

VAERS Reports:

S: Correlation = Causation By Lydia Greene, Back to the Vax

Before COVID-19 vaccines arrived on the scene, not many people knew what VAERS was. You may see all kinds of misleading information on vaccination using VAERS reports.

IS VAERS?

It stands for the Vaccine Adverse Event Reporting System. Anyone can access it and anyone can make a report. It is a vaccine monitoring system and its purpose is to detect any issues that are above baseline occurrence. There are other monitoring agencies that investigate further and even investigate causation. VAERS can not infer causation because there is no control group.

Every negative symptom has a rate of occurrence in a population. If you give a million people a simple glass of water, a few will develop cancer , a few will die, and a few will get diagnosed with a new condition. Does that mean it was the water? No.



Here's another example. Every time ice cream sales rise so does the occurrence of sunburn. Does ice cream cause sunburn? No. What is the actual connection? Hot sunny weather increases ice cream sales and sunburn.



During the pandemic, VAERS experienced an increase in the number of deaths reported. This was likely due to increased awareness of VAERS and the publicity surrounding the COVID vaccine and its safety. We saw this with the HPV vaccine, Gardasil, too. Can we be sure the vaccine is to blame? No. However, the cause of death in these case reports is thoroughly investigated when possible. The report will remain in the VAERS database, even if they can not attribute the death to the vaccine.



A common anti-vaccine trope is that "only 1-10% of vaccine reactions are reported to VAERS according to a Harvard Study". That is a terrifying statistic. Does this mean that vaccines are up to 100x worse than we are told?

No. Here's why:

That statistic is an FDA statistic on medication adverse events. It's not about VAERS and it's not about vaccines.

When anti-vaxxers say it's a Harvard study, they are implying it came from Harvard University, but it can be traced to a Harvard Pilgrim grant.

Harvard Pilgrim is a health insurance company. This was also just a hypothesis but not actually proven by Harvard Pilgrim. Anti-vaxxers make the implication that it was Harvard University on purpose, to make it seem like it has a lot more weight and credibility behind it than there actually is. Logically we can assume that minor adverse events like fever, headache, and rash are underreported but severe issues like death and disability are not. In Rosenthal and Chen's study, they show us that a serious reaction to the oral polio vaccine had a reporting rate of 72% and the less serious rash reaction to MMR had a reporting rate of just 1%. Again, anti-vax proponents don't want people to use logic, they want people to be very afraid of vaccination.

Why is this important?

Well, millions of people have been vaccinated for COVID-19, many more than once. So, let's look at the current VAERS information:

At the time I wrote this, the CDC reported that 600 million COVID-19 vaccines were administered in the USA with 16,000 preliminary reports of death. If one were to extrapolate the under-reporting myth it would mean deaths could be between 160,000 to 1.6 million deaths. 1 million people died of COVID-19, so this implies that the death rate for the vaccine is somehow worse, and we didn't notice. That is so unlikely it borders on impossible that somehow nobody noticed the vaccine was killing this many people. Also, this was not seen in the clinical setting. All excess COVID hospitalizations were in the unvaccinated, or the vaccinated who were immunosuppressed. 26 deaths were reported for every million COVID-19 vaccine doses given.

Now recall what I said earlier about the water, and you know that some of those deaths likely had nothing to do with the vaccine, and just happened to coincide with the timing. Any death is a tragedy, but when deciding to vaccinate one must consider the risk of the vaccine vs the risk of getting the disease, and far more than 16,000 people died of COVID-19.





Reviewed by: Victoria Crabb, Ph.D, Epidemiologist



