

British Columbia's Hospitalization/Intensive Care Unit Numbers: January, 2015 - March, 2021

The Government of British Columbia released data from their "Discharge Abstract Database" implying that there was a minimal increase in ICU cases

- Pre-Covid ICU 79,688 (2017/2018)+(2018/2019)
- Post-Covid ICU 79,696(2019/2020)+(2020/2021)

All years mentioned start April 1st and end March 31st. Using the two most recent years pre-dating the start of the pandemic and combining the numbers of the two years since, we only see an increase in ICU hospitalisation are a difference of 8 patients

Number of Hospitalizations and Hospitalizations with Intensive Care

January 1, 2015 - March 31, 2021

PAS HSIAR0001413

Hospitalizations and Hospitalizations with ICU		
Fiscal Year	Hospitalizations	Hospitalizations with ICU
January 1 - March 31, 2015	109,264	9,954
2015/2016	442,992	39,545
2016/2017	451,803	39,953
2017/2018	455,393	39,656
2018/2019	459,088	40,032
2019/2020	461,022	40,536
2020/2021	431,822	39,160

N.B. Caution should be exercised when interpreting data; please refer to the Notes tab for important information.

N.B. Cite sources when using these data.

Sources:

http://docs.openinfo.gov.bc.ca/Response_Package_HTH-2021-13906.pdf

United Kingdom Covid-19 Vaccine Weekly Surveillance Reports (Week6)

Here we take a look at week 6 of the UK weekly Covid 19 Surveillance Reports. We first look at deaths within 28 days of a positive Covid 19 test for the age groups of 60+. We then look at deaths with 60 days of a positive Covid 19 test for the same age groups. What we appear to see here is that vaccine is ineffective, if not harmful, to those in the age groups the vaccine was designed to protect

• Death within 28 days of + test (60+)

Not Vaccinated: 732
 Partially Vaccinated 1,620
 Fully Vaccinated: 3,073
 Total deaths w/ at least 1 dose: 4,693

Conclusion: Comparing the number of unvaccinated deaths to the number of vaccinated (partially or fully) deaths in the 60+ age groups, we see a difference of 3,961 deaths in the vaccinated categories

COVID-19 vaccine surveillance report – week 6

Table 12. COVID-19 deaths (a) within 28 days and (b) within 60 days of positive specimen or with COVID-19 reported on death certificate, by vaccination status between week 2 2022 and week 5 2022

Please note that corresponding rates by vaccination status can be found in Table 13.

(a)

Death within 28 days of positive COVID-19 test by date of death between week 2 2022 (w/e 16 January 2022) and week 5 2022 (w/e 6 February 2022)	Total**	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	11	0	7	0	2	2	0
18 to 29	28	1	12	0	1	9	5
30 to 39	62	1	24	0	4	25	8
40 to 49	125	1	39	0	12	39	34
50 to 59	304	6	97	1	23	101	76
60 to 69	619	5	156	1	22	204	231
70 to 79	1289	5	216	4	39	360	665
80 or over	3,540	13	360	2	97	891	2,177

* Individuals whose NHS numbers were unavailable to link to the NIMS.

** number of deaths of people who had had a positive test result for COVID-19 and either died within 60 days of the first positive test or have COVID-19 mentioned on their death certificate.

¹ In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

• Death within 60 days of + test (60+)

Not Vaccinated: 837
 Partially Vaccinated 1,985
 Fully Vaccinated: 3,674
 Total deaths w/ at least 1 dose: 5,659

Conclusion: Comparing the number of unvaccinated deaths to the number of vaccinated (partially or fully) deaths in the 60+ age groups, we see a difference of 4,822 deaths in the vaccinated categories

(b)

Death within 60 days of positive COVID-19 test by date of death between week 2 2022 (w/e 16 January 2022) and week 5 2022 (w/e 6 February 2022)	Total**	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	12	0	8	0	2	2	0
18 to 29	42	1	19	0	1	15	6
30 to 39	86	1	36	0	6	32	11
40 to 49	167	2	56	0	15	54	40
50 to 59	408	9	121	1	30	138	109
60 to 69	780	6	197	1	25	258	293
70 to 79	1563	7	249	5	50	454	798
80 or over	4,181	15	391	2	107	1,083	2,583

* Individuals whose NHS numbers were unavailable to link to the NIMS.

** number of deaths of people who had had a positive test result for COVID-19 and either died within 60 days of the first positive test or have COVID-19 mentioned on their death certificate.

¹ In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

Note: I also checked data from weeks 5 and 7 and the numbers were roughly the same in that they showed a higher death rate among those parties who were vaccinated

Sources:

[https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports - Week 6](https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports-Week-6)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054071/vaccine-surveillance-report-week-6.pdf - Pages 42/43

US Senator Ron Johnson's letter to Department of Defense Secretary Lloyd J. Austin III

The letter references data from the US Defense Medical Epidemiology Database on the increase in medical diagnoses among military personnel following the roll-out of the Covid-19 mRNA experimental vaccines:

- Hypertension - 2,181% increase
- Disease of the Nervous System - 1,048% increase
- Malignant Neoplasm of Esophagus - 894% increase
(Throat Cancer)
- Multiple Sclerosis - 680% increase
- Malignant Neoplasm of Digestive Organs - 624% increase
(Cancer of the stomach, intestine, prostate)

- Guillian-Barre Syndrome - 551% increase
- (RARE autoimmune disorder/immune system damages nerves)
- Breast Cancer - 487% increase
- Demyelinating - 487% increase
(Damage to myelin sheath of nerve fibres in brain, optic nerve, spinal cord)
- Malignant Neoplasm of Thyroid and other Endocrine Glands - 474% increase
(Cancer of Thyroid, Ovaries, Testes, Pineal, etc.)
- Female Infertility - 472% increase
- Pulmonary Embolism - 468% increase
(Blood clots)
- Migraines - 452% increase
- Ovarian Dysfunction - 437% increase
- Testicular Cancer - 369% increase
- Tachycardia - 302% increase
(Increase of heart rate over 100 bpm)

Note: According to the article the numbers had previously been adjusted to make the numbers look lower than they actually were. See the article for full details

Sources:

<https://geopolitics.co/2022/02/10/this-medical-data-from-the-us-department-of-defense-is-explosive/>

Renz-Law-DMED-Data PDF link in article

<https://health.mil/military-health-topics/combat-support/armed-forces-health-surveillance-division/data-management-and-technical-support/defense-medical-surveillance-system>