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What the VAERS Data Tell Us About COVID Jab Safety

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE -

- The U.S. Vaccine Adverse Event Reporting System (VAERS) is among the best adverse event data collection systems in the world, but it's antiquated and difficult to use. Still, it's a good way to detect safety signals that weren't detected during premarket testing or clinical trials
- There are unmistakable, unprecedented safety signals in VAERS for the COVID shots. While the U.S. Food and Drug Administration and Centers for Disease Control and Prevention claim no deaths can be attributed to the COVID jabs, it's impossible to discount 8,986 deaths in the U.S. territories alone, reported as of November 26, 2021
- The estimated underreporting factor for COVID jab injuries in VAERS is between 31 and 100, so the actual death toll in the U.S. could be anywhere from 278,500 to 898,600
- There's a strong safety signal for female reproductive issues and for heart inflammation (myocarditis) in young men and boys. VAERS data show an inverse relationship between myocarditis and age, with youths being more frequently affected than older men
- VAERS data are being deleted without explanation. Each week, about 100 or so reports are routinely deleted, so there are now thousands of inexplicably missing reports

Jessica Rose, Ph.D., a research fellow at the Institute for Pure and Applied Knowledge in Israel, has taken a deep-dive into the U.S. Vaccine Adverse Events Reporting System (VAERS), and in this interview she shares the details of what she's finding.

VAERS, despite flaws and drawbacks, is one of the greatest tools we have to evaluate vaccine safety. It was implemented as a consequence of the 1986 National Childhood Vaccine Injury Act. While vaccine companies were given blanket immunity against liability for adverse reactions under this law, VAERS was created to collect injury reports in a centralized database so that the post-marketing safety of childhood vaccines could be monitored.

The system was actually launched in 1990, so we have three decades' worth of data to compare trends against. Granted, vaccine injuries are notoriously underreported. Investigations have found only 10%[1] to as little as 1%[2,3] of injuries are reported.

When it comes to the COVID jab specifically, calculations[4] by Steve Kirsch, executive director of the COVID-19 Early Treatment Fund, suggest injuries are underreported by a factor of 41. But despite that and other shortcomings, VAERS can still provide valuable information about a given vaccine.

Rose is a computational biologist with postdoc degrees in molecular biology and biochemistry. While a native Canadian, she did her postgraduate training in Israel, where she still lives. When her dream of surfing in Australia were dashed due to the COVID-19 outbreak, she decided to start writing code for statistics and graphics, and as the pandemic wore on, she applied those programming skills to the VAERS database.

No, People Are Not Filing Fake Reports

A common attempt to explain away the VAERS data by so-called fact checkers is to say that it's unreliable because anyone can file a report. This is pure hogwash. Yes, anyone can file a report, but there are penalties for filing a false report, and the filing is time-consuming and exacting. We can be quite certain there's no over-reporting going on.

It takes on average 30 minutes to fill out a report, and the system is set up in such a way that you cannot save anything until you get to the very end. Even worse, each page will time out after an allotted period of time, forcing you to start from the beginning if you take too long to fill in the details.

“This probably frustrates enough people that they don't start again,” Rose says. Indeed, the cumbersomeness of the website itself has often been cited as a reason for why doctors don’t report adverse events. Doctors don’t have the time to do it, and most patients don’t know they can file on their own. As noted by Rose:

> *“[VAERS] is probably one of the best adverse event data collection systems in the world, but it's completely lamentable. It’s antiquated ... Nonetheless ... it's a way to detect safety signals that weren't detected during premarket testing or clinical trials.*
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> *And it is functioning that way, because there are many, many safety signals [about the COVID jabs] being thrown out by the data. For example, everyone's heard of myocarditis ... which is one of the safety signals being thrown off in VAERS. And so, we've learned that it happens in young people, more so in boys.”*

One explanation for this gender discrepancy has to do with androgens. Testosterone has been shown to facilitate entry of the spike protein into cells by activating a specific enzyme. This could help explain why men, who have higher testosterone levels, are getting myocarditis at much higher rates than women.

Most Lethal ‘Vaccines’ in Medical History

Rose continues:

> *“I implore everybody to do this ... [VAERS] is very accessible. Just go to their website and download the CSV files. You can play with it in Excel, or use whatever is compatible with the CSV file. The OpenVAERS system is even easier to use.*
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> *There are three separate files that you can download for the domestic data set, which includes the individual's data, the symptoms or adverse events that they reported (and it can be up to 15 different types), and the injection data ...*

You can merge them so that, as per [each] VAERS ID, you have a lot more information ... That's what I did. All you have to do is count the number of adverse events that have occurred in 2021. In the context of the COVID-19 products, exclude all the other vaccines to isolate the signal, and compare the number of adverse events to the total number of adverse events reported in every single year going back 30 years.

There's absolutely zero comparison. The average number of adverse event reports for the past 10 years is ~39,000, and that includes the adverse event report data for all of the vaccines combined. There are a lot of them ...

So we're looking at about 39,000 total adverse events per year [on average for all vaccines], as opposed to 675,942 [adverse events post COVID jab] in the domestic dataset alone [Editor's note: Please note that all data are as of the day of the interview and have not been updated prior to publication]. And this does not include the underreporting factor ...

We see the same trend when we isolate standalone adverse events like death. There are over 10,000 [post COVID jab] deaths reported now in the domestic dataset alone, not including the underreporting factor, and in the previous 10 years, the average was 155 deaths for the entire year for all the products combined. This is over 6,000% increase in reporting for deaths.

So, the question I've been posing to the FDA, the CDC and whoever wants to listen to me is, 'What's the cut-off number?' Because you kind of think of death as being the worst outcome in terms of adverse events in the context of a vaccine or a biological product.

I think there are worse things than death personally. But most people think death is pretty bad. So that's why I always talk about death in this context. What's the cut-off number here? How many people have to die in order for these products to be deemed unsafe? So that's basically all you have to do in VAERS. I mean, you can stop there. You don't have to look at anything else. But there's so much more."

Can Causation Be Established?

While the U.S. Food and Drug Administration and Centers for Disease Control and Prevention outrageously deny that a single death can be attributed to the COVID jabs, it's simply impossible to discount 19,532 deaths[5] (8,986 in the U.S. territories alone[6]) reported as of November 26, 2021. As noted by Rose:

> *"It's not even statistically plausible to say that not one death out of 10,000 was caused [by the shot]. It's not scientific to say that ... Those people, not 100% of them would have died anyway? That's not how life works."*

The FDA and CDC are also ignoring standard data analyses that can shed light on causation. It's known as the Bradford Hill criteria — a set of 10 criteria that need to be satisfied in order to show strong evidence of causal relationship. One of the most important of these criteria is temporality, because one thing has to come before the other, and the shorter the duration between two events, the higher the likelihood of a causative effect.

> *"So, when you're talking about percentages of people who died within 24 hours of one of these jabs, let's say you're talking 50%,"* Rose says. *"That's kind of suspicious to me. [Yet] they completely deny the causal effect. It's just because of coincidence?"*

There's also a strong safety signal for female reproductive issues. Preliminary post-marketing data showed women who got the jab in the first 20 weeks of pregnancy had a miscarriage rate of 82%.[7,8] Pfizer's own data, which Rose analyzed, showed a miscarriage rate of 69% when given during the first 20 weeks. Yet no one is warning pregnant women away from these injections: Quite the contrary — women are being universally lied to.

How to Assess Underreporting

As mentioned, Kirsch has calculated an underreporting factor for post COVID jab events of 41, which is likely quite conservative. Rose's calculation is even more conservative than that. She explains:

> *"Steve [Kirsch] and I are good friends. We've been working very closely on all of this stuff for a long time. His underreporting factor is 41. He estimated that based on a peer-reviewed publication that estimated anaphylaxis numbers, so he used anaphylaxis as a proxy for death.*
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> *What that means is that when you hear us say these numbers, you have to multiply them by 41, if you want to go with Steve's estimate, or 31, in the case of mine. Mine is the most conservative estimate. I took Pfizer's Phase 3 clinical trial data that they presented to the FDA.*
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> *There were over 18,000 participants in the drug group and the placebo groups, and there were a certain percentage of individuals in each arm that succumbed to a severe adverse event, which includes death, hospitalization, visit to the ER, a life threatening adverse event, disability or birth defect.*
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> *So, 0.7% of people in the drug arm succumbed to a severe adverse event according to their data. I used that rate, and multiplied it by the number of people who had been injected with one shot of Pfizer on a certain date, August 10, and that number becomes your expected number of people that would succumb to a severe adverse event based on their data.*
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> *So, you take that number and divide it by the number of reports of severe adverse events, and you get a multiplication factor, an underreporting factor. When you use that base dataset, the Pfizer Phase 3 clinical trial data, you get 31. Ronald Kostoff has also published a paper in Toxicology Reports, and his estimate is 100, I believe.*
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> *So, whenever you're talking about the underreporting factor, I think you should talk about it in terms of a range, because each adverse event is going to have their own [underreporting factor] ...*

I think if people actually knew the reality of what was going on, they would decide very quickly, right now, never to go near these things. This isn't hearsay. It's not conjecture. The clinical trials are garbage, and there's no safety data. I'm not just saying this — it's very reflective in all of these adverse event data collection systems all over the world.

They're all saying the same thing, the Yellow Card [system in the U.K.], the U.S. [VAERS], Australia's [system[9]]. They're all saying the same thing. As an example, myocarditis and young boys. You know, it's not something that you can ignore. There's a reason why this is happening. It's because the [shots] are not safe."

What Are VAERS IDs and Why Are They Missing?

VAERS IDs are the numbers assigned to individual report entries. Aside from underreporting, another oddity that strongly suggests the data are worse than we think is that VAERS IDs are going missing. In other words, case reports are being deleted from the system after they've been put in. Rose investigated this after seeing videos saying hundreds, perhaps thousands, of people had their reports deleted.

So, she set out to either confirm or deny whether reports were going missing each week, as data sets are updated weekly. She's been downloading all the data sets since January 2021, which put her in the unique position of being able to compare the different sets, because when the data set is updated, the old data is overwritten.

> **"They went through this horrifying experience, which no human should be going through, and then they got disappeared. I don't even know what the word for that is. It's appalling. ~ Jessica Rose"**

Now, there are valid reasons for deleting a VAERS ID. One reason would be if both the doctor and the patient file a report. The two reports then need to be combined, and the

ID number of one of the duplicated reports is erased. However, what Rose found is that reports are indeed being deleted that shouldn't be. She explains:

> *"The way I was determining if entries, if their IDs, were disappearing was by finding out which VAERS IDs didn't show up in the next update, because you would assume that every single ID that got into the system would stay in the system. And so, the next update would have that data set and a little more, but that's not how it works.*
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> *There are removals every single week, and they're not explained. There's no explanation for these. So, the first thing I did when I found this — and it was over 1,000 [missing IDs] — was to check if a high proportion of these deleted reports were deaths. It wasn't anything overly suspicious, something like 18%.*
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> *Then I checked severe adverse events, then I checked children, because this is a big one that's happening now. A lot of babies are going missing in VAERS, and they shouldn't be there [since the COVID shots aren't being given to babies yet], which is probably why they're being removed.*
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> *So, there wasn't anything overtly suspicious about the nature of the [missing] IDs. But that's not even the point. These are people who trusted in these products, and listened to people who are telling them they are safe and effective. They were healthy. They went out and got the shots.*
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> *Some of them suffered an adverse event, some of them died. These reports got filed to VAERS, and then they got removed. That's atrocious. I'm not speculating here, either. This is what is happening. They went through this horrifying experience, which no human should be going through, and then they got disappeared. I don't even know what the word for that is. It's appalling."*

Data on Children Are Being Deleted

Rose has also delved into the VAERS data for children. Disturbingly, there are apparently thousands, likely tens of thousands of instances if you factor in underreporting, where

the jabs have been given to children that were too young to receive the shot at the time they got it.

At the time she looked into this, there were approximately 5,570 reports with a metric code indicating that the product was given to a patient of inappropriate age. In fact, it was the most frequently occurring adverse event type among young children.

> *"So, there were so-called medical professionals injecting children without confirming their age,"* she says, *"and then those children suffered adverse reactions in the thousands. And this doesn't include the underreporting factor. Some of them died. In the 5- to-11 age group, two of them died. One was 11, one was 13, and the timeframe between the death and the injection in one of the kids was five days, in the other it was one day.*
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> *So, this was in close temporal proximity. The part that's even more disturbing than that is that ... something like 60 children had died between the ages of zero and 18, and 38% of those children were under 2. [The next week] that percentage went down to 30%. I'm like, wait now, that was late last week. What happened to them?*
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> *There are these enormous inconsistencies in the data. Here's another one. I have about 100 different files that contain algorithms that run code for specific things, like I have a kid's file, a cancer file, a prion disease file. So, I run them all with the updated data.*
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> *Myocarditis is one of them. And there was this big chunk of data for the 50- to 75-year-olds pertaining to myocarditis reports last week, and this week, it's one-half. It's staggeringly obvious that something's very different in the data. The absolute number of reports went up, but it seems to have shifted somehow.*
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> *There could be a plausible explanation. But the fact is there's no reference at all as to how this data is being shifted around. There's no record. So, we as the public, have no idea what's actually going on. All we can say with absolute certainty is that something is going on."*

Myocarditis Report Pulled From Publication

Together with Dr. Peter McCullough, Rose recently wrote and submitted a paper[10] on myocarditis cases in VAERS following the COVID jabs to the journal Current Problems in Cardiology. Everything was set for publication when, suddenly, the journal changed its mind and took it down. You can **find the pre-proof on Rose's website**. The data clearly show that myocarditis is inversely correlated to age, so the risk gets higher the younger you are.

> *"Most of the reporting in VAERS was in young boys, aged 15. There was a sixfold difference in reporting following dose one and two, which indicates dose response and/or causal effect. The rate for myocarditis in 12- to 15-year-olds is 19 times above background reporting for the United States, so there's a lot of stuff in that paper that was really important,"* Rose says.
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> *"There are many other papers coming out now that are 100% supporting what we found. It's not debatable. They [pulled] this paper five days before that FDA meeting for the 5- to 11-year-olds, and I don't think that was a coincidence, because it would have informed people as to the potential risk of myocarditis in young people. So, of course, they don't want that, because they already bought 30 million doses for the 5- to 11-year-olds."*

Latent Infections Reactivated

Another common side effect of the jabs is the reactivation of latent infections such as herpes infections and shingles. Rose explains:

> *"There are a bunch of papers that have come out that lend some ideas as to why this is happening,"* Rose says. *"One makes the claim that CD8+ T cell populations are becoming compromised. In the acquired branch of the immune system, you have immune cell populations called CD4+ T cells and CD8+ T cells.*

Everyone's heard of HIV/AIDS. So, the idea there is that you have a virus that preferentially infects CD4+ T cells, which are the generals of the immune system. They kind of coordinate all the other cells to do their jobs. If you have a depletion in this type of cell, then the rest of the immune system kind of collapses, because they don't have their general telling them what to do.

The CD8+ T cells are the killer cells. These cells are in charge of killing virally infected cells, so they're very important in the context of a viral infection. One of these studies showed that in people post injection, the gene profiles were very different for CD positive T cells.

If we're talking about going beyond immune dysregulation, if we're talking about immune dysfunction, if we're talking about certain immune cells being depleted, that could be a possible reason why you're seeing a reemergence of a latent viral species, possibly. We're also seeing cancer resurgences.

Another paper that came out shows that there might be problems in the realm of double-stranded DNA repair. There are two enzymes (BRCA and 53BP1) that have been reported to be impaired that are very important in repairing double stranded DNA breaks, and if you have an impairment of essential proteins that are meant to repair double stranded DNA breaks, you have serious problems.

One of those problems is proliferation of cells. So, whenever you get a certain type of exposure to a virus, say a cold or a flu virus, and it gets the better of you so your acquired immune system kicks in, you get these swollen glands. That is actual populations of T cells proliferating.

If you have stunted proliferative capacities, or if you have an impairment of that process, you don't have an immune system if it happens in T cell and B cell populations ...

So, in addition to the hyperinflammation that the spike protein seems to be inducing all over the body, there's this immune function impairment. That's

really scary to me. [It's something] we need to investigate and absolutely another reason why these rollouts should stop right now."

More Information

To learn more, be sure to peruse Rose's website, **Jessica's World**. There, you'll find links to videos in which she summarizes her various findings, and a weekly **graphic update of the latest VAERS data** for death, female reproductive issues, breakthrough COVID infections, cardiovascular events and immunological events.

Another excellent resource is **OpenVAERS**, which summarizes the most pertinent VAERS data for you on a weekly basis. If you click on the COVID Vaccine Adverse Event Reports, there's a sliding bar at the top of the page where you can select to view data either for the U.S. territories only, or all VAERS reports, which includes international reports.

Sources and References

- [1] BMJ 2005;330:433
- [2] AHRQ December 7, 2007
- [3] The Vaccine Reaction January 9, 2020
- [4] SKirsch.io/vaccine-resources
- [5] OpenVAERS data as of November 26, 2021
- [6] OpenVAERS data as of November 26, 2021. For US only data, flip the selection switch at top
- [7] Science, Public Health Policy, and the Law November 2021; 4: 130-143
- [8] NEJM 2021; 384: 2273-2282
- [9] Health.gov.au Reporting and Managing Adverse Vaccination Events
- [10] Journal Pre-proof, A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID[...]