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A simple clinical analysis of the Covid vaccine efficacy data

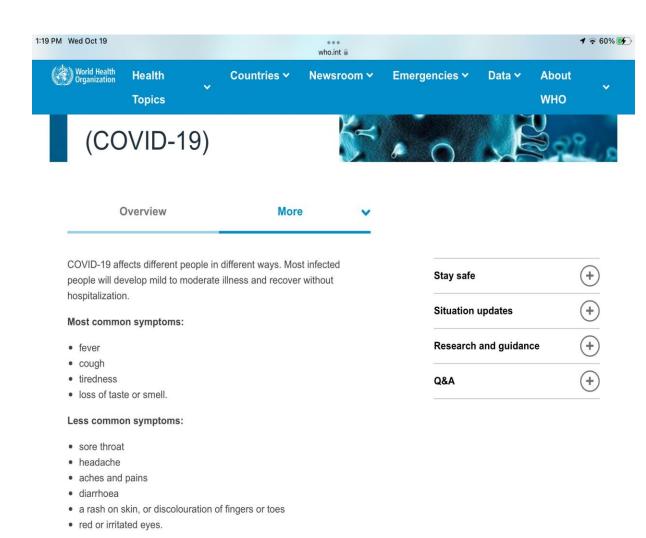


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Covid-19

- Clinical symptoms: Common cold or flu
- Risk: Atypical pneumonia ("severe form"), death
- Risk Factors: Advanced age, comorbidities, obesity
- Clinically, not a specific disease



Demonstration of vaccine efficacy in pivotal studies

What should have been / should be carried out:

Mortality trials in the at-risk population

(e.g.: >65 years of age, at least one serious comorbidity and/or BMI > 35)

What was carried out:

Common cold trials in people 16 years of age and older

Clinical endpoints in pivotal trials

Pfizer	Moderna
(at least one symptom)	(at least two symptoms)
Fever	Fever
New or increased cough	Chills
New or increased shortness of breath	Myalgia
Chills	Headache
New or increased muscle pain	Sore throat
New loss of taste or smell	New olfactory or taste disorder
Sore throat	Respiratory symptoms: Cough, shortness of breath, Clinical or radiologic evidence of pneumonia
Diarrhea or Vomiting	

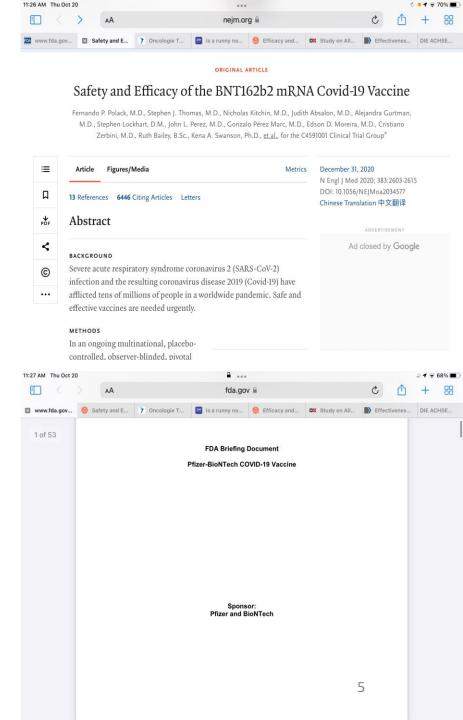
Patients who reported these symptoms were submitted to SARS-CoV-2 PCR-testing. If the test was positive (no CT threshold in the protocol), the endpoint of "symptomatic Covid-19" was considered as having been reached.

Results

 Presented as: Significant decrease of "Covid-19 illness" ("95% protection")

 What was shown: A significant decrease in the number of positive PCR tests in people presenting with common cold / flu symptoms

What was not shown: A decrease in common cold / flu symptoms



"Efficacy" Data from the Pfizer trial

	BNT162b2 (Vaccine)	Placebo	Total
"Symptomatic Covid-19" (symptoms + positive test)	8	162	170
"Suspected Covid-19" (symptoms + negative test)	1,594	1,816	3,410
"Suspected Covid-19" within 7 days of vaccination	409	287	696

More than 20 times as many people with exactly the same clinical symptoms (but with a negative PCR test) – simply and completely dropped from the analysis

[&]quot;Suspected Covid-19" cases:

Adverse Events in the Pfizer trial: The same non-specific clinical symptoms, again

"Solicited Systemic Adverse Events"

	BNT162b2	Placebo
Fever	331	10
Fatigue	1,247	479
Headache	1,085	506
Chills	737	79
Myalgia	783	173
Diarrhoea	4	1
Vomiting	40	25

Frequency up to 7 days after Dose 2 in the reactogenicity subset (around 10%°) of the safety population, 18 to 55 years of age

" Unsolicited AEs"

	BNT162b2	Placebo
Fatigue	1,029	260
Pyrexia	1,146	61
Chills	999	87
Myalgia	909	126
Headache	973	304
Diarrhoea	194	149
Nausea	216	63

Frequency from Dose 1 to one month after Dose 2, total Phase 2/3 safety population

Conclusions from vaccine trials

- Reduction in test-positivity for SARS-CoV-2 virus: Interesting biological result (if real)
- Clinically, people were much sicker (more fever, more chills, more myalgia, more diarrhoea and vomiting, more headaches) in the vaccine than in the placebo group
- No conclusions whatsoever can be drawn for severe forms of pneumonia and mortality
 - Claimed reductions in "severe Covid-19" not statistically significant
 - All-cause pneumonias and hospitalisations not analysed
 - 6-month mortality in Pfizer trial: 21 in the vaccine and 15 in the placebo group
- Non-specific disease pivotal trial endpoint would have to be *all-cause pneumonias* and *all-cause mortality*, in order to gauge an intervention's clinical benefit (or harm)
- Covid mortality (at average age of >80 years) part of normal and unavoidable population mortality – to be prevented by a vaccine?

Questions

- How did the vaccine trials full of sound and fury, signifying nothing — pass peer reviews of the world's most prestigious medical journals?
- How on earth did / do these data pass regulatory scrutiny?
- What does all this mean for scientific freedom and truth?

