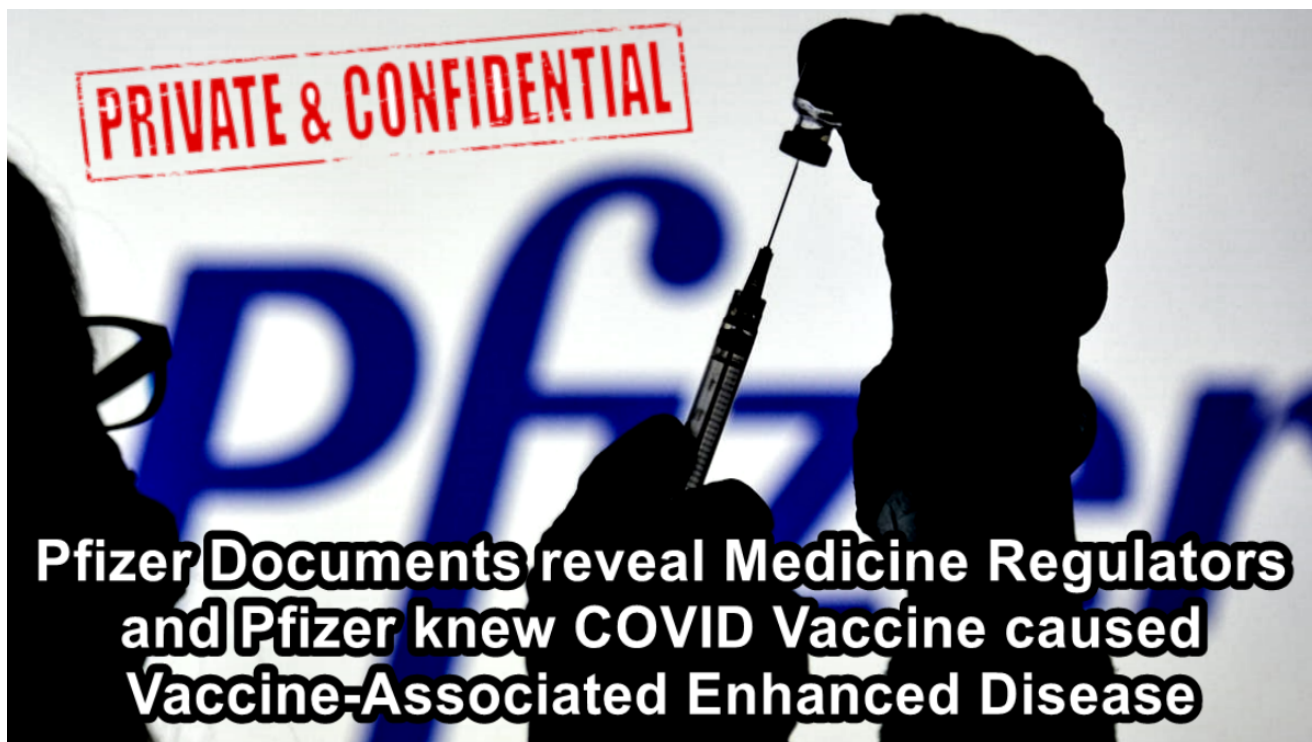


# Pfizer Documents reveal Medicine Regulators and Pfizer knew COVID Vaccine caused Vaccine-Associated Enhanced Disease

[expose-news.com/2022/05/04/pfizer-documents-cover-up-antibody-dependent-enhancement/](https://expose-news.com/2022/05/04/pfizer-documents-cover-up-antibody-dependent-enhancement/)

By The Exposé

May 4, 2022



Confidential Pfizer documents that the U.S. Food and Drug Administration has been forced to publish by Court Order, confirm that both Pfizer and the FDA knew Vaccine-Associated Enhanced Disease was a possible consequence of the mRNA Covid-19 injections.

They also reveal that they received evidence of it occurring, including several deaths, but swept it under the carpet and claimed “no new safety issues have been raised”.

The consequences of this cover-up are now being realised in official Government data that strongly suggests the fully vaccinated population have been suffering Antibody-Dependent Enhancement since the beginning of 2022.

With figures showing the fully jabbed are up to 2 times more likely to be hospitalised with Covid-19, and 2 to 3 times more likely to die of Covid-19.

**Table 5. Important Potential Risk**

Topic	Description
<b>Important Potential Risk</b>	<b>Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)</b>
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	<p>The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19<sup>a</sup>.</p> <p>Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved:</p> <p>Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries;  Cases Seriousness: 138;  Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38).  Gender: Females (73), Males (57), Unknown (8);  Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5);  Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8);  Of the 317 relevant events, the most frequently reported PTs (<math>\geq 2\%</math>) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).</p> <p>Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD.</p> <p>In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.</p>

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Before we dive into the Pfizer documents, let's take a look at the real-world consequences of Medicine Regulators and Pfizer ignoring the fact the Covid-19 injections have the ability to cause Vaccine-Associated Enhanced Disease.

Intensive research conducted by health experts throughout the years has brought to light increasing concerns about "Antibody-Dependent Enhancement" (ADE), a phenomenon where vaccines make the disease far worse by priming the immune system for a potentially deadly overreaction.

ADE can arise in several different ways but the best-known is dubbed the 'Trojan Horse Pathway'. This occurs when non-neutralizing antibodies generated by past infection or vaccination fail to shut down the pathogen upon re-exposure.

Instead, they act as a gateway by allowing the virus to gain entry and replicate in cells that are usually off limits (typically immune cells, like macrophages). That, in turn, can lead to wider dissemination of illness, and over-reactive immune responses that cause more severe illness.

Here's a short video of the Chief Medical Advisor to the U.S. President, Dr Anthony Fauci, explaining the undesirable consequence. In it he confirms it could be a possible danger of the Covid-19 injections and that this would not be the first time it has happened.

Unfortunately, it looks like ADE may now be occurring because of the Covid-19 injections; and it looks as if the UK Health Security Agency have been doing their best to hide it.

## The Consequences

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At the turn of the year the UK Health Security Agency (UKHSA) decided to stop publishing the case, hospitalisation and death rates for the double vaccinated, instead choosing to only publish the rates for the triple vaccinated in their weekly Covid-19 Vaccine Surveillance report.

The rates are calculated by dividing the total population size of each vaccination status group by 100,000; and then dividing the total number of cases, hospitalisations or deaths among each vaccinated group by the calculated figure.

e.g. – 3 million Double Vaccinated / 100k = 30

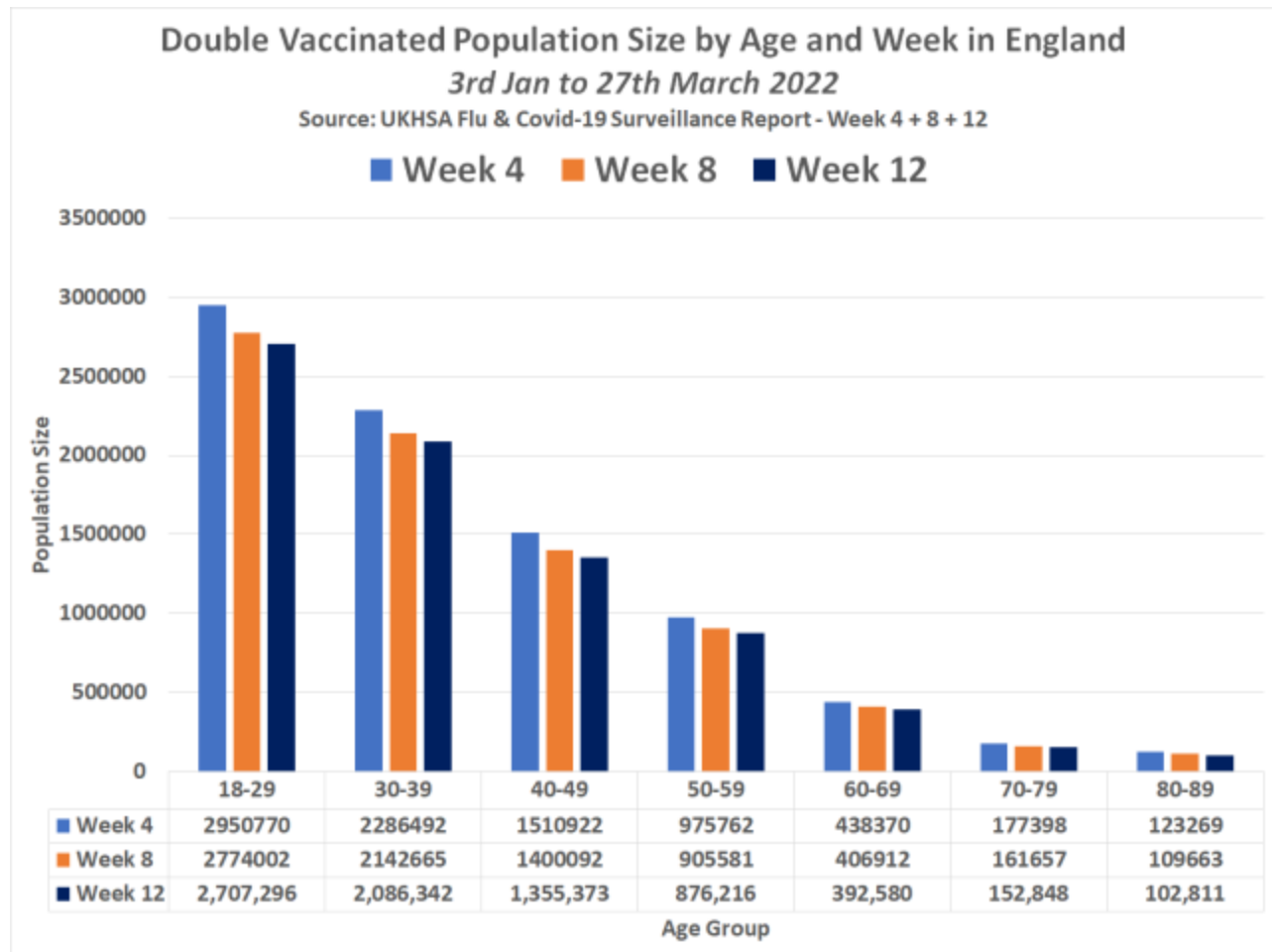
500,000 cases among double vaccinated / 30 = 16,666.66 cases per 100,000 population.

However, the UKHSA produces a separate report containing the overall population size by age group and vaccination status, meaning we can take these figures and actually calculate the hospitalisation and death rates per 100,000 among the double vaccinated ourselves.

Here's the table taken from the [Week 12 Influenza and Covid-19 Surveillance Report](#) –

Table 9: Provisional cumulative COVID-19 vaccine uptake by age in England							
NATIONAL	People in NIMS cohort	Vaccinated with at least 1 dose		Vaccinated with at least 2 doses		Vaccinated with at least 3 doses	
		Number vaccinated	% vaccine uptake	Number vaccinated	% vaccine uptake	Number vaccinated	% vaccine uptake
Over 80	2,729,923	2,611,100	95.6	2,593,533	95.0	2,490,722	91.2
75 to under 80	2,134,469	2,045,736	95.8	2,031,264	95.2	1,970,730	92.3
70 to under 75	2,847,180	2,698,076	94.8	2,675,668	94.0	2,583,354	90.7
65 to under 70	2,913,946	2,701,807	92.7	2,671,165	91.7	2,532,157	86.9
60 to under 65	3,506,736	3,192,876	91.0	3,147,600	89.8	2,894,028	82.5
55 to under 60	4,122,237	3,685,614	89.4	3,622,801	87.9	3,236,510	78.5
50 to under 55	4,251,678	3,705,024	87.1	3,626,723	85.3	3,136,798	73.8
45 to under 50	4,003,218	3,318,840	82.9	3,224,956	80.6	2,625,017	65.6
40 to under 45	4,223,291	3,292,311	78.0	3,166,637	75.0	2,411,203	57.1
35 to under 40	4,608,748	3,379,563	73.3	3,210,115	69.7	2,252,463	48.9
30 to under 35	4,865,232	3,408,451	70.1	3,185,719	65.5	2,057,029	42.3
25 to under 30	4,574,012	3,130,286	68.4	2,879,201	62.9	1,720,743	37.6
20 to under 25	4,043,422	2,865,497	70.9	2,567,025	63.5	1,431,553	35.4
18 to under 20	1,392,622	1,028,989	73.9	916,073	65.8	502,707	36.1
16 to under 18	1,378,237	938,749	68.1	714,662	51.9	171,843	12.5
12 to under 16	2,890,618	1,652,686	57.2	889,318	30.8	8,525	0.3
Under 12	8,591,183	177,482	2.1	33,624	0.4	52	0.0
<b>Total*</b>	<b>63,076,752</b>	<b>43,833,993</b>	<b>69.5</b>	<b>41,156,526</b>	<b>65.2</b>	<b>32,025,694</b>	<b>50.8</b>

And here's a chart showing the double vaccinated population size by age and week in England. We've taken the figures from the chart above, and the [Week 8](#) and [Week 4](#) reports



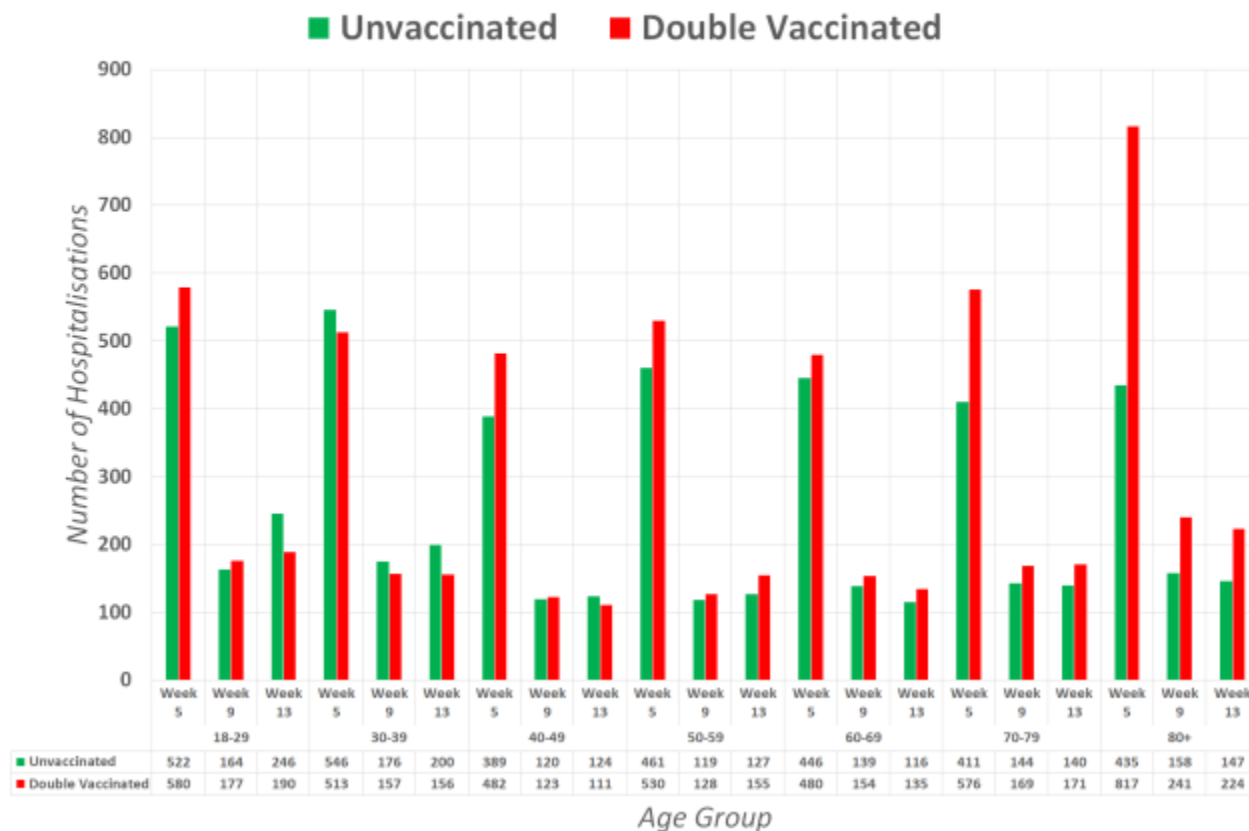
Now that we know the population size all we have to do is divide each population by 100,000; and then divide the number of hospitalisations and deaths by the answer to that equation, to calculate the hospitalisation and death rates.

Here's a chart showing the number of Covid-19 hospitalisations among both the unvaccinated and double vaccinated in the Week 5, Week 9 and Week 13 UKHSA Covid-19 Vaccine Surveillance reports –

## Covid-19 Hospitalisations by Vaccination Status in England

3rd Jan to 27th March 2022

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022



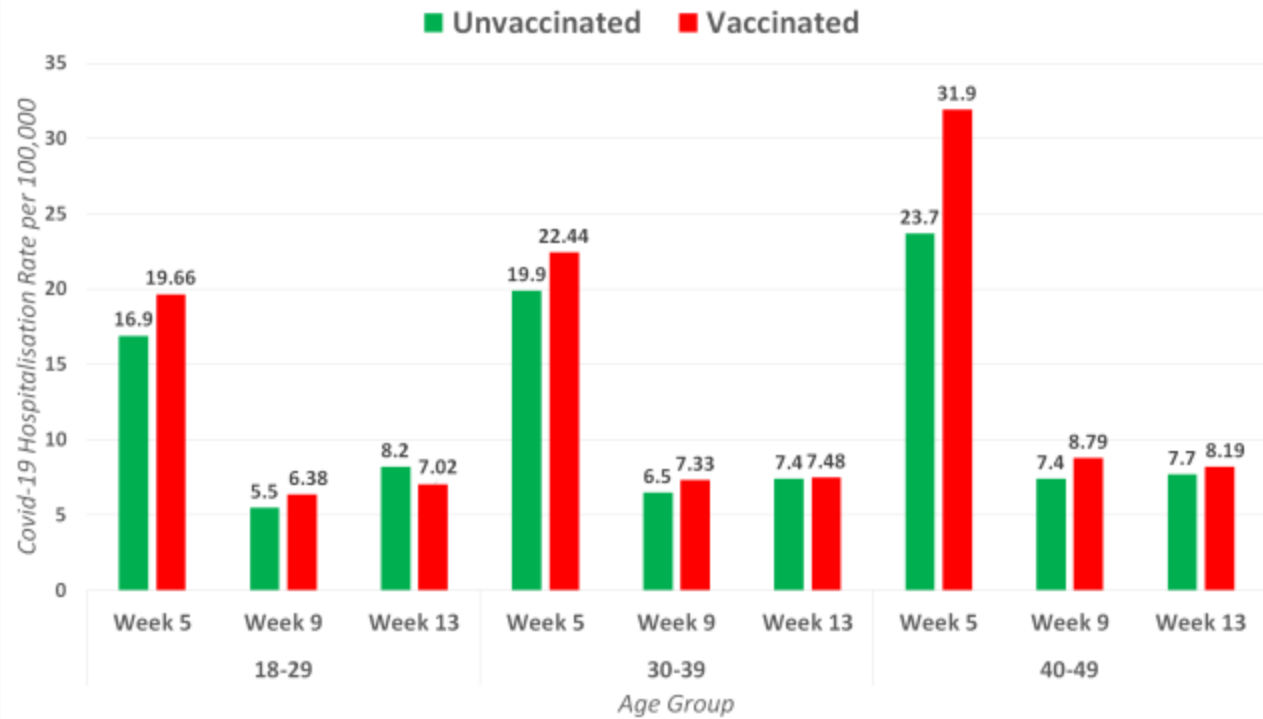
The UKHSA provides the hospitalisation and death rates for the unvaccinated population on page 47 of their [Week 5 Vaccine Surveillance report](#), and page 45 of both the [Week 9](#) and [Week 13 Vaccine Surveillance reports](#).

Here's two charts showing the Covid-19 hospitalisation-rate per 100,000 individuals among both the unvaccinated and double vaccinated population in England by age group and week. The double vaccinated hospitalisation-rates have been calculated using the figures from the 'population size chart' and 'number of hospitalisations chart' above –

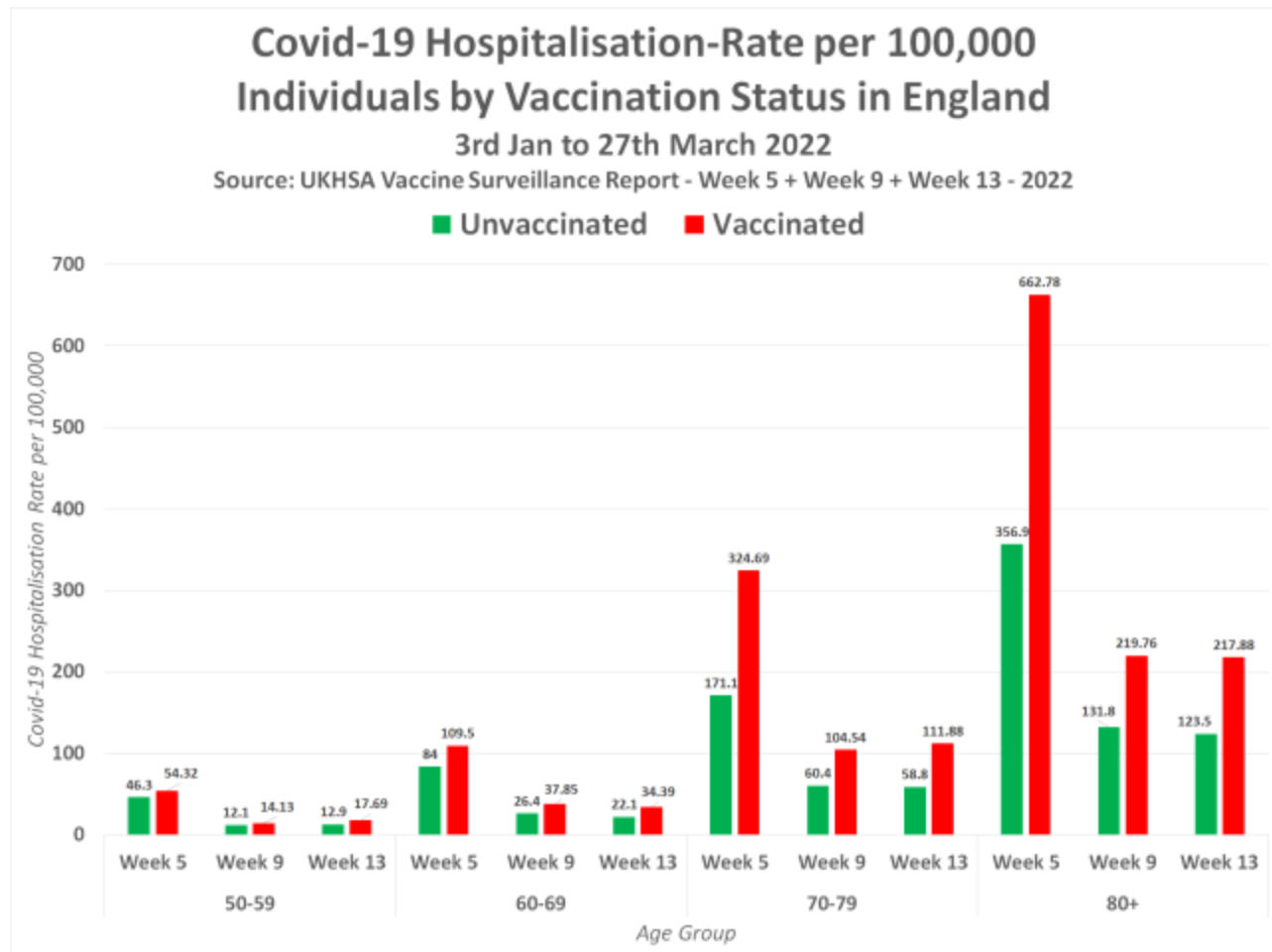
# Covid-19 Hospitalisation-Rate per 100,000 Individuals by Vaccination Status in England

3rd Jan to 27th March 2022

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022







As you can see from the above, all age groups have experienced a higher hospitalisation-rate per 100,000 among the double vaccinated since the turn of the year. However, the youngest age group, 18-29 has suffered a slightly higher hospitalisation rate among the unvaccinated in week 13.

Unfortunately, we're seeing the same when it comes to deaths.

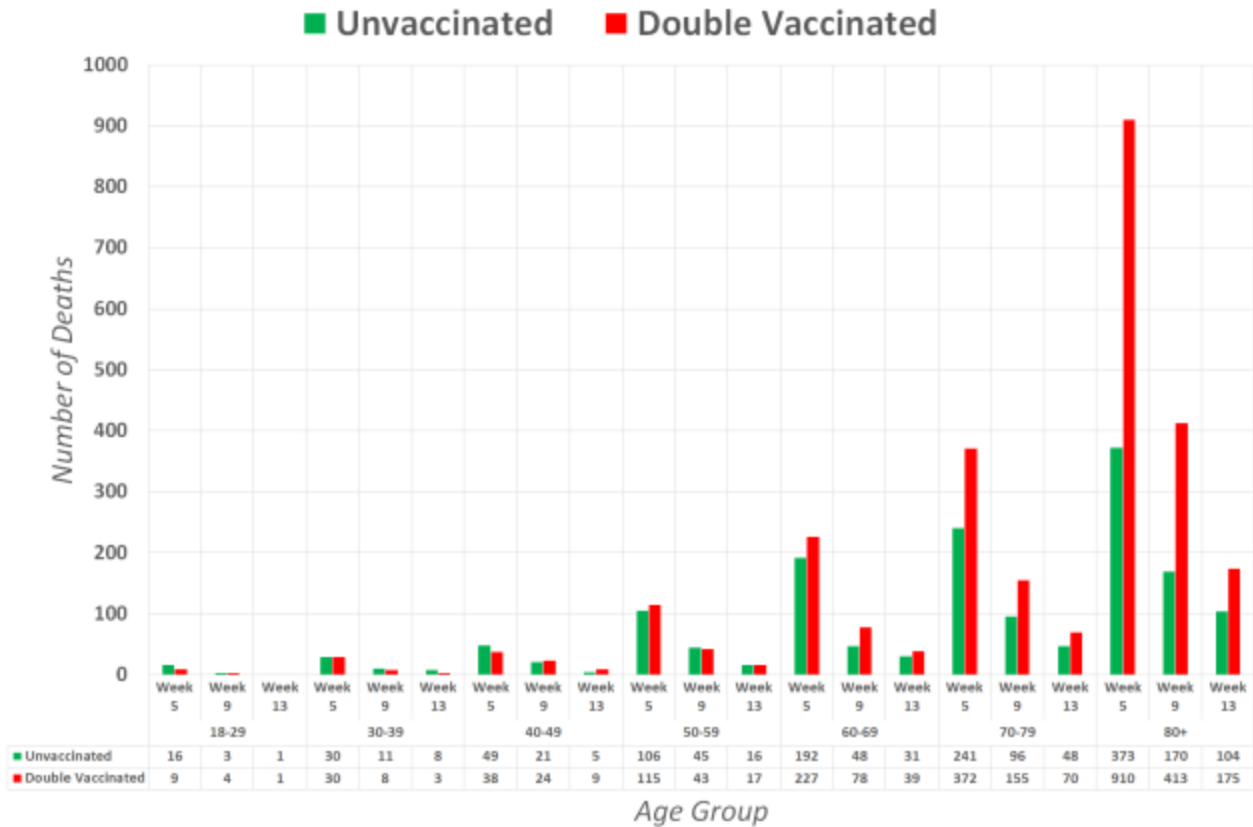
Here's a chart showing the number of Covid-19 deaths among both the unvaccinated and double vaccinated in the Week 5, Week 9 and Week 13 UKHSA Covid-19 Vaccine Surveillance reports –



## Covid-19 Deaths by Vaccination Status in England

3rd Jan to 27th March 2022

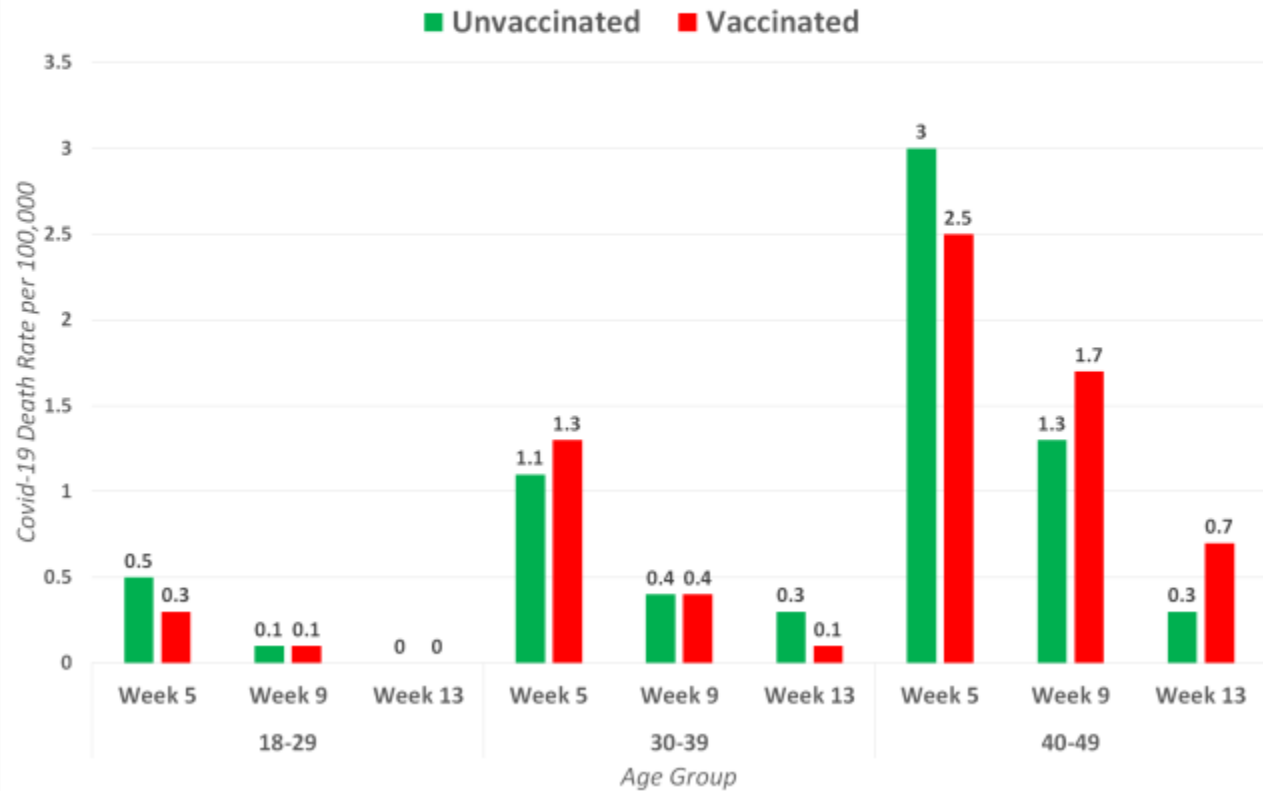
Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022

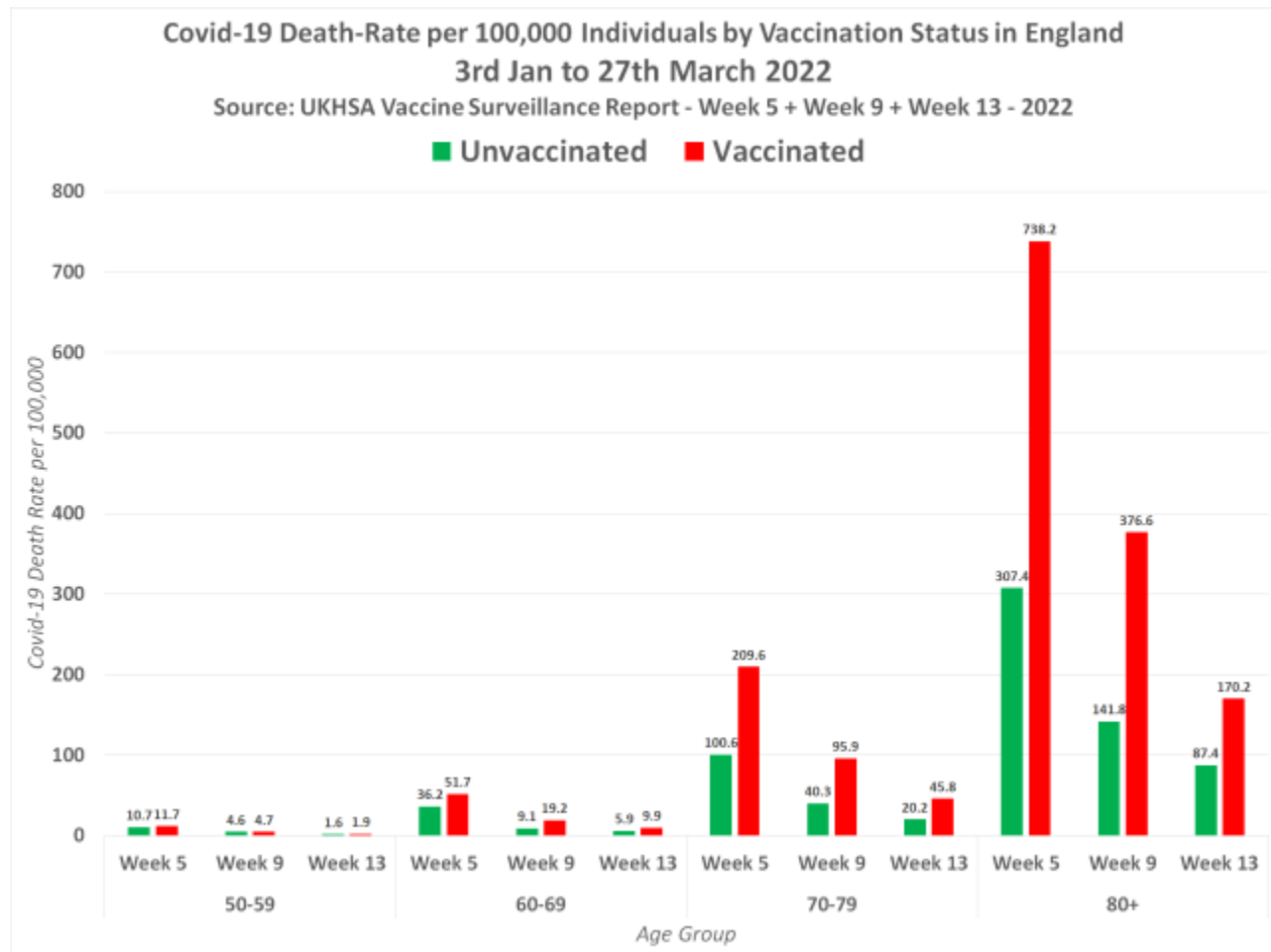


Here's two charts showing the Covid-19 death-rate per 100,000 individuals among both the unvaccinated and double vaccinated population in England by age group and week. The double vaccinated death-rates have been calculated using the figures from the 'population size chart' and 'number of deaths chart' above –

**Covid-19 Death-Rate per 100,000 Individuals by Vaccination Status in England**  
**3rd Jan to 27th March 2022**

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022





As you can see from the above, all age groups have suffered a higher Covid-19 death-rate per 100,000 among the double vaccinated except for 18-29-year olds. But this age group only suffered a higher death-rate among the unvaccinated in week 5, with week 9 and week 13 seeing an identical death-rate among the unvaccinated and double-vaccinated.

The only other age-group to break the trend is 30-39-year-olds, who flip-flopped back to a slightly higher death rate among the unvaccinated in week 13. But apart from this all other age groups have suffered a higher death rate among the double vaccinated since the beginning of the year.

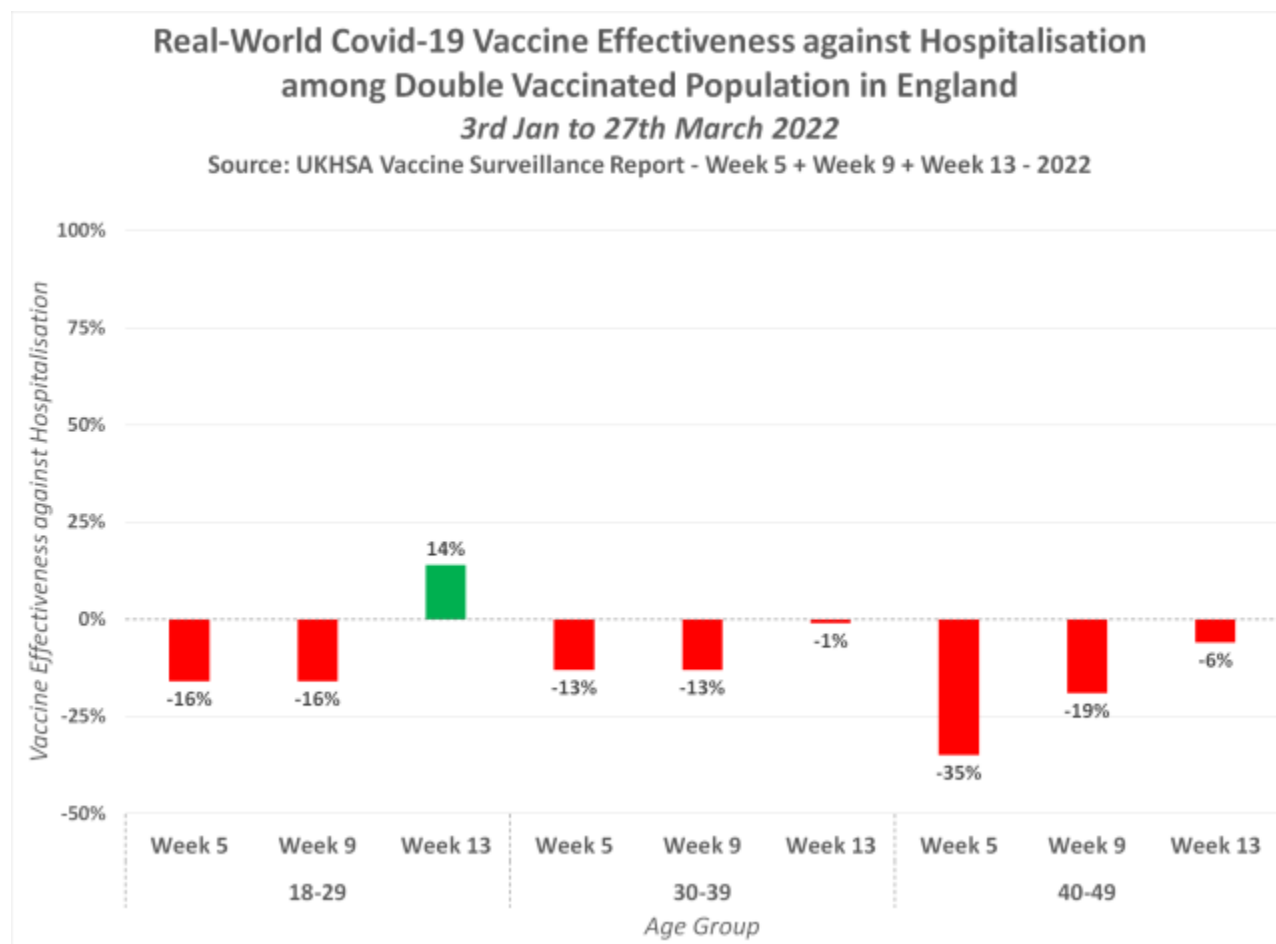
Again, these aren't the kind of figures we should be seeing if a vaccine is effective. These aren't even the kind of figures we should be seeing if a vaccine is ineffective. What we're seeing here is a vaccine that is having the opposite of its intended effect, and the figures show the double vaccinated are more likely to die of Covid-19 than the unvaccinated.

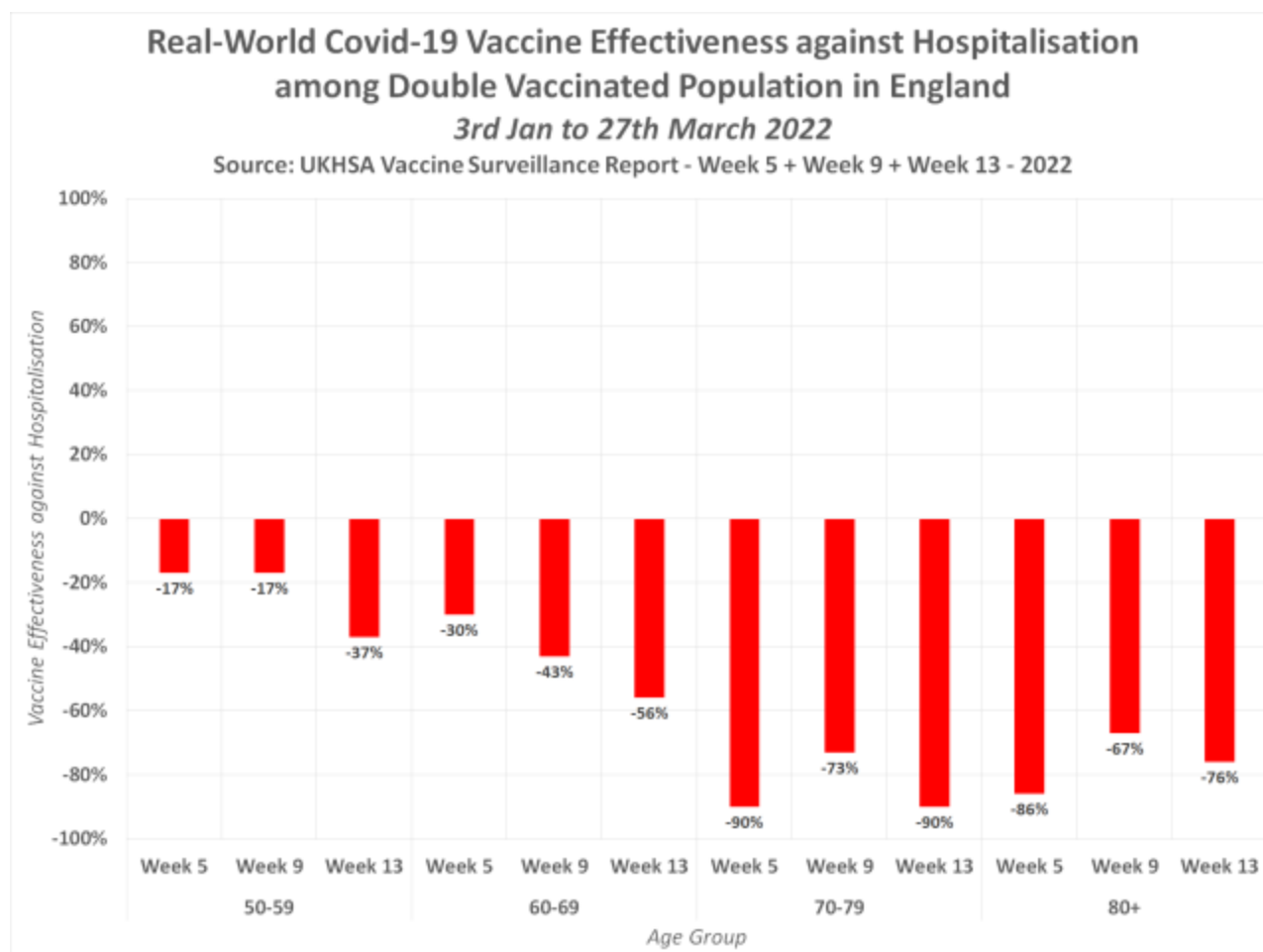
If the rates per 100,000 are higher among the vaccinated, which they are, then this means the Covid-19 injections are proving to have a negative effectiveness in the real-world. And by using Pfizer's vaccine effectiveness formula we can accurately decipher what the real world effectiveness among each age group actually is.

*Pfizer's vaccine formula:*

*Unvaccinated Rate per 100k – Vaccinated Rate per 100k / Unvaccinated Rate per 100k x 100 = Vaccine Effectiveness*

The following two charts shows the real world Covid-19 vaccine effectiveness against hospitalisation among the double vaccinated population in England by age group and week, based on the hospitalisation rates provided above –





These charts show 18-29-year-olds are the only age group which the Covid-19 injections have proven to have a positive effectiveness against hospitalisation. But this was only in week 13, and it was only a positive effectiveness of +14%. Prior to this a negative effectiveness of minus-16% was recorded in both weeks 5 and 9.

But it's a different story for all other age groups, and the figures show things get worse the older a person is. Which means things are getting worse for those who were vaccinated first.

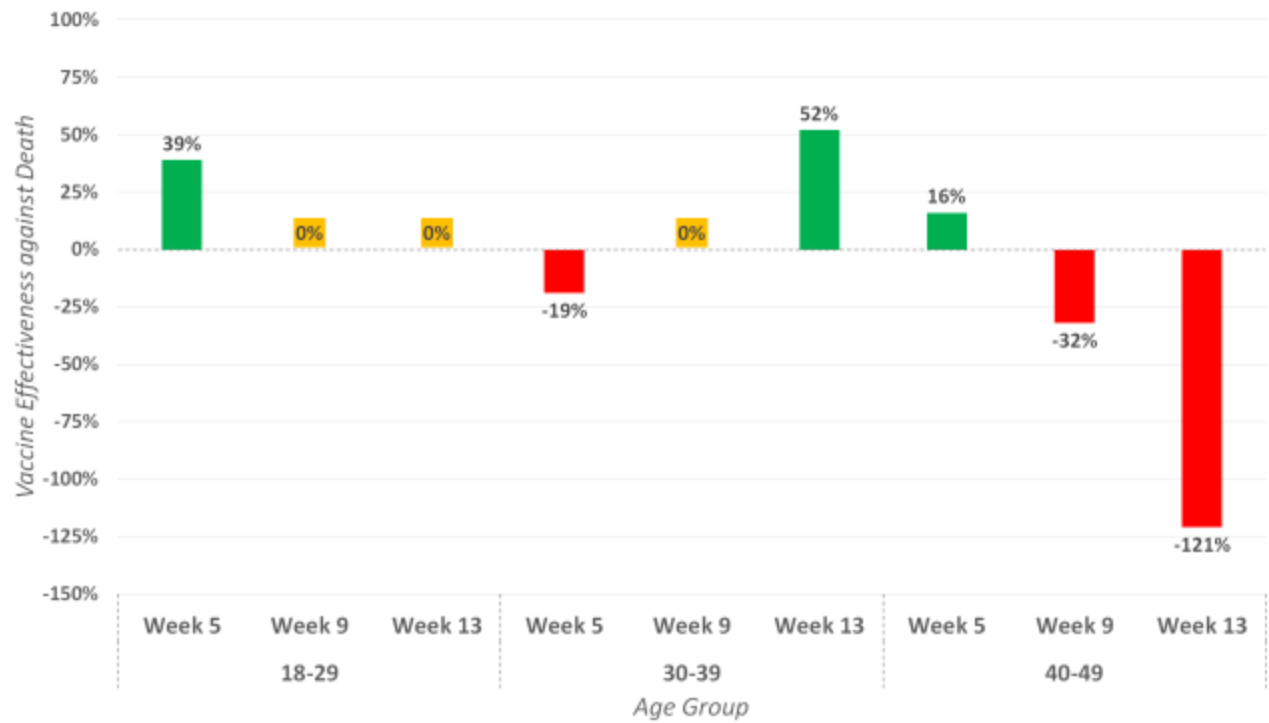
Vaccine effectiveness against hospitalisation has been as low as minus-90% among double vaccinated 60-79-year-olds, and minus-86% among double vaccinated people over the age of 80.

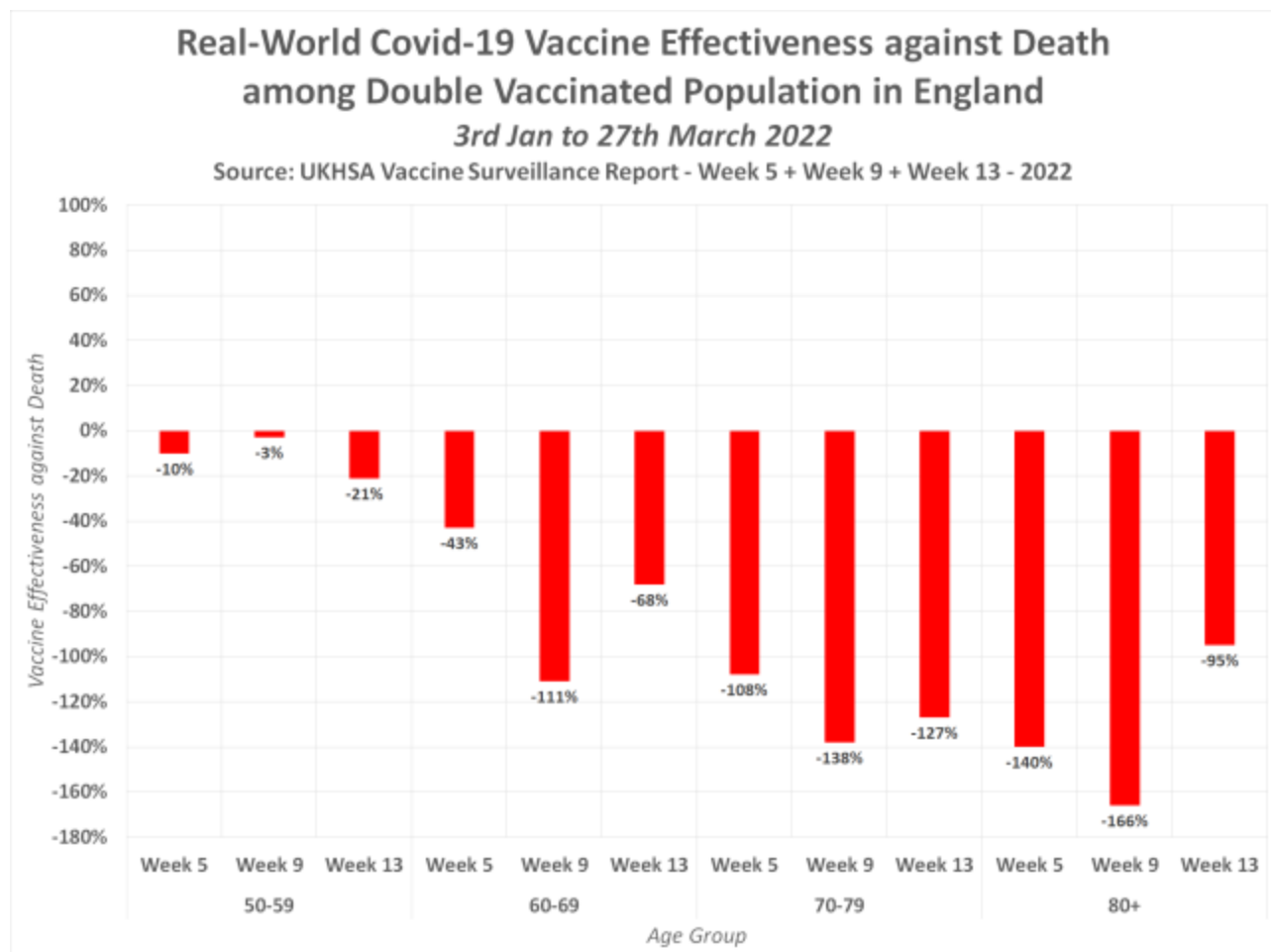
The following chart shows the real world Covid-19 vaccine effectiveness against death among the double vaccinated population in England by age group and week, based on the death rates provided above –

# Real-World Covid-19 Vaccine Effectiveness against Death among Double Vaccinated Population in England

3rd Jan to 27th March 2022

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022





This tells a slightly different story to the effectiveness against hospitalisation among the youngest age-groups, but shows effectiveness is a lot worse against death among everyone over the age of 60. A vaccine effectiveness against death of minus-111% was recorded among 60-69-year-olds, minus-138% among 70-79-year-olds, and minus-166% among people over the age of 80 in week 9.

But just look at the figures for the 40-49-year-olds. In week 5 a vaccine effectiveness against death of +16% was recorded. Then in week 9 this fell to minus-32%. But then in week 13 this fell to a shocking minus-121%.

These figures show that most double vaccinated individuals are twice as likely to die of Covid-19 than unvaccinated individuals. Why? Because they are suffering Vaccine-Associated Enhanced Disease (VAED), and Pfizer knew it was going to happen.

## The Confidential Pfizer Documents

Vaccine-associated enhanced diseases (VAED) are modified presentations of clinical infections affecting individuals exposed to a wild-type pathogen after having received a prior vaccination for the same pathogen.



Enhanced responses are triggered by failed attempts to control the infecting virus, and VAED typically presents with symptoms related to the target organ of the infection pathogen. According to scientists VAED occurs as two different immunopathologies, antibody-dependent enhancement (ADE) and vaccine-associated hypersensitivity (VAH).

The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on December 11th, 2020.

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents to their website. The latest drop happened on May 2nd 2022.

One of the documents contained in the data dump is 'reissue\_5.3.6 postmarketing experience.pdf'. Table 5, found on page 11 of the document shows an 'Important Potential Risk', and that risk is listed as 'Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)'.

Pfizer claim in their confidential document that up to 28th Feb 2021, they had received 138 cases reporting 317 potentially relevant events indicative of Vaccine-Associated Enhanced Disease. Of these 71 were medically significant resulting in 8 disabilities, 13 were life-threatening events, and 38 of the 138 people died.

Of the 317 relevant events reported by 138 people, 135 were labelled as 'drug ineffective', 53 were labelled as dyspnoea (struggling to breathe), 23 were labelled as Covid-19 pneumonia, 8 were labelled as respiratory failure, and 7 were labelled as seizure.

Pfizer also admitted that 75 of the 101 subjects with confirmed Covid-19 following vaccination, had severe disease resulting in hospitalisation, disability, life-threatening consequences of death.

But Pfizer still definitively concluded, for the purposes of their submitted safety data to the Food and Drug Administration, the very data that was needed to gain emergency use authorisation and make them billions and billions of dollars, that 'None of the 75 cases could be definitively considered as VAED'.

But Pfizer then went on to confirm that based on the current evidence, VAED remains a theoretical risk.

**Table 5. Important Potential Risk**

Topic	Description
Important Potential Risk	Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	<p>No post-authorized AE reports have been identified as cases of VAED/VAERD, therefore, there is no observed data at this time. An expected rate of VAED is difficult to establish so a meaningful observed/expected analysis cannot be conducted at this point based on available data. The feasibility of conducting such an analysis will be re-evaluated on an ongoing basis as data on the virus grows and the vaccine safety data continues to accrue.</p> <p>The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19<sup>a</sup>.</p> <p>Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved:</p> <p>Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries; Cases Seriousness: 138; Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38). Gender: Females (73), Males (57), Unknown (8); Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5); Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8); Of the 317 relevant events, the most frequently reported PTs (<math>\geq 2\%</math>) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).</p> <p>Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD.</p> <p>In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.</p>

Source

At the time of this report being written in April 2021, Pfizer claimed that their Covid-19 injection was 95% effective at preventing infection. As we have demonstrated this is clearly not the case, and official Government data shows the vaccines actually have negative effectiveness.

However, if Pfizer were claiming this at the time, and gained emergency use authorisation from the FDA because of this claim, how on earth could they not definitively conclude that VAED was to blame when 75% of the confirmed “break-through” cases reported to them were severe disease resulting in hospitalisation, disability, life-threatening consequences of death?

Further evidence from the confidential document also shows that both the FDA and Pfizer knew the Covid-19 injection has killed at least 12 people who developed an autoimmune disorder, by February 2021. That doesn't mean these are the only people to have died due to autoimmune conditions induced by the jabs, these are just the ones that were officially reported to Pfizer in the first two months of their vaccine roll-out.

BNT162b2

### 5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

**Table 7. AESIs Evaluation for BNT162b2**

AESIs <sup>a</sup> Category	Post-Marketing Cases Evaluation <sup>b</sup> Total Number of Cases (N=42086)
	2021). Study C4591021, pending protocol endorsement by EMA, is also intended to inform this risk.
<b>Immune-Mediated/Autoimmune AESIs</b> <i>Search criteria: Immune-mediated/autoimmune disorders (SMQ) (Broad and Narrow) OR Autoimmune disorders HLGT (Primary Path) OR PTs Cytokine release syndrome; Cytokine storm; Hypersensitivity</i>	<ul style="list-style-type: none"> <li>• Number of cases: 1050 (2.5 % of the total PM dataset), of which 760 medically confirmed and 290 non-medically confirmed;</li> <li>• Country of incidence (&gt;10 cases): UK (267), US (257), Italy (70), France and Germany (69 each), Mexico (36), Sweden (35), Spain (32), Greece (31), Israel (21), Denmark (18), Portugal (17), Austria and Czech Republic (16 each), Canada (12), Finland (10). The remaining 74 cases were from 24 different countries.</li> <li>• Subjects' gender (n=682): female (526), male (156).</li> <li>• Subjects' age group (n=944): Adult (746), Elderly (196), Adolescent (2).</li> <li>• Number of relevant events: 1077, of which 780 serious, 297 non-serious.</li> <li>• Most frequently reported relevant PTs (&gt;10 occurrences): Hypersensitivity (596), Neuropathy peripheral (49), Pericarditis (32), Myocarditis (25), Dermatitis (24), Diabetes mellitus and Encephalitis (16 each), Psoriasis (14), Dermatitis Bullous (13), Autoimmune disorder and Raynaud's phenomenon (11 each);</li> <li>• Relevant event onset latency (n = 807): Range from &lt;24 hours to 30 days, median &lt;24 hours.</li> <li>• Relevant event outcome<sup>1</sup>: resolved/resolving (517), not resolved (215), fatal (12), resolved with sequelae (22) and unknown (312).</li> </ul>

Source

Then we also have further data on Covid-19 cases reported to Pfizer following vaccination within the confidential document –

<p><b>COVID-19 AESIs</b></p> <p><i>Search criteria: Covid-19 SMO (Narrow and Broad) OR PTs Ageusia; Anosmia</i></p>	<ul style="list-style-type: none"> <li>• Number of cases: 3067 (7.3% of the total PM dataset), of which 1013 are medically confirmed and 2054 are non-medically confirmed;</li> <li>• Country of incidence: US (1272), UK (609), Germany (360), France (161), Italy (94), Spain (69), Romania (62), Portugal (51), Poland (50), Mexico (43), Belgium (42), Israel (41), Sweden (30), Austria (27), Greece (24), Denmark (18), Czech Republic and Hungary (17 each), Canada (12), Ireland (11), Slovakia (9), Latvia and United Arab Emirates (6 each); the remaining 36 cases were distributed among 16 other different countries;</li> <li>• Subjects' gender: female (1650), male (844) and unknown (573);</li> <li>• Subjects' age group (n= 1880): Adult (1315), Elderly (560), Infant<sup>h</sup> and Adolescent (2 each), Child (1);</li> <li>• Number of relevant events: 3359, of which 2585 serious, 774 non-serious;</li> <li>• Most frequently reported relevant PTs (&gt;1 occurrence): COVID-19 (1927), SARS-CoV-2 test positive (415), Suspected COVID-19 (270), Ageusia (228), Anosmia (194), SARS-CoV-2 antibody test negative (83), Exposure to SARS-CoV-2 (62), SARS-CoV-2 antibody test positive (53), COVID-19 pneumonia (51), Asymptomatic COVID-19 (31), Coronavirus infection (13), Occupational exposure to SARS-CoV-2 (11), SARS-CoV-2 test false positive (7), Coronavirus test positive (6), SARS-CoV-2 test negative (3) SARS-CoV-2 antibody test (2);</li> <li>• Relevant event onset latency (n = 2070): Range from &lt;24 hours to 374 days, median 5 days;</li> <li>• Relevant event outcome: fatal (136), not resolved (547), resolved/resolving (558), resolved with sequelae (9) and unknown (2110).</li> </ul> <p>Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue</p>
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Source

Pfizer claimed they received 3,067 reports of cases up to 28th Feb 21, of which 1,013 were medically confirmed. At the time of their report, 547 were not resolved, and 558 were resolved, whilst 136 proved fatal. Of the medically confirmed cases this equates to a death rate of 13.4%.

Pfizer concluded that 'This cumulative case review does not raise new safety issues'. How on earth did they conclude that when the average death rate prior to the introduction of a Covid-19 vaccine to the population equated to 0.2%?

This confidential data proves that the Covid-19 injections should never have been granted emergency use authorisation, and should have been pulled from distribution by the FDA as soon as they sighted the figures.

But the FDA failed to act, and that is precisely why the UK Health Security Agency chose to exclude the double vaccinated hospitalisation and death-rates per 100,000 from their Vaccine Surveillance reports at the turn of the year. Because they would have had to officially confirm that the Covid-19 injections are causing Antibody-Dependent Enhancement.

## Sources/References

- [COVID-19 vaccine surveillance report: 3 February 2022 \(week 5\)](#)
  - [COVID-19 vaccine surveillance report: 3 March 2022 \(week 9\)](#)
  - [COVID-19 vaccine surveillance report: 31 March 2022 \(week 13\)](#)
  - [National flu and COVID-19 surveillance report: 27 January 2022 \(week 4\)](#)
  - [National flu and COVID-19 surveillance report: 24 February 2022 \(week 8\)](#)
  - [National flu and COVID-19 surveillance report: 24 March 2022 \(week 12\)](#)
  - [reissue\\_5.3.6\\_postmarketing\\_experience.pdf](#)
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