# What you need to know about the Pfizer-BioNTech (Comirnaty) vaccine

1. **MedSafe has only been granted provisional approval** of the Pfizer-BioNTech (Comirnaty) vaccine with 58 conditions imposed on the vaccine here in New Zealand.

The vaccine does not have full consent. 20 of those 58 conditions are in relation to two ingredients of the vaccine: ALC-0159 and ALC-0315. These two are patented ingredients which are protected by intellectual property rights and hence safety information have been redacted from publicly released documents.

The Pfitzer vaccine has only been approved under the **Emergency Use Authorisation** which means the roll out can only continue until or unless an alternative treatment has been found, and it was only meant for at-risk population, not as a mass roll out to everyone.

2. **In NZ more people have died from the Covid injections than from the Covid disease**

Up to and including 31 December 2021, a total of **133 deaths** were reported to CARM (Centre for Adverse Reactions Monitoring) after the administration of the Comirnaty vaccine. MedSafe uses a passive reporting system which states "…. it is estimated that only **5%** of all reactions are reported ….."

Does that mean if I were to multiply the number of deaths by 20, I get a vague idea of the overall vaccine death toll? 133 deaths x20 equals **2,660 deaths**. 2,660 deaths **compared to 52 who died with/from Covid19** in NZ (including one case who tested positive after being killed in a homicide). On top of all the deaths, Adverse Events Following Immunisation (AEFI) reported that, up to and including 31 December 2021: Total number of AEFI reports received: 45,984; of those 2,015 were serious. Serious events include paralysis, heart attacks, stroke, blood clots, bells palsy, kidney failure, myocarditis. The threshold for deaths related to the vaccination is very high. People dying within two weeks of the vaccination are classified as unvaccinated. Most deaths/injuries occur within 72 hours of receiving the jab.

https://www.medsafe.govt.nz/COVID-19/safety-report-39.asp

https://www.medsafe.govt.nz/profs/puarticles/adrreport.htm

NZ follows similar trends to overseas. The Vaccine Adverse Event Reporting System (VAERS) in the US reports as of 19 January over 1.89 million adverse events and 21,745 deaths.

https://openvaers.com/index.php These are the figures for Europe:
https://dap.ema.europa.eu/analytics/saw.dll?PortalPages

### 3. Overview of adverse events according to MedSafe

## Adverse events of special interest (AESI) up to and including 31 December 2021

| AESI Category | AESI | Total[a] |
|---|---|---|
| Immune system disorders | Guillain-Barré Syndrome | 20 |
| | Thrombocytopenia | 33 |
| | Thrombosis with thrombocytopenia syndrome (TTS)[c] | 0 |
| | Anaphylaxis[d] | 112 |
| Cardiovascular system | Myocardial infarction (heart attack) | 58 |
| | Myocarditis/pericarditis | 455 |
| Blood and lymphatic system | Thrombosis | 51 |
| | Embolism | 105 |
| | Deep vein thrombosis (DVT) | 95 |
| | Vasculitis | 69 |
| | Haemorrhage[e] | 120 |
| Hepato-gastrointestinal and renal system | Acute kidney injury | 20 |
| | Acute liver injury | <6 |
| | Pancreatitis | 10 |
| | Appendicitis | 20 |
| Nervous system | Aseptic meningitis | <6 |
| | Encephalitis | <6 |
| | Stroke | 85 |
| | Bell's Palsy/facial paralysis | 164 |
| | Myelitis/myelitis transverse | 6 |

| AESI Category | AESI | Total[a] |
|---|---|---|
| Infections and musculoskeletal | Erythema multiforme | 11 |
| | Arthritis | 70 |
| | Herpes zoster | 263 |
| Pregnancy, puerperium and perinatal conditions | Abortion (spontaneous abortion /miscarriage) | 47 |

https://www.medsafe.govt.nz/COVID-19/safety-report-39.asp

**4.** Concerns over the **vaccine development**

The vaccine has been developed in 223 days only instead of the usual 8-10 years. Clinical trials were carried out for only two months. We are still only in stage 3 of a clinical trial. Usually, vaccines do not get released to the market until after stage 4. Phase 3 of the clinical study will not be completed until May 2023 at which point, we will have more of an idea of mid to long-term health implications. The original placebo group/control group have all been vaccinated so there is no going back and comparing them with the original vaccinated group.

https://www.flemingmethod.com/documentation

**5.** The vaccine is an **experimental gene therapy**

This is brand new technology with no long-term safety data. Both mRNA and lipid nano particles have never been injected into a human body before.

Robert Malone interview – the inventor of the mRNA vaccine - from 15 Sept 2021
https://www.youtube.com/watch?v=iwPKnOhJRYg

Robert Malone and Geert van den Bosch discuss mRNA vaccines.
https://www.youtube.com/watch?v=qP31cfD3YOY

Open letter to WHO by Geert van den Bossche – the world's leading vaccinologist:
https://www.geertvandenbossche.org

**6. The vaccine contains numerous toxins and pathogens**

It is now proven that there is a range of **pathogenic ingredients** in the vaccines such as graphine oxide, the spike protein and liquid nanoparticles which circulate throughout the whole body causing major health issues.

There is a lack of adequate safety data in regards to the vaccine ingredients ALC-0159 and ALC-0315. There have been no pharmacokinetic studies done on them. These are novel excipients – used for the first time. The manufacturer of these two ingredients, Echelon Biosciences Inc, says in their product description "This product is for research use only and not for human use".

Dr Robert Young reveals the ingredients of the Cov-19 vaccines incl graphene oxide: https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines

NZDSOS investigates New Zealanders who reported magnetism: https://nzdsos.com/2021/09/27/magnetism-say-what/

Spanish scientists discovered graphene oxide in COVID shots and note that this toxic compound can:

- Promote thrombus formation (blood clots)
- Damage red blood cells
- Damage the immune system
- Inflame mucous membranes and contribute to a loss of taste or smell – or even lead to an unusual metallic taste in the mouth, which has been reported

https://www.naturalhealth365.com/mrna-jabs-content-3898.html

**7. Infection fatality rate for COVID is the same as the common flu**

Getting Covid19 is not a death sentence as **the infection fatality rate for Covid19 is 0.14-0.15%** in line with the common flu which sits between 0.1-0.2%. No need to be scared of Covid19. You have a 99.85 percent survival chance. It is not a deadly virus. It is a type of a common flu!

An FDA member explained that the risk of COVID-19 for a or healthy 30-year-old is just 0.0004 percent or 1 in 250,000."

https://www.rt.com/.../535166-fda-panel-rejects-covid.../

**8. No informed consent**

The Government promotes the vaccine to be safe and effective. The MedSafe statistics show thousands of injuries and 94 deaths. In regards to efficacy, Pfitzer states that it neither prevents infection nor transmission of the virus. Pfitzer also changed the wording from providing 'immunisation' to providing merely 'protection'.

Look below what true informed consent would look like: https://nzdsos.com/wp-content/uploads/2021/09/Real-Informed-Consent.pdf

This is international law with the Nuremberg Trial from 1947 about informed consent

https://nzdsos.com/wp-content/uploads/2021/06/Nuremberg-Code-1947.pdf

**9. There has been no increase in access mortality rates world-wide**

https://www.pandata.org/time-to-reopen-society/

**10. The SARS-Cov2 virus has never been isolated**

See attachment 1. OIA to ESR at the end of this paper

**11. No indemnity. No liability.**

NZ Government signed a contract with Pfitzer that the company holds no indemnity! Which means if their product is unsafe or damages people's health Pfitzer is not liable.

The NZ Government has paid $1 billion to Pfizer, a company with a history of fraud including 19 infractions for government-related fraud and nearly 5 billion in overall fines. Via an OIA request it was discovered that the NZ Govt did zero background check and zero ethics check on Pfizer.
https://guide.ethical.org.au/company/?company=517

https://www.corp-research.org/pfizer

**12. Trends in highly vaccinated countries**

Comparison figures from highly vaccinated countries: Israel, Iceland, UK, Singapore – from 21 Sept 2021

https://odysee.com/@voicesforfreedom:6/telegram-cloud-document-1-5064667642086818181:1

Israel study finds fully vaccinated people at greater risk of hospitalisation, 86% of people currently treated in hospitals in Israel are double vaccinated – 27 August 2021

https://www.thegatewaypundit.com/2021/08/new-israeli-study-finds-fully-vaccinated-people-greater-risk-hospitalization-13-times-likely-catch-covid-19-recovered-natural-immunity/

**13. PCR tests are not designed for diagnostic purposes**

The inventor himself (Karry Mullis) state that this test is not approved for diagnostic purposes. The test cannot distinguish between life and dead viral fragments. A completely healthy person can test positive. This is critical as all Covid measures (lockdowns, masks, social distancing, the mass vaccine roll outs and mandates) have been based on the PCR test which cannot detect any infections. There are international law suits in Portugal and Germany where the application of a positive PCR test has been nullified as a proof to implement in-humane measures. There are issues with cycle amplifications, anything above 24 cycles are unscientific. A recent OIA has found out that NZ labs use a ratio of 40 cycle amplification which gives it a 97% likelihood of false positives according to Michael Yeadon. Every positive PCR test in NZ results in a 'case'. So next time you hear the mainstream media news reporting number of new cases, they could be 97% false positives.

Check this video here by NZ doctor Sam Bailey about PCR tests:
https://www.youtube.com/watch?v=kcONxyAJ8S4&t=0s

https://www.youtube.com/watch?v=Nem2GmzalaA

**14. Shedding issues for unvaccinated people**

Transmission of the spike protein occurs from vaccinated to unvaccinated people and is referred to as shedding (or lateral transmission). The spike proteins spread via respiratory (breathing), skin contact and bodily fluids (semen and saliva).

This could lead to vaccinating a percentage of the population and then allowing the contagious spread to vaccinate the rest. This has already been done in the insect and animal population. Below is a paper from John Hopkins on discussing mRNA vaccines and this very concept to be deployed in a pandemic. The paper is dated Oct 2018. "Technologies to Address Global Catastrophic Biological Risks"
https://www.centerforhealthsecurity.org/our-work/publications/technologies-to-address-global-catastrophic-biological-risks

https://christiansfortruth.com/confirmed-covid-vaccinated-people-can-shed-spike-proteins-and-harm-the-unvaccinated/

https://www.nationaltimesaustralia.com/health/pfizer-confirms-covid-vaccinated-people-can-shed-spike-proteins-and-harm-the-unvaccinated/

**15. Prevention and treatment**

Vaccination is not needed if you have effective treatment. Safe, simple, and inexpensive treatment and prevention for COVID-19 have been censored and suppressed to create a clear path for vaccine acceptance including ivermectin and hydroxychloroquine. Plenty of alternative treatment protocols have been designed: see Dr Peter McCollough, Dr Vladimir Zelenko, Dr Joseph Mercola, Dr Sucharit Bhakdi and Dr Pierre Kory.

The suppression of alternative treatments: an example from Dr Tess Lawrie and her systematic review study on Ivermectin from 15 Aug 2021

https://oraclefilms.com/tesslawrie

https://pubmed.ncbi.nlm.nih.gov/32771461/

https://covid19criticalcare.com/covid-19-protocols/math-plus-protocol/

https://pubmed.ncbi.nlm.nih.gov/32425712/

Last updated: 19 January 2022

**Attachment 1: OIA to ESR regarding the isolation for the SARS-coV2 virus**

E/S/R
Science for Communities

22 September 2021

[redacted]
**By email:** info@counterspinmedia.com

[redacted]

**Official Information Act Request: COVID-19**

On 25 August 2021 you sent a request for information under the Official Information Act 1982 ("Act") to ESR as follows:

*"1. The method used to diagnose "Covid-19" [SARS-coV-2]*
*2. Evidence that SARS-coV-2 has been isolated directly from a sample taken from a patient without the introduction of any other genetic material.*
*3. The method used to diagnose the "Delta Variant".*
*4. Evidence that the "Delta Variant" has been isolated directly from a sample taken from a patient without the introduction of any other genetic material.*
*5. Evidence that "Cases" of SARS-coV-2 or the "Delta Variant" equate to infection.*
*6. Evidence that SARS-coV-2 or the "Delta Variant" causes transmission and infection between people."*

**Our response to your request:**

1. Details on testing for COVID-19 can be found at the following link: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/how-covid-19-testing-works

2. This part of your request is refused under section 18(g) of the Act as this information is not held by ESR and performing a literature search goes beyond the scope of the Act.

3. The variants of SARS-CoV-2, including the Delta variant, are determined by genome sequencing.

4. This part of your request is refused under section 18(g) of the Act as this information is not held by ESR and performing a literature search goes beyond the scope of the Act.

5. This part of your request is refused under section 18(g) of the Act as this information is not held by ESR and performing a literature search goes beyond the scope of the Act.

6. This part of your request is refused under section 18(g) of the Act as this information is not held by ESR and performing a literature search goes beyond the scope of the Act.

**INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LIMITED**
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**Attachment 2: OIA to MoH about the efficacy for the Pfizer vaccine**

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

10 September 2021

[redacted]

By email: [redacted]
Ref: H202110912

Tēnā koe Josephine

**Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 22 August 2021 for:

> *"copies of all Pfizer Vaccine studies and Pfizer Vaccine trials that relate to the demonstration of the efficacy of the vaccine in reducing the transmission of Covid-19 in the community."*

Reducing transmission was not an outcome measured in trials of the Pfizer vaccine. Therefore, your request is refused under section 18(g)(i) as the information requested is not held by the Ministry of Health and there are no grounds for believing it is held by another agency subject to the Act.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Nick Allan
**Manager OIA Services**
**Office of the Director-General**