1935	24733	5	161	0.396953793
TDAP	1584	25084	3	163	0.29145752
FLUN3	715	25953	1	165	0.219987285
PPV	1642	25026	2	164	0.185867918
ANTH	281	26387	0	166	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

It is noticeable that the H1N1 appears to have become progressively more toxic since its introduction in 2009. It is now 3 years later, and the PRR has risen to 54.49.

(Was this a trial run to experiment with a delayed mortality effect?)

As in all the previous years, the multivalent vaccines, DTAPIPVHIB and DTAPHEPBIP still show a strong safety signal, as does FLUX

HEPA is a weak signal, because the lower confidence level is close to 1.

INVESTIGATION OF VACCINE SAFETY IN 2013

I obtained the VAERS data for 2013 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 29,736 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-Death	PRR-Death
DTAPHEPBIP	609	29127	16	113	6.772047605
DTAPIPVHIB	330	29406	5	124	3.593108504
FLUX	1267	28469	13	116	2.518146314
FLUN3	343	29393	3	126	2.040330418
DTAP	1362	28374	11	118	1.942021952
FLU4	368	29368	3	126	1.90010352
HPV4	2832	26904	17	112	1.441964286
HEP	927	28809	5	124	1.253131851
TDAP	1110	28626	4	125	0.825254054
FLU3	6889	22847	22	107	0.681886198
PPV	1833	27903	5	124	0.613813949
VARZOS	4564	25172	9	120	0.413650307

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Yet again, the multi-valent vaccines DTAPIPVHIB and DTAPHEPBIP are right at the top – with strong safety signals.

FLUX continues to show a safety signal, and is joined by FLUN3 and FLU4.

Surprisingly FLU(H1N1) vaccine no longer has a safety signal.

A question arises as to whether the greater mortality associated with the flu vaccines in this year arises from immune deficiency induced by the H1N1 vaccine in the previous years.

If the H1N1 vaccine effects were tested over the period 2009-2012, this might suggest that a 4 year window was deemed sufficient to test for its effects.. Over that 4 year period its PRR for death rose exponentially…Then the signal just vanishes.

INVESTIGATION OF VACCINE SAFETY IN 2014

I obtained the VAERS data for 2014 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 34339 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
DTAPHEPBIP	648	33691	19	112	8.820119599
DTAPIPVHIB	377	33962	5	126	3.574796851
DTAP	1118	33221	8	123	1.932661402
PPV	2372	31967	15	116	1.742691312
FLUX	1237	33102	7	124	1.510639685
FLU4	1192	33147	6	125	1.334778523
HPV4	3197	31142	15	116	1.259612999
FLU3	6407	27932	24	107	0.977855704
FLUN4	1114	33225	4	127	0.939368665
HEP	1233	33106	4	127	0.845668014
TDAP	1163	33176	3	128	0.668583405
VARZOS	4249	30090	7	124	0.399771483
VARCEL	1926	32413	3	128	0.394433898

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Yet again, the multi-valent vaccines DTAPIPVHIB and DTAPHEPBIP are right at the top – with strong safety signals.

FLUX continues to show a safety signal, and is joined by FLU4.

FLU(H1N1) vaccine no longer has a safety signal.

The mortality due to FLUX vaccine peaked in 2011, the third year of the H1N1 rollout, and then declined, suggesting a recovery from immune deficiency.

INVESTIGATION OF VACCINE SAFETY IN 2015

I obtained the VAERS data for 2015 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 44422 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
DTPHEP	5	44417	1	148	60.02297297
BCG	7	44415	1	148	42.87162162
FLUN3	73	44349	4	145	16.75918753
DTAPHEPBIP	527	43895	19	130	12.17347832
DTAPIPVHIB	645	43777	16	133	8.164970566
DTP	42	44380	1	148	7.13963964
MEN	96	44326	1	148	3.119791667
FLUX	1211	43211	8	141	2.02451523
FLUN4	817	43605	5	144	1.853197674
PNC13	2647	41775	14	135	1.636653654
HPV4	3343	41079	13	136	1.174594412
PPV	2268	42154	8	141	1.054548638
FLU4	1959	42463	6	143	0.909476435
HEP	1854	42568	5	144	0.797225219
DTAP	1158	43264	3	146	0.767691107
FLU3	7138	37284	18	131	0.717706972
MMR	2103	42319	5	144	0.698720743
MNQ	933	43489	2	147	0.634176929
TDAP	1609	42813	3	146	0.546749023
FLUC3	564	43858	1	148	0.525421698
HEPA	1818	42604	3	146	0.481531715
VARZOS	3731	40691	5	144	0.3786872
HPV9	869	43553	1	148	0.338638696
VARCEL	2651	41771	2	147	0.214376811
6VAX-F	17	44405	0	149	0
ADEN_4_7	9	44413	0	149	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

Multi-valent vaccines continue to generate strong safety signals

Several flu vaccines are also generating strong safety signals including FLUN3, FLUX, FLUN4 and the Pneumonia vaccine PNC13

INVESTIGATION OF VACCINE SAFETY IN 2016

I obtained the VAERS data for 2016 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 45706 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
HPVX	220	45486	12	165	15.03669421
DTAPHEPBIP	584	45122	23	154	11.53938356
MEN	77	45629	3	174	10.21697268
FLUN3	37	45669	1	176	7.013052826
SMALL	40	45666	1	176	6.486647727
DTP	42	45664	1	176	6.177489177
DTAPIPVHIB	477	45229	9	168	5.079627134
TD	106	45600	2	175	4.916442049
HPV4	1868	43838	25	152	3.859848698
FLUX	1294	44412	11	166	2.27431519
DTAP	1023	44683	8	169	2.06761642
PNC13	2074	43632	14	163	1.806911158
FLU4	3856	41850	16	161	1.078580449
FLU3	5058	40648	17	160	0.853865164
DTAPIPV	694	45012	2	175	0.74124331
VARZOS	3307	42399	8	169	0.60691057
FLUN4	429	45277	1	176	0.599663594
HEP	2233	43473	5	172	0.565942678
PPV	3982	41724	8	169	0.49600718
TDAP	1242	44464	2	175	0.409146538
HEPA	2006	43700	3	174	0.375597346
MMR	1707	43999	2	175	0.294578626
MMRV	1304	44402	1	176	0.193469395
HPV9	2983	42723	2	175	0.163681816
6VAX-F	21	45685	0	177	0
ADEN_4_7	17	45689	0	177	0
ANTH	193	45513	0	177	0
BCG	3	45703	0	177	0
CHOL	1	45705	0	177	0
DPP	12	45694	0	177	0
DT	11	45695	0	177	0
DTAPH	11	45695	0	177	0
DTIPV	2	45704	0	177	0
DTOX	4	45702	0	177	0
DTPHEP	2	45704	0	177	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

HPV is a multivalent vaccine. The highest PRR scores are associated with HPV, DTAP multi-valent vaccines, FLU and Pneumonia vaccines.

INVESTIGATION OF VACCINE SAFETY IN 2017

I obtained the VAERS data for 2017 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 38,910 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
DTPHIB	2	38908	1	128	151.984375
DTAPH	10	38900	1	128	30.390625
DTAPHEPBIP	570	38340	20	109	12.34186383
HPVX	184	38726	6	123	10.26670201
DTAPIPVHIB	515	38395	15	114	9.809657639
PNC	37	38873	1	128	8.207981419
TTOX	54	38856	1	128	5.621527778
HPV4	623	38287	8	121	4.063197273
FLUX	629	38281	7	122	3.491972686
ANTH	200	38710	2	127	3.048031496
HEP	1373	37537	10	119	2.297428804
DTAP	1041	37869	6	123	1.774513249
VARZOS	3307	35603	17	112	1.634117564
FLUA3	422	38488	2	127	1.436280181
HIBV	672	38238	2	127	0.896091114
DTAPIPV	783	38127	2	127	0.76682656
MENB	843	38067	2	127	0.711127301
PNC13	1729	37181	4	125	0.688138809
FLU3	3840	35070	6	123	0.445503049
PPV	3418	35492	5	124	0.418703637
FLU4	4743	34167	6	123	0.351398467
HEPA	1695	37215	2	127	0.345759877
HPV9	2577	36333	2	127	0.222030744
MMR	1434	37476	1	128	0.204171025
6VAX-F	13	38897	0	129	0
ADEN_4_7	4	38906	0	129	0
BCG	2	38908	0	129	0
CHOL	8	38902	0	129	0
DPP	4	38906	0	129	0
DT	6	38904	0	129	0
DTIPV	1	38909	0	129	0
DTOX	4	38906	0	129	0
DTP	27	38883	0	129	0
DTPHEP	1	38909	0	129	0
DTPIHI	3	38907	0	129	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

HPV is a multivalent vaccine. The highest PRR scores are associated with HPV, DTAP multi-valent vaccines, FLUX, HEP and VARZOS vaccines.

INVESTIGATION OF VACCINE SAFETY IN 2018

I obtained the VAERS data for 2018 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 49,135 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-Death
FLUN(H1N1)	1	49134	1	164	299.597561
PNC	7	49128	1	164	42.79442509
DTP	22	49113	3	162	41.34090909
MEN	45	49090	3	162	20.20164609
HPV4	233	48902	11	154	14.99141631
HPVX	86	49049	4	161	14.16986855
DTAPHEPBIP	521	48614	17	148	10.7179281
DTAPIPVHIB	750	48385	11	154	4.608095238
FLUX	729	48406	8	157	3.38346745
DTAP	861	48274	7	158	2.483997118
HEP	784	48351	4	161	1.532228419
FLU4	5402	43733	26	139	1.514304587
PNC13	1401	47734	7	158	1.509491412
HIBV	416	48719	2	163	1.436969089
UNK	293	48842	1	164	1.016440523
HPV9	2277	46858	7	158	0.911720396
FLUC4	1003	48132	3	162	0.888667331
TDAP	1141	47994	3	162	0.778946343
FLUA3	845	48290	2	163	0.701201583
FLU3	3068	46067	6	159	0.566615827
MNQ	578	48557	1	164	0.512247869
HEPA	1383	47752	2	163	0.423654454
VARCEL	1445	47690	2	163	0.404950432
VARZOS	17394	31741	29	136	0.389117021
MMR	910	48225	1	164	0.323137229
PPV	2817	46318	3	162	0.304487306
6VAX-F	2	49133	0	165	0
ADEN_4_7	16	49119	0	165	0
ANTH	193	48942	0	165	0
BCG	4	49131	0	165	0
CEE	1	49134	0	165	0
CHOL	15	49120	0	165	0
DT	22	49113	0	165	0
DTAPH	2	49133	0	165	0
DTAPIPV	883	48252	0	165	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

INVESTIGATION OF VACCINE SAFETY IN 2019

I obtained the VAERS data for 2019 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 48,438 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
HPV2	6	48432	2	179	90.18994413
RVX	14	48424	4	177	78.16626312
6VAX-F	11	48427	2	179	49.18943626
FLUN3	10	48428	1	180	26.90444444
HPV4	241	48197	17	164	20.73041696
FLUX	582	47856	24	157	12.56970254
MEN	33	48405	1	180	8.148989899
TTOX	35	48403	1	180	7.683015873
DTAPHEPBIP	522	47916	11	170	5.939553753
HPVX	50	48388	1	180	5.376444444
DTAPIPVHIB	758	47680	12	169	4.466440805
RAB	177	48261	2	179	3.046491809
UNK	1111	47327	11	170	2.756377402
HEP	836	47602	7	174	2.290697355
DTAP	1043	47395	5	176	1.290938508
FLUR4	520	47918	2	179	1.029608939
RV5	565	47873	2	179	0.946714787
PNC13	1162	47276	4	177	0.919435612
FLUA3	595	47843	2	179	0.898417915
TDAP	1278	47160	4	177	0.833930134
PPV	2449	45989	7	174	0.755464346
HEPA	1549	46889	4	177	0.68407903
MENB	911	47527	2	179	0.582906622
FLU3	2370	46068	5	176	0.55221519
HIBV	504	47934	1	180	0.528373016
FLU4	4430	44008	8	173	0.459379689
FLUC4	1326	47112	2	179	0.396976668
VARZOS	17132	31306	32	149	0.392448998
DTAPIPV	851	47587	1	180	0.310660661
MMR	1686	46752	2	179	0.309827233
HPV9	1815	46623	2	179	0.287012327
ADEN	1	48437	0	181	0
ADEN_4_7	8	48430	0	181	0
ANTH	146	48292	0	181	0
BCG	2	48436	0	181	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

INVESTIGATION OF VACCINE SAFETY IN 2020

I obtained the VAERS data for 2020 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 49.635 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
MEN	49	49586	6	165	36.79851577
DTAPHEPBIP	381	49254	15	156	12.43034525
FLUX	2324	47311	47	124	7.71617692
DTAPIPVHIB	609	49026	14	157	7.178563584
HPV4	182	49453	3	168	4.852138932
FLU3	414	49221	4	167	2.847695913
FLUA3	377	49258	2	169	1.546246449
UNK	1172	48463	5	166	1.245502488
MMR	722	48913	3	168	1.209759596
TDAP	762	48873	3	168	1.145317773
FLU4	6280	43355	21	150	0.966512739
DTAP	606	49029	2	169	0.957466753
MENB	608	49027	2	169	0.954278262
HEP	649	48986	2	169	0.893244956
PNC13	655	48980	2	169	0.884954153
MNQ	410	49225	1	170	0.706241033
HEPA	849	48786	2	169	0.68003429
HIBV	526	49109	1	170	0.549194811
FLUA4	688	48947	1	170	0.418493502
COVID19	10382	39253	16	155	0.390283431
MMRV	763	48872	1	170	0.376778968
FLUR4	818	48817	1	170	0.351049907
VARZOS	11335	38300	14	157	0.30130451
FLUC4	1084	48551	1	170	0.263463208
HPV9	1240	48395	1	170	0.229577799
ADEN_4_7	4	49631	0	171	0
ANTH	96	49539	0	171	0
BCG	5	49630	0	171	0
CHOL	21	49614	0	171	0
DF	1	49634	0	171	0
DT	14	49621	0	171	0
DTAPIPV	621	49014	0	171	0
DTP	7	49628	0	171	0
EBZR	3	49632	0	171	0
FLUC3	8	49627	0	171	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

INVESTIGATION OF VACCINE SAFETY IN 2021

I obtained the VAERS data for 2021 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 737,528 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
MEN	42	737485	2	10087	3.481543901
DT	24	737503	1	10088	3.046123282
CHOL	26	737501	1	10088	2.811798481
COVID19	695402	42125	9775	314	1.885780308
DTAPIPVHIB	536	736991	10	10079	1.364205982
FLUX	1187	736340	22	10067	1.355658453
DTAPHEPBIP	418	737109	7	10082	1.224353365
FLUC3	61	737466	1	10088	1.198414607
RV1	67	737460	1	10088	1.091085019
PNC13	375	737152	4	10085	0.779668286
HPV4	137	737390	1	10088	0.533545674
FLU4	4322	733205	28	10061	0.472125587
RAB	175	737352	1	10088	0.417668517
PPV	1237	736290	5	10084	0.295132047
DTAP	760	736767	3	10086	0.288349275
VARZOS	12836	724691	47	10042	0.264241363
HEP	1108	736419	4	10085	0.263614511
TDAP	936	736591	3	10086	0.234073824
FLUR4	454	737073	1	10088	0.160934656
HIBV	481	737046	1	10088	0.151895338
HPV9	1473	736054	3	10086	0.148630939
MMR	989	736538	2	10087	0.147661352
HEPA	1012	736515	2	10087	0.144300906
FLUA4	570	736957	1	10088	0.128162869
FLUC4	575	736952	1	10088	0.127047547
MENB	591	736936	1	10088	0.123605336
MNQ	818	736709	1	10088	0.089276591
6VAX-F	8	737519	0	10089	0
ADEN_4_7	43	737484	0	10089	0
ANTH	110	737417	0	10089	0
BCG	5	737522	0	10089	0
COVID19-2	1	737526	0	10089	0
DF	27	737500	0	10089	0
DTAPIPV	709	736818	0	10089	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

COVID-19 vaccines produce a significant safety signal. In addition they have the highest significant PRR ratio in 2021

INVESTIGATION OF VACCINE SAFETY IN 2022

I obtained the VAERS data for 2022 here - [VAERS Nov 11th Downloadable files (vaersaware.com)]

There were 218,283 records of adverse events during this year.

Here are the results –

Drug	Drug-rec	Other-rec	Drug-death	Other-death	PRR-death
FLUA3	2	218281	3	5465	59.91244282
FLUN3	2	218281	1	5467	19.96350832
COVID19	181389	36894	5248	220	4.851945818
MEN	21	218262	2	5466	3.80293764
FLUX	606	217677	41	5427	2.713713245
YF	72	218211	3	5465	1.663700823
FLUC3	34	218249	1	5467	1.174151863
ANTH	44	218239	1	5467	0.907257595
DTAPHEPBIP	342	217941	6	5462	0.700023126
UNK	2793	215490	33	5435	0.46845791
DTPPVHBHPB	221	218062	2	5466	0.361033985
HPV4	111	218172	1	5467	0.359523233
DTAPIPVHIB	356	217927	3	5465	0.336040894
PNC13	241	218042	2	5466	0.331042294
COVID19-2	7655	210628	57	5411	0.289846614
VARZOS	6884	211399	35	5433	0.197829205
DTAP	627	217656	3	5465	0.190561074
IPV	215	218068	1	5467	0.18552584
MENB	674	217609	3	5465	0.177234411
FLU4	2661	215622	11	5457	0.163337885
FLUC4	404	217879	1	5467	0.098647239
HPV9	984	217299	2	5466	0.080802165
HEP	1034	217249	2	5466	0.07687721
PNC20	525	217758	1	5467	0.075869241
SMALLMNK	1234	217049	2	5466	0.064358068
PPV	691	217592	1	5467	0.057599114
MMR	761	217522	1	5467	0.052284078
MNQ	846	217437	1	5467	0.047012572
ADEN_4_7	7	218276	0	5468	0
BCG	6	218277	0	5468	0
CHOL	2	218281	0	5468	0
DF	13	218270	0	5468	0
DT	9	218274	0	5468	0
DTAPH	1	218282	0	5468	0
DTAPIPV	774	217509	0	5468	0

All the highlighted rows are significant safety signals because the lower confidence boundary (95%) exceeds 1, and PRR > 1 and drug-deaths > 3

The FLU vaccines and the COVID-19 VACCINES are showing a high PRR . Due to the low number of reports for FLUA3 and FLUN3 we can discard the first 2 rows, showing that COVID 19 vaccines have the highest significant PRR followed by the flu vaccine FLUX.

DISCUSSION

PRR ratios provide a rapid and useful way of assessing the **relative toxicity** of different vaccines compared to all the other vaccines.

Relative Toxicity

However, the PRR ratios do not give an absolute value because the vaccines they are being compared against may include some very toxic vaccines that consequently suppress the score of other vaccines. Perhaps a baseline vaccine can be chosen – one that is frequently used with a fixed toxicity. This would provide a better way of getting an absolute score of PRR.

Still, this ratio can be useful in identifying possible dangerous vaccines and in taking a less harmful alternative medication instead.

Cyclic Pattern of Vaccine Toxicity

When a new vaccine is introduced which is highly toxic, then it immediately suppressed the PRR scores of all the other vaccines. This is evident from looking at the scores of DTP, DTAP, DTAPHEPBIP, HPV4, COVID-19. This can result in a cyclic rise and fall of PRR scores.

Outcome Measures

The PRR used in this analysis only looked at death as an outcome – but the same method can be applied to disability or hospitalisation or to the occurrence of any symptom.

Vaccines with Lowest Scores

It may be useful to combine data from all the years into one dataset. This will reveal better signals for those vaccines that are more harmless, and hence provide valuable information about less harmful alternatives.

VACCINES WITH THE HIGHEST PRR SCORES

Some vaccines consistently generate higher PRR scores than other vaccines. COVID 19 has the strongest safety signal in 2021 and 2022. The results also suggest that multi-valent vaccines may be more dangerous than univalent ones.

Vaccines with significant high PRR scores include -

Corona Vaccines :

- COVID-19

DTP multivalent Vaccines :

- DTAPIPVHIB
- DTAPHEPBIP
- DTAP
- DTP

HPV multivalent Vaccines :

- HPV4
- HPVX

Flu multivalent vaccines :

- FLUX
- FLU3
- FLU(H1N1)

All of these have generated significant safety signals. Safer alternatives should be sought.