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Moderna COVID Vaccines More Deadly Than Pfizer's? Maybe, Analysis Shows

The Moderna COVID-19 vaccine was linked to significantly higher mortality rates than the Pfizer vaccines, based on a preliminary analysis of individual health data for the Czech Republic. Scientists call for more research.

by **Brenda Baletti, Ph.D.**

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The Moderna COVID-19 vaccine was linked to significantly higher mortality rates than the Pfizer vaccines, based on a preliminary analysis of individual health **data for the Czech Republic**.

Steve Kirsch, executive director of the **Vaccine Safety Research Foundation**, with support from **pathologist Clare Craig** conducted a vaccine brand comparison by analyzing **record-level**, or individualized data, for the Czech Republic's over 10 million people.

Kirsch obtained the data through a Freedom of Information Act request by a Czech citizen.

The data on vaccinated people included vaccine manufacturer, vaccination date, and the lot number and code for each person.

Kirsch was able to analyze people's medical records over time, tracking which people received one, two or three doses of a vaccine by a given manufacturer, and whether they died within the following year.

He calculated and compared the overall mortality rate in the Moderna group with the Pfizer group and found that at all ages, there were more deaths in the Moderna group.

He also found that the difference in death rates was statistically significant across every age group studied. However, the percentage increase in risk increased as people got younger. His analysis covered people in their mid-40s through late 90s, according to his graphs.

Kirsch reported, for example, that people ages 46-69 who received two doses of Moderna's vaccine had over a 50% higher risk of **death** within one year compared with those who received two Pfizer shots.

He also wrote that the data show the Pfizer vaccine is "also completely unsuitable for public use," but there was not enough data to determine its link to all-cause mortality.

"Unless the drug makers can explain to the world how this new data from the Czech Republic actually proves that all their vaccines are equally safe, the **Pfizer**, **Moderna**, **Jannsen**, and **AstraZeneca** vaccines should be immediately halted as too unsafe to use," Kirsch wrote.

The Vaccine
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Critics: more research needed, but preliminary analysis 'valuable'

Kirsch's analysis was not formally written up or peer-reviewed. However, he included a critique by University of Pennsylvania biostatistician **Jeffrey Morris, Ph.D.**, whom Kirsch asked to comment.

Morris said the analysis did not account for possible confounding variables.

Kirsch countered that there was no confounding factor that could explain the difference and challenged researchers or governments to explain.

Denis Rancourt, Ph.D., all-cause mortality researcher and former physics professor at the University of Ottawa in Canada, who has done extensive **country-by-country analyses** of the link between vaccine rollouts and all-cause mortality also told **The Defender** there were systematic limitations to Kirsch's analysis.

For example, he said, the Czech Republic had major spikes in excess mortality over time during the **COVID-19** period, a lot of which were unrelated to the vaccines because they happened in complex ways before the vaccination campaigns.

This suggests there are other mechanisms of mortality — like **COVID-19 treatment protocols**, **lockdowns** or other issues, Rancourt said.

There is also variability in how different manufacturer's vaccines were rolled out. For example, one manufacturer's vaccine may have been rolled out earlier versus later during a spike in an all-cause mortality wave related to several different factors. In Kirsch's analysis, that death would be attributed to a vaccine, even though it may have been caused by factors unrelated to the vaccine.

According to Rancourt, there is a significant temporal element that Kirsch's analysis doesn't accounted for. At what point during an all-cause mortality wave people are vaccinated and when they die, and when and how rapidly vaccines from a particular manufacturer are rolled out must all be taken into account in a proper analysis.

"One must do a full temporal analysis to control for this systematic error," Rancourt said. "This was not done."

However, he also said Kirsch's analysis is "very useful and important data." Despite his methodological critiques, Rancourt said. "I think it's highly valid what [Kirsch] is doing. He's done a first analysis that shows a result that is worth looking into."

Kirsch called the Czech government data "the mother lode." "We have never had data like this before," he said and shared comments from other researchers who also commented on the value of the data.

"The patient-level data from the Czech Republic is astonishing and very disturbing," **Dr. Paul Marik** said.

"I am amazed that it took the authorities four years to release individual-level data," data scientist **Tomas Fürst, Ph.D.**, from the Czech Republic told Kirsch. "If we had this type of data earlier, we would have been able to avoid the biggest mistakes of the pandemic response. All governments should immediately release this data."

Karl Jablonowski, Ph.D., research scientist for **Children's Health Defense**, told The Defender, "One of the most important takeaways from this research is that we are seeing important signals in the data about a very serious safety issue and we need more data to investigate it further."

"But we don't have that data — governments do and they ought to release it for analysis," he said.

Debating potential biases and alternative explanations

Kirsch did his analysis based on the assumption that Pfizer was harmless so that it could therefore act as a placebo group, **Craig explained on her Substack**.

"It is an excellent placebo group because confounders around health and socioeconomic variables are accounted for because the brands were distributed randomly," she said.

Kirsch addressed several counter-arguments, or what he called "attack vectors" through which critics might attack his findings.

The most plausible counter-explanation, he said, would be that there was a vaccine distribution bias where Moderna and other vaccines were given exclusively to people with high comorbidities.

However, he said there was no evidence that Moderna was given to people at higher risk of death or that there were any criteria for vaccinating people with one vaccine or the other. Therefore, he said, it could be assumed the vaccines were assigned by convenience, "removing the majority of biases."

Craig agreed, "Unless someone can provide compelling evidence of Moderna having been given to those more likely to die in every age group and throughout the time period then this is compelling evidence that it was more deadly," she wrote.

However, Rancourt noted that vaccines are not rolled out randomly. "Different manufacturers get rolled out at different times and are even used for different groups of people," he said. "So there is no reason to assume that the two manufacturers were proportionally rolled out synchronously."

Instead, the differences in the rollouts should be accounted for in the analysis.

Kirsch also said the differences couldn't be explained by vaccine efficacy, because the **COVID-19 fatality rates** were quite low.

The findings also demonstrate "biological plausibility," Kirsch wrote, because both vaccines have the same **mRNA** active ingredient, the doses are significantly different. Pfizer's COVID-19 shot contains 30 micrograms per dose and Moderna's contains 100 micrograms per dose.

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Other research showed similar findings

Kirsch noted that his findings concord with other research into this issue.

The **Fraiman paper**, which re-analyzed the Phase 3 **Pfizer and Moderna trials**, found Moderna's vaccine similarly had a 50% higher rate of serious adverse events of special interest than Pfizer

Kirsch also pointed readers to a **different analysis** he did of the **Vaccine Adverse Event Reporting System** (VAERS), which found that Moderna caused 30% more deaths per dose than Pfizer.

Rancourt said Kirsch's findings reported today also showed agreement with an **analysis Rancourt did with Joseph Hickey, Ph.D.**, of the VAERS database.

In that paper, they also found that fatal vaccine **toxicity** varied by manufacturer, with **Janssen's shot** being the most fatal, followed by Moderna's and then Pfizer's. The paper included details about toxicity, dose number and manufacturer.

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Brenda Baletti, Ph.D., is a senior reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.

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