US data shows COVID vaccinated kids 5 - 18 die at a 5.7X higher rate than their unvaccinated peers

Comorbidity differences perhaps? Nah, I'm not buying it and I'll show you why. Also, new New Zealand FOIA results show a 5X increase in < age 40 in cardiac ER calls post vax rollout!

By Steve Kirsch

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Executive summary

A new paper published in the peer-reviewed medical literature (Yang) looking at over 300,000 kids aged 5-18 (mostly in the US) shows a highly statistically significant 5.7X higher mortality rate for those who opted to get vaccinated. The authors didn't mention

that at all. Furthermore, when they were asked about it, they refused to comment on it. So I will.

I'll show you that the overall susceptibility to disease in the two groups was very similar, yet the mortality (measured from one month after the PCR test that was used as the index date for enrollment until 1 year post enrollment) was 5.7X higher in the group that was vaccinated at the time of enrollment.

Secondly, a new FOIA response in New Zealand shows nearly a stunning **5X increase in cardiac-related ER visits** in those under age 40 after the COVID shots rolled out from 4406 in 2020 to 21416 in the first full year after the shots rolled out. That's a **Z-score of 256** which means something very serious is causing this; it is in no way a statistical fluke.

Each of these should cause health authorities to investigate. But in today's society, you could be fired for asking questions like this. So many people will continue to believe the vaccines are safe.

The Yang paper showed a 5.7X higher mortality in vaccinated kids 5-18

[The association between COVID-19
vaccine/infection and new-onset asthma
in children - based on the global TriNetX
database](#)

[Alex Berenson first wrote about this 11
days ago](#), but I ran into it independently,
verified it all independently, and then
later found out about his article.

He was absolutely right to call attention
to it. It's stunning.

Alex also points out that there were
higher comorbidities in the group that
was vaccinated prior to enrollment in the
trial. I totally agree. But I'll go one step
further and **show you why this cannot
explain the 5.7X higher mortality.**

About the study:

1. Use TriNetX global database (mostly
   US kids)

2. Ages 5 to 18 with average age around 12

3. There was a vaxxed and unvaxxed cohort defined based on vax status prior to the index date.

4. The propensity matching was ONLY within the COVID / non-COVID of each cohort.

5. The two cohorts were NOT propensity matched to each other. t

6. The vaccinated cohort (Cohort 2) had higher comorbidities than the unvaxxed (Cohort 1), but the COVID vs. non-COVID groups were matched.

7. The index data (enrollment date) was based on PCR test results.

8. Vax status was set at index time.

9. The index date was between January 1, 2021, and December 31, 2022 and was set at the day of the test.

10. Participants were followed for 1 year post-enrollment, but the 30 days post COVID test period was ignored.

11. You can only find the death numbers of the two groups buried in the [Supplement 1 of the paper](). It should have been noted in the abstract as the differences are stunning. I guess they wanted their paper to be published rather than rejected.

12. The paper itself made no mention of the fact that the vaccinated kids died at a **5.7X** higher rate than the unvaccinated kids. It was only in a table in the Supplement and the authors didn't call attention to it.

13. As [Berenson noted in his Substack](), the authors refused to comment on the death differences between the groups. So this wasn't an "oversight." They just do not want to talk about it. In science, you can get fired for opposing the narrative.

For me and my misinformation spreader friends, the heart of this paper is completely buried in Supplement 1, [a Word document]() that most people will never see. Here it is

Table S2: HR and 95% CIs for the risk of outcomes in Cohort 1 (n=159,357) and Cohort 2 (n=32,088)

| | Cohort 1 | | Cohort 2 | |
| | Never received COVID-19 vaccine before the index date | | Received COVID-19 vaccine before the index date | |
	Patients with outcome (%)	HR (95% CI)	Patients with outcome (%)	HR (95% CI)
Asthma				
Non-COVID-19	2988 (1.9%)	Reference	767 (2.4%)	Reference
COVID-19	7207 (4.5%)	2.372 (2.273,2.476)	2386 (7.4%)	3.198 (2.948,3.469)
Any anti-asthmatic drugs				
Non-COVID-19	23246 (14.6%)	Reference	5956 (18.6%)	Reference
COVID-19	30181 (18.9%)	1.296 (1.274,1.318)	8156 (25.4%)	1.435 (1.388,1.484)
Death				
Non-COVID-19	140 (0.1%)	Reference	188 (0.6%)	Reference
COVID-19	169 (0.1%)	1.164 (0.930,1.456)	166 (0.5%)	0.880 (0.714,1.084)
Asthma or anti-asthmatic drugs or death				
Non-COVID-19	22423 (14.1%)	Reference	5777 (18.0%)	Reference
COVID-19	28538 (17.9%)	1.263 (1.241,1.286)	7678 (23.9%)	1.382 (1.335,1.430)

*Hazard ratio (HR) and 95% CI are provided, demonstrating outcomes among COVID-19 infected individuals versus non-infected counterparts

*The achieved power of this study is calculated to be approximately 1 for all tests.

This is Table S2 which is Supplement 1 in the paper. If you just look at the percentages (in parens) you see that the vaccinated group died at a rate between 5 and 6 times higher than the unvaccinated kids (0.1% vs. 0.6%).

Here are the Fisher exact test stats on the numbers:

```
>>> analyze2( 159357, 140+169,  32088, 188+166, "asthma paper" )

Statistics for asthma paper = 159048 31734 309 354 191445
One-sided p-value 6.259688544424596e-103
Two-sided p-value 6.259688544424596e-103
Max likelihood estimate of the Odds ratio= 5.741722253356453
Traditional OR= 5.741801540842232
99.99% ConfidenceInterval(low=4.226562590143375, high=7.81559551699474)
99.9% ConfidenceInterval(low=4.428971850740576, high=7.453949943915076)
99% ConfidenceInterval(low=4.6826112896579755, high=7.0460833692044424)
95% ConfidenceInterval(low=4.912759731667137, high=6.713371472333896)
```

The **p-value is 6e-103** and the CI intervals are tight around the odds ratio OR of 5.75.

In short, the vaccinated kids were almost 6X more likely to die within a year after their COVID test compared to their unvaccinated peers.

So here's the question: Is this because the kids in the vaccinated group were simply sicker so their parents vaccinated them?

There is no question the vaxxed had higher comorbidities; the paper shows that in the comorbidities which were higher. But the only comorbidities that matter here are the ones associated with death.

Let's look at the top reasons kids 5 to 18 die.

From ChatGPT:

The top five leading causes of death among children and adolescents aged 5 to 18 in the United States are responsible for nearly 90% of all deaths in this age group.

Specifically:

1. **Unintentional Injuries** (including car accidents, drowning, and falls) represent the leading cause of death, accounting for approximately **36.7%** of deaths.

2. **Firearm-related Injuries** are the second leading cause, contributing to **19.4%** of deaths. This category includes both homicides and suicides involving firearms.

3. **Suicide** accounts for **15.6%** of deaths, making it a major cause in adolescents, particularly as mental health concerns rise.

4. **Cancer** (malignant neoplasms) contributes to about **9.1%** of deaths, making it the leading non-injury-related cause.

5. **Homicide** (non-firearm) represents **6.3%** of deaths in this age group.

Together, these top five causes account for over **87%** of all deaths in children and adolescents between the ages of 5 and 18 in the United States.

The study didn't look at cancer as a comorbidity but **even if it was 10X higher in the vaccinated (which is highly unlikely because the worst disparity was just 2.76X higher), that could only increase the all-cause mortality by 2X**, not 6X (because cancer is only 9% of all deaths).

Of the comorbidities they did investigate, the largest disparity between vaxxed and unvaxxed groups is chronic kidney disease (CKD) which was 2.76X higher in

the vaxxed/non-COVID group than the unvaxxed/non-COVID group. However, the absolute % of people with CKD was less than half of one percent (0.47%). So even in the worst possible world where the comorbidities overall were 2.76 higher in the vaxxed group and 100% of the deaths were from comorbidities (which is very unlikely from the breakdown above), at best comorbidities still cannot explain the nearly 6X difference in death rate.

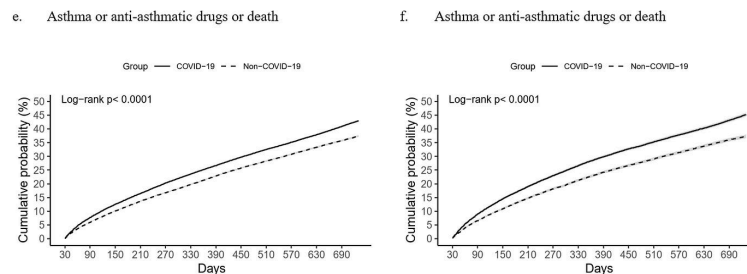Furthermore, have a look at Figure S1 from Supplement 2:

Figure S1: Kaplan-Meier curves of cumulative probability (%) of outcomes comparing COVID-19 and non-COVID-19 groups, from Day 30 to Day 730 post the Index Date. Panels (a), (c), and (e) depict Cohort 1; Panels (b), (d), and (f) depict Cohort...

This is essentially showing the morbidity rate (for asthma, asthma drugs, or death)

in the unvaccinated (left) and vaccinated (right). They are nearly identical!!! If comorbidities really were so much worse in the vaccinated that they are susceptible to sickness, we'd expect to see a difference between the curves. They look very similar.

So yeah, **there is 5.6X higher death rate in the vaccinated kids, and no, it cannot be explained by comorbidities.**

Finally, in every category listed in the main paper, they NEVER looked at death separately; they ALWAYS lumped it in with asthma. There is a reason for that: it allowed them to hide the death signal in the much larger number of asthma cases.

The kicker of course is when Alex Berenson asked them about their paper and they answered his other questions and stonewalled him on the mortality data, refusing to comment on it (see point #13 above).

The senior author of the paper has over [55 published papers and an h-index of 16](#), which means he's highly respected.

The death ratios vs. the unvaccinated were true both for the COVID infected and non-infected. So this wasn't a typo or an error. If it was a typo or an error, the authors would have thanked Berenson for pointing it out and corrected the paper.

The shots need to be halted until researchers can figure out what is really causing this because it seems pretty clear that it's the COVID vaccine. Nothing else has been suggested by anyone as a possibility.

To this day, no health authority is pointing this out: give your child the vaccine and increase their risk of death by a factor of 5.6X. What parent would knowingly vaccinate their child if they knew the truth? Yet this is gold standard data from TriNetX.

The New Zealand FOIA data shows a 5X increase in cardiac ER calls for those aged 40 and younger

Hatchard
Report.com

Home › Adverse Effects

Staggering New Data From Health New Zealand and Others

ADVERSE EFFECTS   By **Guy Hatchard** | September 22, 2024 | 👁 1851 | 💬 0

Vaccine injury and the serious long term adverse health prospects

From the article:

> An OIA (freedom of information) request to Health New Zealand asked for *"The number of people under the age of 40 presenting to Emergency Departments (A&E) throughout New Zealand hospitals with Chest Pain or Heart Issues by year?"* The Health New Zealand answer (OIA reference: HNZ00061156) contains shattering information:
>
> **Year | Number presenting toEmergency Departments with chest pain**
>
> 2019   2219

2020 4406

2021 13063

2022 21416

2023 20005

2024 (to June) 14639 (wow…. just in the first 6 months!!!!)

This is a Z-score of 256. I've never seen a Z-score that high.

This means this event wasn't a statistical fluke. It was caused by something.

This "thing" has very seriously affected the health of over 30,000 New Zealanders.

What is it?

Health New Zealand doesn't want to talk about it, of course!

Maybe Sean Plunket can enlighten us? :)

21416/4406=4.9X, so nearly a **5X increase in cardiac** ER incidents post-vaccine.

The numbers were even higher in NYC, as you can see by watching this video

from a former NYFD member O'Brian Pastrana. [Brian observed a 20X increase in death rates](#) after the shots rolled out. Watch the first 60 seconds of the video. Towards the end of the video, he talks about a **100X increase in myocarditis rates** (from 0 in 7 years to 1 a week).

I heard similar numbers from a current Denver police officer who told me "natural cause deaths" went from "5 a year vs a few a week" which is easily a **20X increase** in odd events after the shots rolled out. When I tried to do a FOIA request on the department, they said I should talk to the medical examiner.

And finally, paramedic Harry Fisher told me that he's seen upwards of:

1. **10X increase in cardiac arrest calls** (from 1 every 3 months to 1 or 2 a week). Strokes were even worse, especially in kids.

2. Aortic aneurysm: 1 in his 27 year career before the shots to to up to 1 every 2 weeks, a stunning **700X increase**

Summary

Post vaccine rollout we have credible
reports of

Death rates:

1. **5.6X** higher deaths in vaccinated
   kids vs. unvaccinated kids (Yang
   paper)

2. **20X** increase in death rates
   (Pastrana)

3. **20X** increase in death rates (Detroit
   Police officer)

Cardiac arrest calls:

1. **5X** increase in cardiac ER calls in
   those aged <40 years old in New
   Zealand (NZ FOIA)

2. **10X** increase in cardiac arrest called
   (Harry Fisher)

Myocarditis cases:

1. **100X** increase in myocarditis cases
   (Pastrana)

2. A **well over 10X increase** in
   myocarditis cases in vaccinated vs.
   unvaccinated kids (Oxford study)

Aortic aneurysm:

1. **700X** increase in aortic aneurysm cases (Harry Fisher)

I'm told by experts that these are all coincidences and to get my shot.

However, it does seem odd to me that all the confounders increase morbidity. If these were really all caused by confounders, we'd be able to easily find just as many paramedics and firefighters who report a 10X decrease in deaths and cardiac arrests. And yet there are none.

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