

The Spectacular Failure of COVID Shots

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✓ Fact Checked

STORY AT-A-GLANCE

- › British data show the COVID shots are an abysmal failure, as COVID infection rates in the U.K. are higher among the “fully vaccinated” in all adult cohorts
- › Infection rates are also rising faster among the fully vaxxed than in unvaccinated cohorts of all ages. All in all, these data prove that vaccine passports and mandates are completely pointless
- › Data from Scotland show more of the same. Double-jabbed Scots are more likely to be admitted to the hospital for COVID than unvaccinated. Since Omicron became dominant, COVID case rates are also lower among the unvaccinated than among the single-, double- and even triple-jabbed
- › Internationally, journalists are now starting to try to switch the narrative away from cases, hospitalizations and deaths by pointing out how unreliable these data are. What they don’t admit is that “dangerous misinformants” have highlighted these problems for two years already
- › Omicron is blowing huge holes in the pandemic narrative, as it predominantly affects the vaxxed, thus proving mandates and vaccine passports are irrational and useless

At this point, there is simply no question. The COVID shots are an abysmal failure in every way possible. Again and again, data analyses from around the world show a negative correlation between “vaccination” rates and worsening infection rates and other health trends.

There's No Rationale for Passports and Mandates

Among the latest data sets to show this are official statistics from the U.K. government. Its "National Flu and COVID-19 Surveillance Report: 13 January 2022 (Week 2)"¹ shows COVID infection rates in the U.K. are higher among the "fully vaccinated" in all adult cohorts.

Infection growth rates are also rising faster among the fully vaxxed than in unvaccinated cohorts of all ages. All in all, these data prove that vaccine passports and mandates are completely pointless and nothing more than a coercion tool. In no way do they reduce infection rates, hospitalizations or deaths from COVID.

Regardless of how many shots a person has received, they're still getting infected and transmitting it. Plus, we know the jabbed are veritable incubators for mutating strains. Everything about this mass vaccination campaign is detrimental to public health.

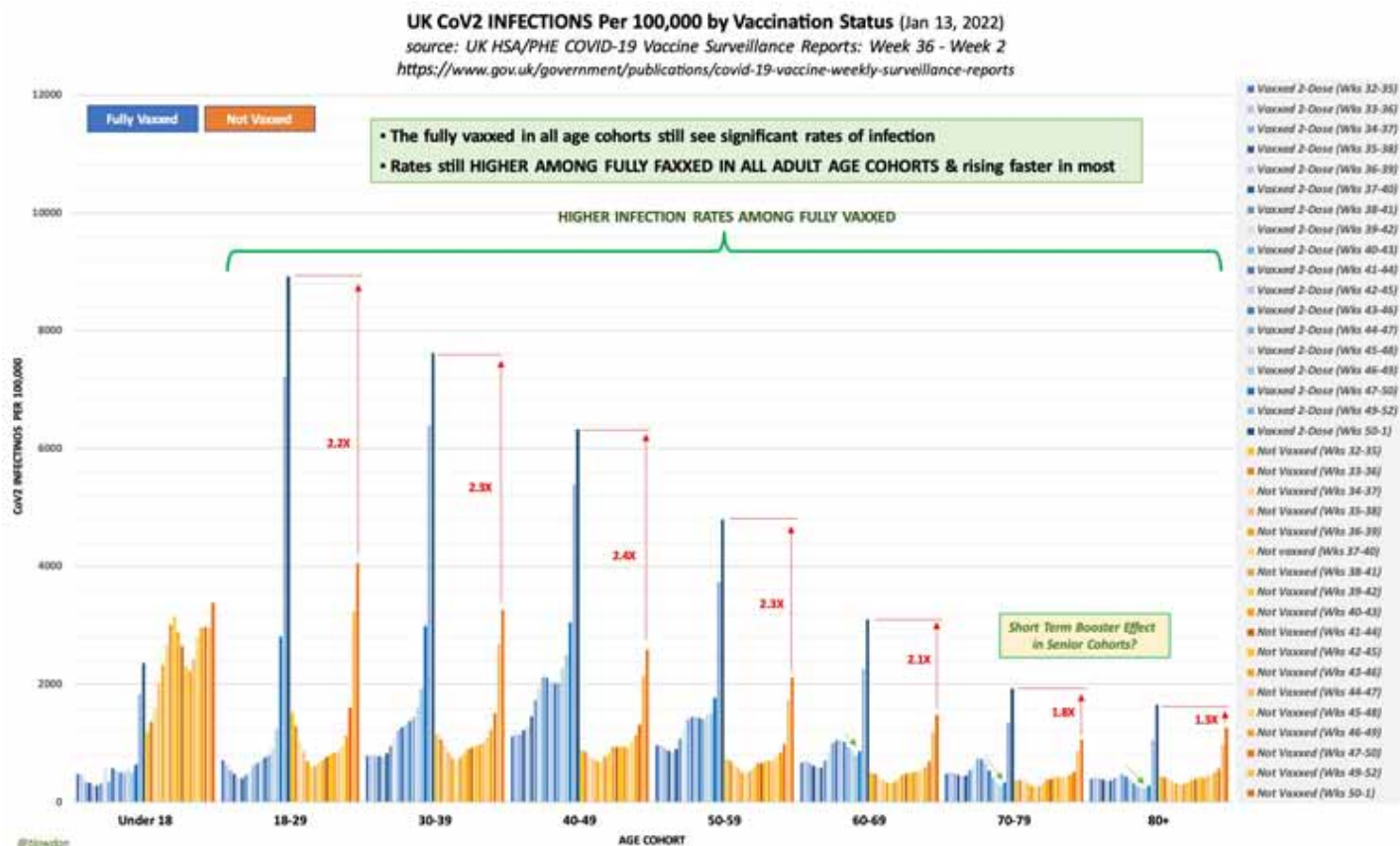
Far Higher Infection Rates Among the Fully Jabbed

Using U.K. government data, a Twitter user named Don Wolt created a series of helpful graphs that he posted January 16, 2022.² The graph below shows the differences in infection rates by age and vaccination status, and it is really telling.

Across the board, with the exception perhaps of the 80+ age group, the fully jabbed have significantly higher rates of COVID infection, completely decimating the myth that we're in a "pandemic of the unvaccinated." Clearly, that is not the case.

“ ... case rates have been lower in unvaccinated individuals than the single, double, or even triple-jabbed since Omicron became the dominant variant in Scotland. ~ The Herald”

(Wolt clarifies that each bar in this graph represents four weeks of data, obtained from successive weekly U.K. HSA reports, and the chart illustrates the rates of infection – i.e., the number of infections per 100,000 people – not absolute numbers. “Vaxxed 2-doses” also includes those who have received a third booster.)

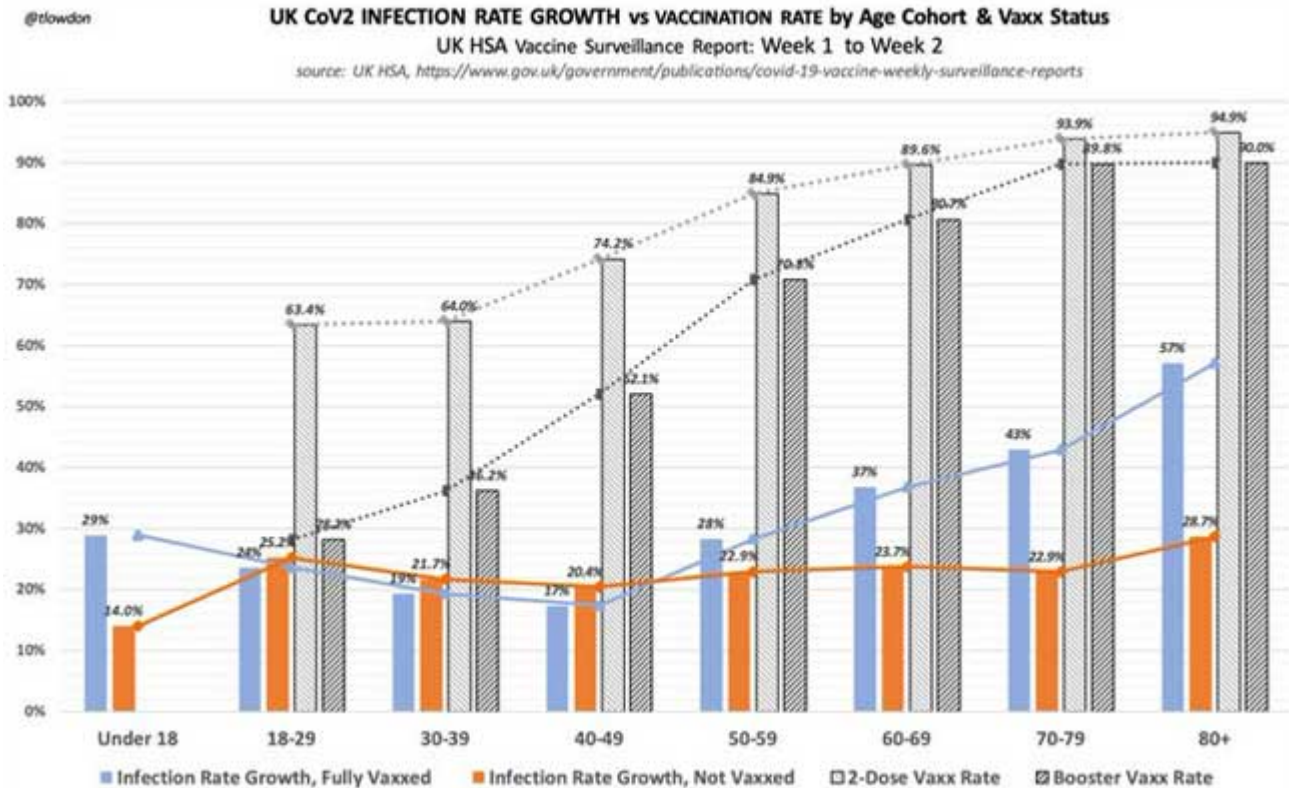


Infection Rates Rising Faster Among Fully Jabbed

In another graph, you can clearly see how infection rates are also rising faster in fully jabbed cohorts than in the unvaccinated – and this is not a result of higher vaccination rates.

Here, Wolt determined the growth of the infection rate for each age cohort by comparing the data of Week 1 against Week 2 in the surveillance report. As you can see by the orange graph bars, the growth rate of infection among the unvaccinated is relatively flat across age groups, whereas the infection growth rate among the fully jabbed keeps trending upward with age.

As noted by Wolt, this infection growth rate increase is not due to a tandem increase in the number of people getting a second or third jab. The data show that the greater an age cohort's vaccination rate is, the higher its infection growth rate (i.e., the rate of increase from one week to the next).



Risk of Death Is Extremely Low in Under-50 Age Groups

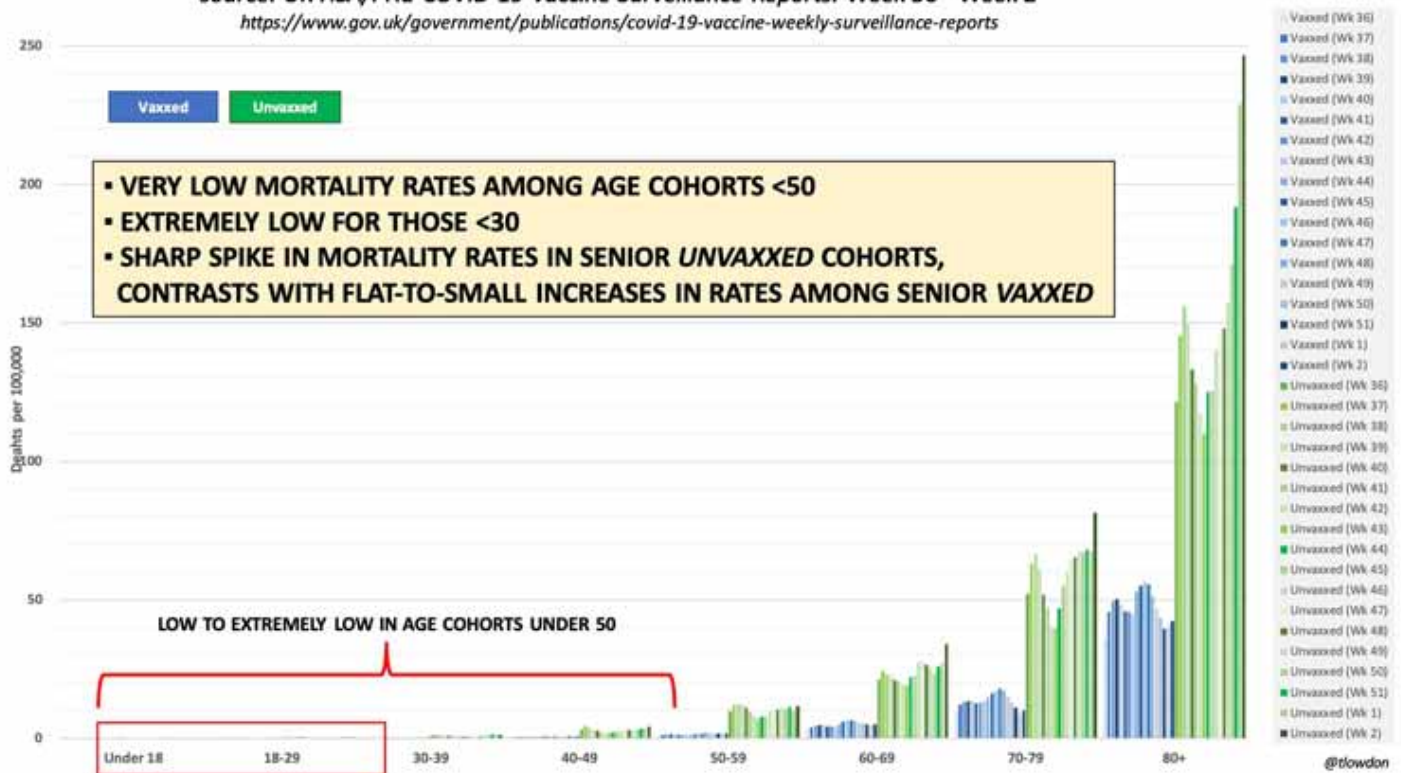
The January 13, 2022, U.K. COVID surveillance report³ does show that, among those aged 50 and over, the COVID shots appear to lower hospitalization rates and death.

However, anyone under the age of 50 who tests positive for SARS-CoV-2 infection still has an exceptionally low risk of hospitalization or death, regardless of vaccination status. In those under the age of 30, the risk of being hospitalized or dying from COVID is “effectively zero,” Wolt notes, which, again, “makes mandated vaccination utterly unwarranted.”

UK CoV2 DEATHS w/in 28 Days of CoV2+ Test (Per 100K) by Vaxx Status (Jan 13, 2022)

source: UK HSA/PHE COVID-19 Vaccine Surveillance Reports: Week 36 - Week 2

<https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports>



Responding to detractors who point out that the report warns its raw data cannot be used to estimate vaccine effectiveness, Wolt points out that his graphs are not meant to illustrate vaccine effectiveness per se. They merely show rate trends between “vaccinated” and unvaccinated, and these trends clearly invalidate any perceived need for vaccine mandates. Data from Scotland show more of the same. As reported by The Herald, January 13, 2022:⁴

“Double-jabbed Scots are now more likely to be admitted to hospital with COVID than the unvaccinated amid an increase in elderly people falling ill due to waning immunity.

It comes amid ‘weird’ data showing that case rates have been lower in unvaccinated individuals than the single, double, or even triple-jabbed since Omicron became the dominant variant in Scotland.”

Omicron Forces Media to Rethink What They Report

The COVID pandemic has been all about social engineering, which of course cannot be done without the full complicity of the mainstream media. In a roundabout way, a January 12, 2022, AP News article⁵ admits this role:

“For two years, coronavirus case counts and hospitalizations have been widely used barometers of the pandemic’s march across the world. But the omicron wave is making a mess of the usual statistics, forcing news organizations to rethink the way they report such figures.

‘It’s just a data disaster,’ said Katherine Wu, staff writer who covers COVID-19 for The Atlantic magazine. The number of case counts soared over the holidays, an expected development given the emergence of a variant more transmissible than its predecessors.

Yet these counts only reflect what is reported by health authorities. They do not include most people who test themselves at home, or are infected without even knowing about it. Holidays and weekends also lead to lags in reported cases.

If you could add all those numbers up – and you can’t – case counts would likely be substantially higher. For that reason, The Associated Press recently told its editors and reporters to avoid emphasizing case counts ... Many news organizations are debating how best to use statistics now during the Omicron surge ...

Hospitalizations and death rates are considered by some to be a more reliable picture of COVID-19’s current impact on society. Yet even the usefulness of those numbers has been called into question in recent days. In many cases, hospitalizations are incidental: there are people being admitted for other reasons and are surprised to find they test positive for COVID.”

Narrative Switch Aimed at Hiding Failures

For those who have been “awake” to the censorship and misleading reporting over the past two years, this attempt at steering the narrative in a new direction is just laughable.

How could the AP possibly have missed the fact that it's been a data disaster from the start? And intentionally so? Case counts were always unreliable, considering the PCR test cannot diagnose an active infection, and excessive cycle thresholds guaranteed ridiculous amounts of false positives.

COVID hospitalization data were always unreliable, because anyone who tested positive for COVID was counted as a COVID hospitalization whether they were symptomatic or not. Nothing has changed in that regard.

The only thing that has changed is that now media are admitting it – pretending that this is a brand-new development, of course. The same goes for COVID death counts. They were vastly overcounted from the start, again, because of the reliance on faulty PCR testing.

Media now claim to be moving away from “unreliable” data such as case counts, hospitalizations and even deaths, and for all the reasons we've been highlighting for the past two years. For those who have paid attention all along, this is clearly an attempt to change the narrative without losing all credibility (which I think is near-impossible at this point).

The fact is that Omicron is making the holes in the narrative so much bigger, it's all falling apart. They're completely losing the rationale for vaccine passports and mandates for work, school and social events, as the higher the vaccination rate, the higher the infection rate.

To that end, U.K. Prime Minister Boris Johnson announced January 19, 2022, that he was ending all remaining COVID restrictions in England,⁶ including mask mandates on public transportation and in schools, as well as vaccine passport requirements for public events.

This is the complete opposite of what the technocrats need in order to justify passports and mandates. To hide, as best as possible, this narrative-killing trend, media are now “explaining” why they won't be discussing case counts or even hospitalizations or death rates anymore.

If they were, they'd have to admit that the pandemic response is resulting in an ever-growing disaster. So, don't be surprised if fact checkers start debunking statistics proving what a disastrous failure the shots are by saying the data on cases, hospitalizations and deaths are simply too unreliable to use anymore.

New Narrative Doesn't Make Sense Either

The new narrative, according to AP News, will highlight things like hospitals running over capacity and general staff shortages.

The problem is, those don't paint a true picture of COVID's impact either, because hospitals have furloughed staff due to lack of patients (many have forgone routine medical treatments for fear of COVID), they've fired staff for not getting the job, other staff have simply quit their jobs in the face of vaccine mandates and hospitals have shut down entire wings due to these staff cuts.

Of course, if patients start returning, they might rapidly find themselves with more patients than they can currently handle. What else can you expect when hospitals intentionally make these kinds of cuts?

General staff shortages in other industries are an equally flawed barometer of COVID's impact. Many are still getting federal assistance and therefore don't want to reenter the work force. Others are forced out due to vaccine mandates.

Others are too sick to work thanks to COVID job injuries. As recently reported by OneAmerica,⁷ a national mutual life insurance company based in Indianapolis, in addition to a 40% increase in deaths among working age Americans (and they're not dying from COVID), there's also been a noticeable uptick in short-term and long-term disability claims in the third quarter of 2021 compared to prepandemic levels.

Working age Americans are getting too sick to work, and are dying at unprecedented levels, and it's not because of COVID infection.

'We Failed,' Danish Media Admit

The same attempt at switching the narrative can be seen in other countries. Danish media recently admitted they've failed the public by being "almost hypnotically preoccupied with the daily corona counts."⁸ "We, the press, must ... take count of our own efforts," Danish journalist Brian Weichardt writes, "And we've failed."

Weichardt admits that journalists failed to ask authorities for clear answers as to "what it meant in concrete terms that people are hospitalized with corona and not because of corona." He also admits that this "makes a difference." This, again, is precisely what many of us have been saying for the past two years, and all we got for the effort was a domestic terrorist label.

Weichardt, in this piece, tries to shift the blame from journalists to the authorities themselves. They're to blame, he thinks. "The messages of the authorities and politicians to the people of this historic crisis leave much to be desired," he writes, ignoring the fact that a journalist's No. 1 duty is to actually investigate, to double-check and to question, and not simply act as a two-legged parrot.

For two years straight, any dissenting opinion has been labeled as dangerous misinformation, even when completely accurate, because that's how propaganda works. The fact that press members are now starting to backtrack in order to save what little credibility they have left does not change the fact that they have, nearly universally, acted as promoters of propaganda and nothing else.

Now that a majority of people are onto their spiel, they're trying to pretend as though it were all a genuine mistake. Nice try. Let's see how these pharma-backed propaganda jockeys fare when it comes to reporting the truth about COVID job injuries. That will be where the rubber meets the road in terms of regaining credibility, as it will force them to bite the hand that feeds them — the drug industry.

The sad truth is, we're likely facing an avalanche of serious chronic ailments going forward, among them, neurodegenerative diseases, as detailed by Stephanie Seneff,

Ph.D., in her article [“SARS-CoV-2 Vaccines and Neurodegenerative Disease.”](#)⁹ A short summation of this article reads as follows:

“There are many reasons to be wary of the COVID-19 vaccines, which have been rushed to market with grossly inadequate evaluation and aggressively promoted to an uninformed public, with the potential for huge, irreversible, negative consequences.

One potential consequence is to exhaust the finite supply of progenitor B cells in the bone marrow early in life, causing an inability to mount new antibodies to infectious agents. An even more worrisome possibility is that these vaccines, both the mRNA vaccines and the DNA vector vaccines, may be a pathway to crippling disease sometime in the future.

Through the prion-like action of the spike protein, we will likely see an alarming increase in several major neurodegenerative diseases, including Parkinson’s disease, CKD, ALS and Alzheimer’s, and these diseases will show up with increasing prevalence among younger and younger populations, in years to come.

Unfortunately, we won’t know whether the vaccines caused this increase, because there will usually be a long time separation between the vaccination event and the disease diagnosis.

Very convenient for the vaccine manufacturers, who stand to make huge profits off of our misfortunes – both from the sale of the vaccines themselves and from the large medical cost of treating all these debilitating diseases.”

Sources and References

- ^{1, 3} [Gov.uk National Flu and COVID-19 Surveillance Reports: 2021 to 2022 Season, Surveillance Report for January 13, 2022, Week 2](#)
- ² [Twitter Don Wolt January 16, 2022](#)
- ⁴ [The Herald January 13, 2022](#)
- ⁵ [AP News January 12, 2022](#)

- ⁶ The New York Times January 19, 2022
- ⁷ The Center Square January 1, 2022
- ⁸ Ekstrabladet January 7, 2022
- ⁹ SARS-CoV-2 Vaccines and Neurodegenerative Disease June 2, 2021