

# Nine in 10 COVID Deaths Are in Vaccinated People

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## STORY AT-A-GLANCE

- › With all eyes on Russia and Ukraine, the U.K. quietly released a vaccine surveillance report that showed roughly 80% to 90% of COVID cases, hospitalizations and deaths were in people who were vaccinated
- › Although the U.K. has the same COVID variant and uses only one different vaccine, the U.S. data published by health agencies are vastly different. This is likely since the U.S. defines "vaccinated" differently and is reluctant to release accurate raw data
- › An ongoing study spearheaded by economist Mark Skidmore shows the number of injuries and deaths from the vaccine is many times greater than the number reported to VAERS. His data show how people perceive deaths and adverse events is colored by their biases, which likely has an impact on VAERS reporting
- › While experts do not agree on the number of adverse events and deaths from the COVID shots, the number of all-cause mortalities is a clear-cut statistic. A person is dead, or they aren't. Multiple sources report the death rate in 2021 is 32% to 54% higher in 2021 than in 2020 at the height of the pandemic

A report released by the U.K. government has confirmed that 9 out of every 10 deaths related to COVID-19 are found in those who are fully vaccinated.<sup>1</sup> Although the virus variant is the same and the U.K. approved only one different vaccine (AstraZeneca)<sup>2</sup> from the U.S.,<sup>3</sup> the data in the U.S. are different.<sup>4</sup> This may be due in large part to the CDC definition used to identify who is "vaccinated."<sup>5</sup>

U.S. data are also likely to become even more sparse in the coming weeks and months. In addition to the CDC hiding data,<sup>6</sup> the Department of Health and Human Services (HHS) quietly decided in early February to stop recording deaths attributed to COVID-19.<sup>7</sup>

## **Data Is Essential**

Yet, data is the foundation of scientific analysis. Without it, researchers are unable to analyze statistics and draw conclusions, which leaves public health experts unable to make accurate recommendations. Knowledge gives you the power to make informed decisions based on evidence.

Six months into the pandemic, a report<sup>8</sup> revealed that most Americans had significant misconceptions of the COVID-19 risks. Months later, a second survey demonstrated that not much had changed.<sup>9</sup> While analysts blamed “ignorance of fundamental, undisputed facts on who is at risk” for the so-called misconceptions, others said the politicization of the pandemic was also at fault. But there were other factors at play that skewed the data scientists thought they had.

According to a whistleblower who worked on Pfizer's Phase 3 COVID injection clinical trials, data were falsified, patients were unblinded, the company hired poorly trained people to administer the injections and follow up on reported side effects lagged way behind. Her testimony was published November 2, 2021, in the British Medical Journal<sup>10</sup> by investigative journalist Paul Thacker.

This is yet another indication that the true number of adverse events and deaths from the shots currently identified as COVID vaccines may never be known. The only logical conclusion to draw is that the data don't support the Warp Speed production and mass vaccination program initiated in early 2020.

In fact, the shot program not only is ineffective, but also has likely damaged and killed far more people than any health agency will ever publicly admit. It is essential to share this information to help prevent more deaths and damaged lives.

## **UK Government Report: 90% of Deaths Are in Fully Vaccinated**

A reporter from The Exposé<sup>11</sup> points out that while the world has been distracted by Russia's invasion of Ukraine, the U.K. government quietly released a report that confirmed 9 in every 10 deaths from COVID-19 in England were in people who were fully vaccinated.

The February 2022 report<sup>12</sup> was from the U.K. Health Security Agency, which publishes weekly surveillance. The report contains several tables of raw data showing that the vast majority of people who were infected, hospitalized or died from COVID-19 were fully vaccinated.

The Exposé,<sup>13</sup> demonstrated step by step how the data, gathered from January 24, 2022, through February 28, 2022, supported this assertion. In the U.K., health authorities differentiate between those who have never received a shot and those who received one, two or three doses. All told, there were 1,086,434 cases of COVID in vaccinated individuals that accounted for 73% of all cases during that period.

When children were removed from the equation, vaccinated individuals accounted for 91% of all cases. The reporter also compared data taken in 2021 when Delta was the dominant variant against the current report when Omicron is the dominant variant in England. It showed a higher number of children hospitalized for Omicron than for Delta.

Since children have never been at high risk for severe disease from any COVID variant, it begs the question if the current number of children hospitalized with COVID-19 may be due to increased PCR testing – known to have a high false-positive rate – in children hospitalized for other reasons, such as a broken leg or appendicitis.

When children were included in the figures for hospitalization, the data showed 75% of those hospitalized with COVID in the current period were vaccinated. But, when children were removed from the equation, 85% of the hospitalized individuals were vaccinated. Similar results were found when the data were analyzed for COVID deaths.

During the four-week period in the current report, vaccinated individuals accounted for 89% of deaths. Most interestingly, not only are the deaths in vaccinated individuals rising precipitously, but the number of deaths in those who are not vaccinated is dropping.

## **Vaccinated Deaths Rising in California**

Headlines in the March 7, 2022, Mercury News<sup>14</sup> read, “COVID-19 Deaths in California Among Vaccinated Rose Sharply With Omicron.” The corresponding story added that 10 deaths recorded in Santa Cruz County, California, and nine of those were vaccinated. On the surface, this is similar to findings reported from the U.K. Yet, the raw numbers in the U.S. are different.

This is likely because U.S. data do not differentiate between individuals who have had one, two or three shots. In fact, the U.S. CDC<sup>15</sup> clearly states that you can only be considered fully vaccinated two weeks after receiving the final dose in the primary two-shot series from Pfizer and Moderna or the one shot from Johnson & Johnson.

Therefore, as the U.K. analyzes data that identify individuals on the spectrum of having received one of three shots, the U.S. only counts vaccination if you're two weeks after your last dose. Since not all patients who are fully vaccinated are identified on admission,<sup>16</sup> analyzing U.S. numbers is difficult, if not impossible. You must ask yourself if this is intentional.

It probably is safe to assume that if a person in the U.S. is identified as being vaccinated, they are likely fully vaccinated by CDC standards. However, there are also likely individuals lumped into the unvaccinated group who have had one or two shots or may even be fully vaccinated by CDC standards but were not counted as such on admission.<sup>17</sup>

The Mercury News justified the vaccinated deaths, writing:<sup>18</sup> “Of the vaccinated patients who died, one was in his early 100s, three were in their 90s, two were in their 80s, three

were in their 70s and most had underlying health problems. The unvaccinated man who died was in his 50s.”

While age is certainly a significant factor in any infectious disease including COVID, the article did not mention any of the other CDC-identified comorbidities<sup>19</sup> that contribute to COVID deaths. To add to the misinformation, the article quoted Dr. Errol Ozdalga, a hospitalist at Stanford, who told the Mercury News that patients admitted during the Delta wave and earlier infections were otherwise healthy.

The implication is that those with comorbidities the CDC identified as increasing the risk of severe illness, such as heart disease, diabetes, obesity, chronic kidney disease and immunocompromised, were not hospitalized with COVID before Omicron.

““That went away with Omicron,” Ozdalga said. The variant has afflicted those with weakened immune systems, those who were “predisposed in some way” to severe illness, he said.” Additionally, without supporting information, the news report included a simple statement:

*“Dr. George Rutherford, an infectious disease expert at UC-San Francisco, said the raw numbers make the deaths among the vaccinated look worse than they are – their rates of dying remain far less than the unvaccinated.”*

## **Economist Survey Reveals Significant Vaccine Injury Rate**

Economist Mark Skidmore executed a critical online survey using the U.S. population to estimate damage from the COVID-19 shots. He presented the most recent and significant data<sup>20</sup> from the ongoing study at the Doctors for COVID Ethics Symposium 3.<sup>21</sup>

His paper seeks to understand the number of people who have died from the COVID shots that he estimates based on the survey. He used the survey to triangulate information from the general population and what they are experiencing.

The participants were asked to report on the adverse events of people they knew best in their social circle – in other words, good friends or family members. The surveys were close to representative of the general population in age, income and gender in December 2021.

Skidmore first presented a list of adverse events the FDA acknowledged could be possible and compared it against the documented data of injury and deaths from the Vaccine Adverse Events Reporting System (VAERS) published in OpenVAERS.

Some of the most common events on the list were stroke, heart attack, myocarditis, death, thrombocytopenia and venous thromboembolism (blood clots). According to Skidmore, everyone agrees that adverse events can and do occur – the main difference in opinion is how often and how many.

Skidmore then looked at the ratio between COVID illness fatalities and COVID shot fatalities. The ratio in OpenVAERS is 2.6% and in VAERS (the number reported by the CDC that doesn't contain all data originally substantiated) it's 0.9%.

If these numbers reflect reality, the number of people who report injury or death in the survey should be close to zero since the cohort is small enough that it may not capture such a small percentage. Skidmore then asks, if we assume that the survey is a reflection of the true ratio in the population, what is the true population ratio for injury or death after receiving the COVID-19 shot?

From the data collected the ratio reveals there have been 307,997 deaths from the shot. The method used gives a 95% confidence interval between 215,018 and 391,410 deaths. Using the same mathematical approach to identify the number of severe adverse events to the general population, the data show there were roughly 1.1 million severe events and 2.3 million less severe events from the shot.

He acknowledges that much of what people see and report is through the lens of their biases. One of those is political affiliation. He showed that people who identified as Democrats reported far fewer shot-related deaths than did Republicans or

independents. This likely also affects the number of deaths and adverse events reported to VAERS.

Using the fatality counts by party affiliation, he found that if the Democrat perception was correct, there were 119,000 fatalities compared to 487,000 fatalities if the Republican perception was correct. This gives a potential range of deaths and illustrates the differences in perceptions of people based on how they see the world. However, no matter which number is used, it is still far more than the number of fatalities reported in the VAERS system.<sup>22</sup>

## **Unprecedented US Death Toll Keeps Rising**

While the data from Skidmore and the U.K. reflect the death rate from COVID-19, it is also important to track the number of all-cause mortality as it's one of the most reliable data points we have. This statistic is clear-cut. Either a person is dead or they're not. It does not rely on the reason for death.

In early 2022, mutual insurance holding company OneAmerica<sup>23</sup> announced an increase in the death rate of working Americans, aged 18 to 64, in the third quarter of 2021. Their data show it was 40% higher than prepandemic levels.

Other insurance companies have also cited higher mortality rates,<sup>24</sup> including the Hartford Insurance Group that announced mortality increased 32% from 2019 and 20% from 2020 before the shots. Lincoln National reported death claims have increased 13.7% year over year and 54% in quarter four of 2021 compared to 2019.

Funeral homes are also posting an increase in burials and cremations in 2021 over 2020.<sup>25</sup> One large German health insurance company reported<sup>26,27</sup> their company data were nearly 14 times greater than the number of deaths reported by the German government. This data were gathered directly from doctors applying for payment from a sample of 10.9 million people.

The rising death toll that can be linked to the COVID shots is an inconvenient truth for the health agencies that have promoted mass vaccinations with a genetic therapy

experiment. In what appears to be a response to this data, Health and Human Services (HHS) have decided to stop the reporting requirements for hospitals and acute care facilities on COVID-19 deaths.<sup>28</sup>

Although the information is published on the HHS website, fact-checkers have claimed the viral social media posts are “false” by simply changing the headline.<sup>29</sup> So, while the HHS publicly announced they would no longer require hospitals to report deaths from COVID-19, fact-checkers erroneously report the U.S. government is not ending daily COVID death reporting.

If it helps to sort all this out, an unnamed federal health official actually acknowledged the move to stop reporting COVID-19 hospital deaths when they spoke with a reporter from WSWS,<sup>30</sup> calling the move “incomprehensible.” The official added, “It is the only consistent, reliable and actionable dataset at the federal level. Ninety-nine percent of hospitals report 100% of the data every day. I don’t know any scientists who want to have less data.”

## **CDC Withholds Data, Fearing Hesitancy and Misinterpretation**

When data from multiple sources all reveal the same trends and values, it’s easy to see how the CDC would be unwilling to acknowledge the information or want to release their data for fear it would have a negative impact on the mass vaccination campaign.

February 20, 2022, The New York Times<sup>31</sup> reported the CDC still had not published large parts of the data they collected during the pandemic.

While they have published data on the effectiveness of boosters in some individuals, data from people 18 to 49 years were left out. Interestingly, this is also the group who are the least likely to benefit from the shot, since they have some of the lowest rates of severe disease and death as reported by the CDC.<sup>32</sup>

In comments to The New York Times,<sup>33</sup> a CDC spokesperson attempted to justify why the organization had withheld large portions of data since the beginning of the pandemic. She said the data were “not yet ready for prime time,” that the information

may be misinterpreted to mean the vaccines are ineffective and that the data they have is based on 10% of the US population, which the Times pointed out is the same sample size used to track influenza each year.

Without raw data from the U.S., scientists have relied on Israeli data. One study<sup>34</sup> gathered information from 4.6 million people ages 16 and older who had received two doses of the Pfizer vaccine. They compared severe illness and death between those who had the booster and those who did not. The data showed the group from 16 to 29 years had zero deaths whether they were boosted or not.

Likewise, the group from 30 to 39 years had one death whether they were boosted or not. In fact, the difference in death rate did not rise until the participants were 60 to 69 years, at which point the non-boosted group had 44 deaths and the boosted group had 32 deaths.

In an opinion piece, Staten Island Advance's Tom Wroblewski characterizes the CDC's decision, writing about what has happened to most people who have been willing to publish data and opinions that go against a national or international health agency's narrative:<sup>35</sup>

*"We're told to have faith in the CDC, in Dr. Anthony Fauci, in all the experts who are trained to handle public health crises.*

*But we can't have trust if vital information is withheld from us. Because then it becomes a case of, "Shut up and do what we say. We're the experts. You don't need to know how we come to our decisions. We know what's best."*

*And if you question the received wisdom, you're suddenly a dangerous person. You're likened to a terrorist. You're told you want people to die. You get banned from social media.*

*If you dare protest, you can have your bank account frozen and your vehicle insurance suspended, as we saw during the Freedom Convoy protest in Canada. You can get trampled by police on horseback.*

*Withholding information only makes people more skeptical. It breeds suspicion. Or mere doubt. The CDC needs to do better if it wants our trust."*

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