

Getting your COVID-19 vaccine

What you need to know for informed consent

Vaccines are being offered as one of the ways to fight the COVID-19 pandemic. In New Zealand the Pfizer COMIRNATY™ COVID-19 mRNA VACCINE is the only COVID vaccine available.

Common questions are answered below and referenced using research literature, medical university and government sites wherever possible.

Protection

Will the current Pfizer COVID -19 mRNA vaccine protect me from getting COVID?

Research indicates it may offer **some** level of protection from being infected with COVID-19.

Two recent studies reported an estimated 50-60% (1) and 53.1% (2) **decreased risk of contracting** the Delta variant of SARS-CoV-2 if double vaccinated with the Pfizer vaccine.

An overall 59% decreased risk was found in a small Chinese study where all COVID vaccines were included. (3)

One New York study reported a 79.8% reduced risk of infection. (4)

The World Health Organization (WHO) has a minimum threshold of 50% for a vaccine to be considered effective. (5)

Risk against symptomatic disease was estimated to be 88% decreased after 2 doses of the Pfizer against the Delta variant. This was within a specified time frame only and does not account for waning effectiveness. (6)

Israel's government website stated its evaluation of their data lead it to believe the COVID vaccines

(predominately Pfizer) were 64% effective in preventing infection and 64% in preventing symptomatic illness (June 6th). (7)

Recent studies have shown the effectiveness of the vaccine is diminishing. Particularly as the latest, more transmissible, Delta variant is becoming responsible for most COVID cases. (2, 4, 7, 8)

July/August 2021 data shows that even in highly vaccinated countries like England, Seychelles, and Israel **cases are rising exponentially.** (8, 9, 10, 11, 12). A third "booster" dose is already being rolled out in Israel. (13)

This trend has also been seen in highly vaccinated counties in the US. (14)

Does the coronavirus vaccine offer more protection against multiple variants than natural immunity?

Unfortunately, this is not the case.

SARS-CoV-2 is a **mutating virus** just like influenza and other coronaviruses that cause cold and flu symptoms. The mutations result in many variants as the virus adapts to its environment. It has been suggested that SARS-CoV-2 is likely to become **endemic** - a regularly circulating virus in our communities which never disappears altogether. (15, 16, 17)

Natural immunity offers more robust protection against all variants, whereas vaccine-induced immunity cannot. The reason for this is because when you recover from the natural infection, you have both antibodies and T cells against ALL parts of the virus, not just one portion, in this case the spike protein. (18)

Data from Israel found that vaccinated Israelis were **672% more likely** to get infected after the shot than after natural infection. (19)

Will the current COVID-19 vaccine prevent serious illness, hospitalization and death?

That is certainly what is being reported by mainstream media and in literature.

Though, a deeper dive uncovers this may not be fully accurate.

In the US, according to the Centre for Disease Control and Prevention (CDC) and most mainstream media, it has been suggested that the US has a “pandemic of the unvaccinated,” with 95% to 99% of COVID-related hospitalizations and deaths being attributed to the unvaccinated. ([20](#), [21](#))

“However, to achieve that statistic, the CDC included hospitalization and mortality data from January through June. The vast majority of the U.S. population was unvaccinated during that timeframe.

By Jan. 1 only 0.5% of the U.S. population had received a COVID shot. By mid-April, an estimated 31% had received one or more shots and as of June 15, 48.7% were fully vaccinated”. ([22](#), [23](#))

Also, current UK government data does not support the “pandemic of the unvaccinated” narrative.

UK government data from a Public Health England briefing paper, dated 6 August 2021 (for the period February to August 2021) shows:

265,749 positive cases of Delta for people aged 50 and under, with 71 deaths (0.03%). 32% were vaccinated with at least one dose. (N.B. vaccine uptake & availability is lower in this group as it wasn't deemed an at risk group). ([24](#))

33,736 Delta cases were reported in over 50 year olds with 670 deaths (2%). 389 (58%) were fully vaccinated. ([24](#))

Of the 741 deaths (0.25% of Delta cases) in both age groups, 402 (54%) were fully vaccinated with 2 doses. ([24](#))

This data indicates very little difference in death rates between the vaccinated and unvaccinated.

A COVID death is classified as such if it occurs within **28 DAYS** of a positive specimen date. It does not matter if they were asymptomatic at that point or if they had underlying disease.

“A death due to COVID-19 **may not** be attributed to another disease (e.g. cancer) and should be counted independently of pre-existing conditions that are suspected of triggering a severe course of COVID-19”. ([25](#))

According to the US governments Centre for Disease Control (CDC) **94% of all COVID deaths were reported to have at least 1 comorbidity or underlying health condition**. ([26](#))

The **case fatality rate** appears to be **declining** throughout the world and the data shows this has been occurring since June 2020, well before the introduction of vaccines in Dec 2020. ([27](#))

The decreased mortality rate may be due to vulnerable populations having already passed, a lessening severity of the virus to avoid losing hosts, better protection of elderly, and/or better understanding regarding treatment.

The Public Health England briefing paper also contained raw data on hospitalization.

When hospitalization occurred that required overnight admission around half (57%) were unvaccinated in all age groups. ([24](#))

Most of those hospitalized overnight in the 50 and above age group were vaccinated. (55%-59% fully and 12-13% partially). **Only 27-32% of this age group were not vaccinated**. ([24](#))

The challenge with this data is that the majority of those over 50 have been vaccinated, whereas far less under 50s have.

Even so from this raw data, it would appear inaccurate to conclude that hospitalization and death rates are definitively reduced with a COVID 19 vaccine, when roughly an equal portion are vaccinated and are not.

Is it possible for the vaccine to increase my risk of severe disease?

Some scientists have concerns regarding the possibility of **antibody dependent enhancement (ADE)**, where the COVID-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to **more severe disease** than if they were not vaccinated. This phenomenon has been present for other viruses, including Zika, dengue, and Respiratory Syncytial Virus (RSV). ([28](#), [29](#), [30](#), [31](#))

Transmission

Will the vaccine stop me from passing COVID on to others?

The transmissibility of COVID-19 is known to be dependent on **viral load**, which in simple terms is how much of the virus you have in your body. ([32](#))

The viral load of SARS-CoV-2 peaks around the time of symptom onset, followed by a gradual decrease to a low level after about 10 days. ([33](#), [34](#))

The latest research shows the viral load is **either similar or even higher** in the vaccinated versus unvaccinated groups that contract the delta variant of COVID. ([35](#), [36](#))

Alarmingly, vaccinated individuals may carry **251 times the load of SARS-Cov2** in their nostrils compared to the unvaccinated. This was the result found in a preprint paper by the prestigious Oxford University Clinical Research Group, published Aug. 10 in The Lancet. ([36](#))

This data suggests that vaccinated individuals are just as likely (or even more likely) to infect others with COVID-19 virus particles than the unvaccinated. No protection is therefore provided to others by being vaccinated.

Those that are vaccinated may also have a false sense of security and relax other measures that may reduce the transmission of the virus. This is particularly of concern with asymptomatic

transmission, where symptoms of the virus may be hidden, but transmission may still occur. A modelling study highlighted this in relation to vaccinated border and MIQ workers who could potentially “increase the risk of a community outbreak”. ([37](#))

How dangerous is COVID? What is the current infection fatality rate?

The WHO had estimates of Infection fatality rate (IFR) in the range of 0.5-1% in August 2020. This has not been updated. ([38](#))

Stanford epidemiologist John Ioannidis reported a median **IFR of 0.27%** in Sept 2020. ([39](#))

In a May 2021 article, also by Ioannidis, this was updated to an **average global IFR of ~0.15%** (data to February 2021). ([40](#))

He did note that there were “substantial differences in IFR and in infection spread across continents, countries and locations”. ([40](#))

Population mean age, life expectancy and the cardiovascular and metabolic disease burden has been thought to play a role in the difference between countries. ([41](#))

A study published in November 2020 from a community in Germany after a super-spreading event put the estimate of **IFR at 0.35%**. ([42](#))

Other more recent studies trying to establish the COVID IFR were not found.

Although case fatality rates (CFR) differ from infection fatality rate (IFR) and are higher due to only considering confirmed cases and not the number of infected individuals, the raw data in the Public Health Briefing paper dated August 2021 suggests a **case fatality rate of 0.03%** for those under the age of 50 who tested positive for the delta variant and **0.25%** in all age groups. ([24](#))

The average age of death with covid-19 is about the same as our life expectancy (~82 years). ([43](#))

Safety

How is our government collecting data to ensure the vaccine is safe and effective?

Like many other countries, NZ has an advisory committee of experts from Medsafe who go through the data given by the vaccine manufacturer (Pfizer) to try and establish if it is safe and effective.

The Comirnaty or Pfizer BioNTech COVID-19 mRNA vaccine is still in the **review process** with Medsafe for full approval. **53 conditions** are required to be met and as of 25 August 2021 **only 14** have been satisfied. ([44](#))

Conditions that have not been met include the potential of the vaccine to cause **autoimmune disease** (condition 5), and to damage the genetic information within a cell causing mutations, which may lead to **cancer** (genotoxicity - condition 28). ([45](#))

Official information requests for information on the outcomes of these conditions have not been supplied to the general public. ([45](#))

This shows the experimental nature of this vaccine as the fast roll out has meant there is **no long-term safety data available**.

It took **5 years** before it was realised the drug thalidomide used for morning sickness in pregnant women in the 1950s, could cause devastating birth defects and was pulled from the market. ([46](#), [47](#))

Concerns have also been raised on the **quality and transparency** of the data provided by Pfizer.

On the British Medical Journal website, a retired pediatrician noted that “the statistics for the 0 to 14 days after the first dose were not reported in the randomized trials of the Pfizer, Moderna or AstraZeneca vaccines”. ([48](#))

This may be due to the “**negative phase**” phenomenon which can occur with vaccinations, where there is “a period of **increased**

susceptibility to infection following immediately on prophylactic inoculation”. ([49](#))

A Danish cohort study of the Pfizer vaccine in long term care facility residents and healthcare workers found this phenomenon, where the risk of COVID-10 infection **increased** in vaccine recipients from 0-14 days after the first dose. ([50](#))

There has also been some concern over the **selection process** of vaccine and placebo group participants in the initial Pfizer trial. It has been reported that a greater number of those with health concerns were excluded from the vaccinated group. This information was “buried in papers only made available to US regulators”. The exclusion criteria were **5.2 times** higher in the vaccinated group, than in the placebo. ([51](#))

According to these health professionals, the vaccine was therefore only studied in a healthy population who are largely unaffected by COVID-19 hospitalization and deaths. This makes comparisons between the real-world placebo group and a healthy vaccinated group inaccurate. ([51](#))

Furthermore, Pfizer has settled various lawsuits that involve allegations of kickbacks, fraudulent marketing and data manipulation. One civil fraud settlement pay out was the largest in history against a pharmaceutical company, at \$2.3 billion. ([52](#), [53](#))

What are the potential dangers and risks of this vaccine?

In NZ, as of 31 July 2021, from the CARM & Medsafe reporting data, there have been 7,922 non-serious adverse events, **354 serious adverse events and 22 deaths** that have occurred after a Pfizer COVID-19 vaccine shot. ([54](#))

15 of these deaths were ruled unlikely to have been caused by the COVID vaccine. However, it is not indicated what investigations were performed to confirm this.

Unofficial reports through sworn affidavits on the **NZ citizens' register** @The Health Forum NZ

suggest the number is more like 100 deaths as at 17 August. ([55](#))

Medsafe even state that “it is estimated that **only 5%** of all reactions are reported” to the Centre for Adverse Reactions Monitoring (CARM). 84.3% of reactions reported are by medical doctors, hospitals and pharmacists. ([56](#))

Medsafe notes the following Adverse events of special interest (AESI) or adverse events with a current safety signal that are under investigation: ([54](#))

- Blood clots – e.g. Stroke, Thrombosis, Embolism, Deep vein thrombosis (DVT)
- Heart attacks (myocardial infarction)
- Heart inflammation (myocarditis and pericarditis)
- Haemorrhage
- Anaphylaxis
- Acute kidney injury
- Acute liver injury
- Paralysis – e.g. Bell's Palsy/facial paralysis
- Guillain-Barré Syndrome (can cause paralysis)
- Herpes zoster (shingles)
- Tinnitus (constant ringing sound in the ear/s)
- Erythema multiforme (skin condition)
- Abortion (spontaneous abortion /miscarriage)
- and more

An AESI is a “pre-specified medically significant event that has the **potential to be causally associated** with the vaccine product, based on past experience, the technology used to make the vaccine or the infection the vaccine is used to protect against. AESIs need to be carefully monitored and any potential association to vaccination confirmed by further analysis and studies.” ([54](#))

Adverse event reporting systems also exist in other countries. The US has VAERS, the UK the yellow card system, and in Australia the Therapeutic Goods Administration (TGA) monitors suspected side effects. Death’s post COVID vaccination are being reported around the world. ([57](#), [58](#), [59](#), [60](#))

A report to any of the adverse reactions sites does not mean that the vaccine was the cause. However, it does not prove it was not either, and unfortunately getting accurate data will be challenging if:

- There are few autopsies performed
- Data manipulation occurs (as has been suggested by one CDC whistleblower) ([61](#), [62](#), [63](#))
- Underreporting occurs due to the event being considered coincidental

Deaths and adverse events that occur weeks after the vaccination are unlikely to be considered. There are no specific criteria for reporting a vaccine reaction, so the 28 DAY window does not apply for deaths after the vaccine, even though it does for COVID cases.

Underlying conditions may also play a role as it does for COVID but whether the vaccine increases the risk has not been established.

Looking at the **data sheet** for the Pfizer COMIRNATY™ COVID-19 VACCINE the pharmaceutical company notes the following: ([64](#))

- Events of **anaphylaxis** have been reported. “The individual should be kept under close observation for at least 15 minutes following vaccination. A second dose of COMIRNATY should not be given to those who have experienced anaphylaxis to the first dose of COMIRNATY”.
- “Cases of **myocarditis and pericarditis** have been observed following vaccination”. The cases of myocarditis and pericarditis have “primarily occurred within 14 days following vaccination, more often after the second vaccination, and more often in younger men”. They suggest vaccinees seek “immediate medical attention if they develop symptoms indicative of myocarditis or pericarditis such as (acute and persisting) chest pain, shortness of breath, or palpitations following vaccination”.
- “The efficacy, safety and immunogenicity of COMIRNATY has not been assessed in **immunocompromised** individuals”.

- “The data for use in the frail elderly (>85 years) is limited”.
- “**No interaction** studies have been performed”, such as with other medicines.
- “There is limited experience with use of COMIRNATY in **pregnant** women”.
- They mention just one study on **fertility** using female rats.

Essentially, the true risk and incidence of death, and adverse effects (short and long term) after a COVID-19 vaccine is unknown as investigations are ongoing.

Alternatives & Treatment

What are the alternatives to the vaccine? What can I do to improve my outcomes if I contract COVID?

Around the world, several protocols have been suggested for prevention and treatment. They include pharmaceuticals, nutrients and phytochemicals. ([65](#), [66](#), [67](#), [68](#), [69](#))

A cheap anti-parasitic medication called **Ivermectin** has shown benefits in all phases of COVID, including reducing viral load/transmission, hospitalization and death. ([70](#), [71](#), [72](#), [73](#))

As of 25 August 2021 there have been 113 studies, 73 peer reviewed, 63 with results comparing treatment and control groups, and **31 randomized controlled studies** on SARS-CoV-2 and Ivermectin. ([72](#))

A WHO-commissioned meta-analysis of Ivermectin shows that using this generic medicine in hospitals leads to an **83% reduction in covid mortality**. It is currently under review for publication. ([74](#), [75](#))

Other meta-analyses have shown the most improvement in its use as a prophylactic and in early treatment. ([70](#))

IVERMECTIN FOR COVID-19

**63 TRIALS, 613 SCIENTISTS, 26,398 PATIENTS
31 RANDOMIZED CONTROLLED TRIALS**

86% IMPROVEMENT IN 14 PROPHYLAXIS TRIALS RR 0.14 [0.08-0.25]

72% IMPROVEMENT IN 27 EARLY TREATMENT TRIALS RR 0.28 [0.18-0.45]

40% IMPROVEMENT IN 22 LATE TREATMENT TRIALS RR 0.60 [0.48-0.76]

58% IMPROVEMENT IN 25 MORTALITY RESULTS RR 0.42 [0.30-0.59]

58% IMPROVEMENT IN 31 RANDOMIZED CONTROLLED TRIALS RR 0.42 [0.30-0.58]

SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 08/27/21. IVMMETA.COM

Ivermectin has been used for over 30 years and has a robust safety profile. ([76](#), [77](#), [78](#))

Many countries are using Ivermectin to treat Covid-19, including India, Zimbabwe, Mexico, Peru, Guatemala, Argentina, Brazil, Bolivia, Slovakia, the Czech Republic, Portugal, Nigeria, and Egypt. ([79](#), [80](#), [81](#))

Australia has just made it legal for Ivermectin to be prescribed by GPs as a COVID therapy. ([82](#))

Many medical professionals are pleading with governments for its use. ([81](#), [83](#))

More information on Ivermectin for COVID can be found at the Frontline COVID-19 Critical Care Alliance website. Set up by a group of physicians it also has recommended protocols for prevention, hospital treatment, and recovery. ([84](#))

The NZ government does not currently allow the use of Ivermectin for COVID. It's advice on the Ministry of Health website hasn't changed since April 2020, despite a vast amount of new research. ([85](#))

Research indicates that our metabolic health and nutritional status play an important role in the fight against COVID-19.

Those with certain underlying health conditions are at a greater risk with COVID. ([86](#), [87](#))

Fortunately, risk factors such as obesity ([88](#), [89](#)) smoking ([90](#)), diabetes and poor blood sugar control ([91](#), [92](#), [93](#)), and cardiovascular disease ([94](#)) are largely able to be remedied or at least improved.

A healthy lifestyle that is likely to positively influence the course of COVID-19 disease by potentially improving immune function or risk

factors includes: A non-processed nutrient-rich diet ([95](#), [96](#), [97](#), [98](#)), exercise ([99](#), [100](#), [101](#)), sufficient sleep ([102](#), [103](#), [104](#)), and avoiding chronic psycho-emotional stress ([105](#), [106](#))

Furthermore, several nutrients may be beneficial in supporting the immune system's fight against SARS-CoV-2. ([107](#), [108](#))

Some nutrients / supplements of note include:

- Vitamin D ([109](#) - summary, [110](#), [111](#), [112](#), [113](#), [114](#))
- Zinc ([115](#) – summary)
- Vitamin C ([116](#) – summary, [119](#))
- Quercetin ([117](#) – summary, [118](#), [119](#))
- Melatonin ([120](#) – summary, [121](#), [122](#), [123](#))
- Thiamine ([124](#))

Many of these measures are also being recommended by physicians to address “long COVID”, the collective term to denote persistence of symptoms in those who have recovered from SARS-CoV-2 infection. ([125](#), [126](#), [127](#))

Persistent chronic symptoms can occur after exposure to ANY virus or bacteria and is not limited to COVID. Examples include Epstein-Barr virus ([128](#)), Respiratory Syncytial virus (RSV) ([129](#)), herpes zoster virus ([130](#)), and Helicobacter pylori ([131](#)).

If I choose not to have the vaccine, can I be prevented from travelling, eating in restaurants, going to gyms and events? Or worse, can I lose my job?

This is an unfortunate possibility and is being pushed in some countries. However, the public are fighting back to secure their right to medical freedom. There have been several protests around the world (even by health professionals) and legal battles that are only just beginning. ([132](#), [133](#), [134](#), [135](#), [136](#), [137](#))

Currently New Zealand only requires the COVID vaccine for MIQ and high-risk border workers. ([138](#))

A letter from New Zealand's **Human Rights Commission** stated: ([139](#))

“We are working to ensure human rights are safeguarded at this time.

The current context, including the vaccine rollout, concerns several key human rights issues including the right to informed consent.

COVID-19 vaccine is **voluntary**, and vaccines may **not** be forcibly administered.

If individuals have concerns about the medical treatment they have received as part of the Covid-19 vaccination programme, they should submit a complaint to the Health and Disability Commissioner <https://www.hdc.org.nz/making-a.../make-a-complaint-to-hdc/>.

If any individuals have concerns that they have been discriminated against as a result of their views about the vaccine for religious or ethical reasons, they are encouraged to make a complaint to the Human Rights Commission.” <https://www.hrc.co.nz/enquiries-and.../how-make-complaint/>.

Exercising these rights is vital given that children as young as 12 can now receive the COVID vaccine **without** parental consent. ([140](#))

True informed consent involves mentioning not only the possibility of a sore arm, fever, and body aches; but the risk of death, heart attacks, strokes, blood clots, neurological damage, and paralysis that are still under investigation.

References/ Links

1. <http://www.imperial.ac.uk/news/227713/coronavirus-infections-three-times-lower-double>.
2. [Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 \(Delta\) Variant — National Healthcare Safety Network, March 1–August 1, 2021 | MMWR \(cdc.gov\)](#)
3. [Full article: Efficacy of inactivated SARS-CoV-2 vaccines against the Delta variant infection in Guangzhou: A test-negative case-control real-world study \(tandfonline.com\)](#)
4. [New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021 | MMWR \(cdc.gov\)](#)
5. [Vaccine efficacy, effectiveness and protection \(who.int\)](#)
6. [Effectiveness of Covid-19 Vaccines against the B.1.617.2 \(Delta\) Variant | NEJM](#)
7. [Explanation About the Effectiveness of the Vaccine for Coronavirus in Israel | Ministry of Health \(www.gov.il\)](#)
8. [Coronavirus infections continue to grow exponentially in England - REACT study | Imperial News | Imperial College London](#)
9. [United Kingdom: the latest coronavirus counts, charts and maps \(reuters.com\)](#)
10. [COVID-19 cases in Israel rise despite third shot \(observer.ug\)](#)
11. [Israel: the latest coronavirus counts, charts and maps \(reuters.com\)](#)
12. [Seychelles: the latest coronavirus counts, charts and maps \(reuters.com\)](#)
13. [A grim warning from Israel: Vaccination blunts, but does not defeat Delta | Science | AAAS \(sciencemag.org\)](#)
14. [Higher COVID Rate Found In Some Counties With Higher Vaccination Rate – Why, And What It Says About The Delta Variant – CBS Sacramento \(cbslocal.com\)](#)
15. [Covid-19 will become endemic but with decreased potency over time, scientists believe | The BMJ](#)
16. [What will it be like when COVID-19 becomes endemic? | News | Harvard T.H. Chan School of Public Health](#)
17. [Herd immunity a ‘mythical’ goal that will never be reached, says Oxford vaccine head \(telegraph.co.uk\)](#)
18. [Dr. Makary Says Natural Immunity Is More Effective Than Vaccine Immunity \(msn.com\)](#)
19. [Natural infection vs vaccination: Which gives more protection? - Israel National News](#)
20. [Covid-19 pandemic 'is becoming a pandemic of the unvaccinated,' CDC director says - CNN](#)
21. [COVID-19 Deaths Are Rising, And 99% Of Them Are People Who Are Unvaccinated : NPR](#)
22. [How CDC Manipulated Data to Create ‘Pandemic of the Unvaxed’ Narrative • Children’s Health Defense \(childrenshealthdefense.org\)](#)
23. [Doctor who did early research on COVID vaccine: this is not a pandemic of the unvaccinated | Fox News Video - FoxNews.com](#)
24. [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](#)
25. [Guidelines_Cause_of_Death_COVID-19.pdf \(who.int\)](#)
26. [covid19-comorbidity-expanded-12092020-508.pdf \(cdc.gov\)](#)
27. [Mortality Risk of COVID-19 - Statistics and Research - Our World in Data](#)
28. [Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease - PubMed \(nih.gov\)](#)
29. [Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants. A potential risk for mass vaccination? - Journal of Infection](#)
30. [Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies - PubMed \(nih.gov\)](#)
31. [Two Different Antibody-Dependent Enhancement \(ADE\) Risks for SARS-CoV-2 Antibodies - PubMed \(nih.gov\)](#)
32. [Transmissibility of COVID-19 depends on the viral load around onset in adult and symptomatic patients \(plos.org\)](#)
33. [Viral load of SARS-CoV-2 in clinical samples - The Lancet Infectious Diseases](#)
34. [SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients | NEJM](#)
35. [COVID Delta variant viral load similar in vaccinated and unvaccinated - Hospital Healthcare Europe](#)
36. [Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam, OUCRU COVID-19 Research Group :: SSRN](#)
37. [Vaccination and testing of the border workforce for COVID-19 and risk of community outbreaks: A modelling study \(tepunahamatatini.ac.nz\)](#)
38. [Estimating mortality from COVID-19 \(who.int\)](#)
39. [Infection fatality rate of COVID-19 inferred from seroprevalence data \(nih.gov\)](#)
40. [Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations - PubMed \(nih.gov\)](#)
41. [Africa's low COVID-19 mortality rate: A paradox? - PubMed \(nih.gov\)](#)

42. [Infection fatality rate of SARS-CoV2 in a super-spreading event in Germany - PubMed \(nih.gov\)](#)
43. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/12773averageageofdeathmedianandmeanofpersonswosedeathwasduetocovid19orinvolvedcovid19bysexdeathsregisteredinweekending9october2020toweekending1january2021englandandwales>
44. [COVID-19 Vaccine Status of Applications \(medsafe.govt.nz\)](#)
45. [medsafe conditional approval of Pfizer vaccine interim reports - a Official Information Act request to Ministry of Health - FYI](#)
46. [Thalidomide | Science Museum](#)
47. [Thalidomide: the tragedy of birth defects and the effective treatment of disease - PubMed \(nih.gov\)](#)
48. [Why don't Covid-19 vaccine trials report statistics for the first 14 days? | The BMJ](#)
49. [The 'Negative Phase' in Prophylaxis by Inoculation of Vaccines \(nih.gov\)](#)
50. [Vaccine effectiveness after 1st and 2nd dose of the BNT162b2 mRNA Covid-19 Vaccine in long-term care facility residents and healthcare workers – a Danish cohort study | medRxiv](#)
51. [The BFD | Injecting Evidence into the Vaccine Spin](#)
52. [Justice Department Announces Largest Health Care Fraud Settlement in Its History | OPA | Department of Justice](#)
53. [Fact check: Resolved lawsuits against Pfizer alleged marketing fraud \(usatoday.com\)](#)
54. [Safety Report #22 – 31 July 2021 \(medsafe.govt.nz\)](#)
55. [\(14\) The Health Forum NZ | Facebook](#)
56. [Guide to Adverse Reaction Reporting \(medsafe.govt.nz\)](#)
57. [VAERS - Data \(hhs.gov\)](#)
58. [Mortality \(openvaers.com\)](#)
59. [Coronavirus vaccine - weekly summary of Yellow Card reporting - GOV.UK \(www.gov.uk\)](#)
60. [COVID-19 vaccine weekly safety report - 05-08-2021 | Therapeutic Goods Administration \(TGA\)](#)
61. [LAW OFFICES \(wsimg.com\) Alabama lawsuit – Americas Frontline Doctors vs Secretary of the U.S. Department of Health and Human Services, et al.](#)
62. [Jane Doe Declaration.pdf \(wsimg.com\)](#)
63. [Federal Lawsuit Seeks Immediate Halt of COVID Vaccines, Cites Whistleblower Testimony Claiming CDC Is Under-Counting Vaccine Deaths • Children's Health Defense \(childrenshealthdefense.org\)](#)
64. [comirnatyjin.pdf \(medsafe.govt.nz\) Comirnaty Data Sheet](#)
65. [Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection \(COVID-19\) \(henryford.com\)](#)
66. [Clinical and Scientific Rationale for the “MATH+” Hospital Treatment Protocol for COVID-19 - Pierre Kory, G. Umberto Meduri, Jose Iglesias, Joseph Varon, Paul E. Marik, 2021 \(sagepub.com\)](#)
67. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7190003/> Evidence Supporting a Phased Immuno-physiological Approach to COVID-19 From Prevention Through Recovery
68. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7410805/> Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection
69. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8178530/> Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents
70. [FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf \(covid19criticalcare.com\)](#)
71. [Ivermectin for COVID-19: real-time analysis of all 113 studies \(c19ivermectin.com\)](#)
72. [Ivermectin in COVID-19 | FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](#)
73. [Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines \(nih.gov\)](#)
74. [AndrewHill7-6-21paper.pdf \(covid19criticalcare.com\)](#)
75. [Ivermectin meta-analysis by Dr. Andrew Hill - YouTube](#)
76. [Safety of high-dose ivermectin: a systematic review and meta-analysis - PubMed \(nih.gov\)](#)
77. [Ivermectin, 'wonder drug' from Japan: the human use perspective - PubMed \(nih.gov\)](#)
78. [Over 25 Years of Clinical Experience With Ivermectin: An Overview of Safety for an Increasing Number of Indications. - Abstract - Europe PMC](#)
79. [Epidemiologic analyses on ivermectin in COVID-19 | FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](#)
80. [What Countries are Using Ivermectin? \(onedaymd.com\)](#)
81. [A plea to allow the use of Ivermectin as Covid-19 treatment delivered to Ramaphosa's house - BizNews.com](#)

82. [Australian National Review - Australian GPs Can Legally Prescribe Ivermectin Triple Therapy Protocol — Professor Thomas Borody](#)
83. [Official Testimony | FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](#)
84. [COVID-19 Protocols | FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](#)
85. [Caution about Laboratory COVID-19 Report | Ministry of Health NZ](#)
86. [Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: a systematic review and meta-analysis - PubMed \(nih.gov\)](#)
87. [Comorbidity and its Impact on Patients with COVID-19 - PubMed \(nih.gov\)](#)
88. [Obesity and COVID-19: The role of visceral adipose tissue | medRxiv](#)
89. [Two important controversial risk factors in SARS-CoV-2 infection: Obesity and smoking - PubMed \(nih.gov\)](#)
90. [COVID-19 and smoking: A systematic review of the evidence - PubMed \(nih.gov\)](#)
91. [Diabetes and COVID-19: A systematic review on the current evidences \(nih.gov\)](#)
92. [The Impact of COVID-19 on Blood Glucose: A Systematic Review and Meta-Analysis - PubMed \(nih.gov\)](#)
93. [Fasting Blood Glucose and COVID-19 Severity: Nonlinearity Matters | Diabetes Care \(diabetesjournals.org\)](#)
94. [Impact of cardiovascular disease and risk factors on fatal outcomes in patients with COVID-19 according to age: a systematic review and meta-analysis | Heart \(bmj.com\)](#)
95. [Solutions for Prevention and Control of Non-communicable Diseases: Transforming the food system to fight non-communicable diseases \(nih.gov\)](#)
96. [The Role of Nutrients in Reducing the Risk for Noncommunicable Diseases during Aging \(nih.gov\)](#)
97. [Ultra-Processed Food Consumption and Chronic Non-Communicable Diseases-Related Dietary Nutrient Profile in the UK \(2008–2014\) \(nih.gov\)](#)
98. [Diet and Immune Function \(nih.gov\)](#)
99. [Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy - PubMed \(nih.gov\)](#)
100. [Exercise Regulates the Immune System - PubMed \(nih.gov\)](#)
101. [Debunking the Myth of Exercise-Induced Immune Suppression: Redefining the Impact of Exercise on Immunological Health Across the Lifespan \(nih.gov\)](#)
102. [Sleep, circadian dysrhythmia, obesity and diabetes - PubMed \(nih.gov\)](#)
103. [Impact of Sleep Deprivation on Emotional Regulation and the Immune System of Healthcare Workers as a Risk Factor for COVID-19: Practical Recommendations From a Task Force of the Latin American Association of Sleep Psychology \(nih.gov\)](#)
104. [Sleep and immune function \(nih.gov\)](#)
105. [The Challenge of Stress-Related Non-Communicable Diseases - PubMed \(nih.gov\)](#)
106. [Frontiers | The Impact of Obesity and Lifestyle on the Immune System and Susceptibility to Infections Such as COVID-19 | Nutrition \(frontiersin.org\)](#)
107. [Nutrients | Free Full-Text | Effective Immune Functions of Micronutrients against SARS-CoV-2 | HTML \(mdpi.com\)](#)
108. [Nutrients | Free Full-Text | The Role of Micronutrients in Support of the Immune Response against Viral Infections | HTML \(mdpi.com\)](#)
109. [Vitamin D for COVID-19: real-time analysis of all 131 studies \(c19vitamind.com\)](#)
110. [Evidence that Vitamin D Supplementation Could Reduce Risk of Influenza and COVID-19 Infections and Deaths \(nih.gov\)](#)
111. [Vitamin D insufficiency is prevalent in severe COVID-19 | medRxiv](#)
112. “Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study” [main.pdf \(nih.gov\)](#)
113. [The Possible Role of Vitamin D in Suppressing Cytokine Storm and Associated Mortality in COVID-19 Patients | medRxiv](#)
114. [Evidence that Vitamin D Supplementation Could Reduce Risk of Influenza and COVID-19 Infections and Deaths - PubMed \(nih.gov\)](#)
115. [Zinc for COVID-19: real-time analysis of all 31 studies \(c19zinc.com\)](#)
116. [Vitamin C for COVID-19: real-time analysis of all 26 studies \(c19vitaminc.com\)](#)
117. [Quercetin for COVID-19: real-time analysis of all 6 studies \(c19quercetin.com\)](#)
118. [Possible Therapeutic Effects of Adjuvant Quercetin Supplementation Against Early-Stage COVID-19 Infection: A Prospective, Randomized, Controlled, and Open-Label Study - PubMed \(nih.gov\)](#)

119. [Frontiers | Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease \(COVID-19\) | Immunology \(frontiersin.org\)](#)
120. [Melatonin for COVID-19: real-time analysis of all 8 studies \(c19melatonin.com\)](#)
121. [Role of melatonin in the treatment of COVID-19; as an adjuvant through cluster differentiation 147 \(CD147\) \(nih.gov\)](#)
122. [Melatonin for the treatment of sepsis: the scientific rationale - Colunga Biancatelli - Journal of Thoracic Disease \(amegroups.com\)](#)
123. [Efficacy of a Low Dose of Melatonin as an Adjunctive Therapy in Hospitalized Patients with COVID-19: A Randomized, Double-blind Clinical Trial - ScienceDirect](#)
124. [Evaluation of thiamine as adjunctive therapy in COVID-19 critically ill patients: a two-center propensity score matched study \(covid19criticalcare.com\)](#)
125. [Long COVID: An overview \(nih.gov\)](#)
126. [Best supplements to combat 'long-Covid': Dr Chris recommends co-enzyme Q10 and B vitamins | Express.co.uk](#)
127. [I-RECOVER Protocol | FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](#)
128. [Optimal Treatment for Chronic Active Epstein-Barr Virus Disease \(nih.gov\)](#)
129. [Respiratory syncytial virus-induced acute and chronic airway disease is independent of genetic background: An experimental murine model | Virology Journal | Full Text \(biomedcentral.com\)](#)
130. [Systematic review of incidence and complications of herpes zoster: towards a global perspective | BMJ Open](#)
131. [Helicobacter pylori: Ulcers and More: The Beginning of an Era | The Journal of Nutrition | Oxford Academic \(oup.com\)](#)
132. [Greek health care workers protest against mandatory vaccines - ABC News \(go.com\)](#)
133. [Nurses protest mandatory coronavirus vaccinations at Riverside rally – Press Enterprise \(pe.com\)](#)
134. [Thousands Protest Against Mandatory Vaccination in Greece \(greekreporter.com\)](#)
135. [Anti-vaccination protesters chant 'my body, my choice' at rallies ahead of coronavirus jab rollout - ABC News](#)
136. [This firm is fighting mandatory COVID-19 vaccines with legal filings and warnings \(abajournal.com\)](#)
137. [First US lawsuit filed over mandatory COVID vaccinations in New Mexico | Daily Mail Online](#)
138. [Human Rights Commission : Covid-19 vaccine and human rights \(hrc.co.nz\)](#)
139. [\(15\) Facebook NZ Human Rights Commission letter to Sue Grey](#)
140. [COVID-19: vaccination | Ministry of Health NZ](#)