22 July 2022

Chief Executive
Department of the Prime Minister and Cabinet
Level 8
Executive Wing
Parliament Buildings
Wellington

Ministry of Health
133 Molesworth Street
Wellington

Members of Parliament

To all

OPEN LETTER TO MEMBERS OF PARLIAMENT

1. I refer to my previous correspondence dating back to August 2021 concerning the Pfizer-BioNTech COVID-19 vaccine ("the vaccine"). The information and Science which has emerged since my initial letter is highly concerning, given that New Zealanders are dying and being seriously injured from the vaccine.

2. In addition to my letters to Parliament, I have written to the Police Commissioner, the former Minister of Police, the Governor General, and the Head of the Defence Force, raising concerns and requesting an investigation. All calls for an investigation into the adverse reactions and contents of the vaccine have been stonewalled. Interestingly, the information presented in the letters has not been rebutted but conveniently ignored.

3. In addition, New Zealand Doctors Speaking out With Science ("NZDSOS") have written referenced letters to you and the government departments and agencies you oversee. NZDSOS's letters are available at www.NZDSOS.com.

4. The majority of New Zealanders were afraid in March 2020 with the *"experts"* catastrophic predictions of death. Over two years ago, on 24 March 2020, Ms Ardern stated:

> *"If community transmission takes off in New Zealand the number of cases will double every five days. If that happens unchecked, our health system will be inundated, and tens of thousands of New Zealanders will die.*[1]*"*

5. Within a short period of time, epidemiologists found that the infection fatality rate was much lower than speculated in the early days of the pandemic (approximately 0.15%[2], which is similar to the flu – a disease that can kill the elderly and immune-compromised.)

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[1] Jacinda Ardern, "Post-Cabinet press conference", Beehive (23 Mar 20), 1-3; Jacinda Ardern, "Prime Minister: COVID-19 Alert Level increased", Beehive (23 Mar 20): https://www.beehive.govt.nz/speech/prime- ministercovid-19-alert-level-increased ; "PM Jacinda Ardern Post-Cabinet Press Conference 23 March 2020 on COVID19", YouTube (23 Mar 20), 10:55: https://www.youtube.com/watch?v=v-dlxA_u2wA

[2] https://www.who.int/bulletin/volumes/99/1/20-265892.pdf and https://www.washingtonpost.com/dc-md-va/2020/12/16/john-ioannidis-coronavirus-lockdowns-fox-news/

6. A recent article in the National Library of Medicine summarised the current situation:

> *"[T]he COVID-19 pandemic is one of the most manipulated infectious disease events in history, characterised by official lies in an unending stream lead by government bureaucracies, medical associations, medical boards, the media, and international agencies.[3,6,57] We have witnessed a long list of unprecedented intrusions into medical practice, including attacks on medical experts, destruction of medical careers among doctors refusing to participate in killing their patients and a massive regimentation of health care, led by non-qualified individuals with enormous wealth, power and influence[3]."*

7. Many formerly trusting New Zealanders are waking up to the politics and fearmongering. The rules are nonsensical. For example, we were told that there was no science for wearing masks in 2020, yet mask mandates were implemented in 2021. Standing in a busy café without a mask is dangerous but sitting in a busy café without a mask has no risk. There is undeniable footage of Ms Ardern instructing people to put masks on for the sake of the camera and the image being projected and then not wearing masks at other times in large crowds. Many New Zealanders now understand that the *"two shots for summer"* was a precursor for the *"boost it bro"* marketing campaign.

8. The Government has put the financial gains of Pfizer before our people and shamefully indemnified a company that has incurred $10,193,896,333[4] in fines since 2000 and run experiments on children in Nigeria[5]. It has the largest single fine in history and is second only to Merck for the largest sum of fines.

9. Members of Parliament can no longer ignore the inconvenient truth that:

   (a) Pfizer's Documents: Pfizer's own documents show that the vaccine is not effective, and harm is being done (refer below);

   (b) Scientific Integrity Lost: any scientific integrity was lost when Pfizer deviated from the randomised control trial obliterating long-term safety data (refer to the `Pfizer Trial' heading in my letter dated 22 January 2022);

   (c) Pfizer's Bias: Pfizer's "bias" in reporting adverse reactions concerning a 12-year-old girl who was classified as suffering from stomach issues in Pfizer's documents, yet she is now paralysed in a wheelchair, tube fed, suffers memory loss, and Pfizer will not return her parents' telephone calls[6];

   (d) Allegations of Falsifying Data: Ventavia's Regional Director[7], one of the research companies hired to conduct the trials, reported her company to the FDA for falsifying data, unblinding participants, not following up and testing participants who reported symptoms and mislabelling specimens. Several other employees backed up her account. Despite all this, neither Pfizer nor the FDA ever audited or investigated the research company, and Pfizer never disclosed the problems in its Emergency Use Application. Ventavia will continue to run four more COVID-19 clinical trials.

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[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9062939/
[4] https://violationtracker.goodjobsfirst.org/parent/pfizer
[5] https://www.business-humanrights.org/en/latest-news/pfizer-settles-drug-testing-case-with-nigerian-state-for-75-million/
[6] https://youtu.be/t4X6VMdTK8Y
[7] https://www.bmj.com/content/375/bmj.n2635

10. The Centre for Adverse Reactions Monitoring ("CARM") has recorded many adverse events and temporal deaths following the administration of the vaccine. CARM does not appear to be concerned about these numbers and proposes to ''*continue to monitor*' rather than act. Out of the reported deaths, there are 23 where no investigation is planned as the authorities claim they do not have enough information. Are the police and/or the coroner incapable of investigating these deaths?

11. The latest vaccine safety report[8] up to 30 June 2022 states only 171 death reports have been received. Medsafe acknowledges a severe under-reporting factor as high as 20 (i.e., only 5% of actual events are reported), but estimates of similar passive reporting systems overseas (e.g., VAERS, are settling on around 40x under-reporting, which is likely conservative). Regardless, even if the figures are accurate, that does still not discount vaccine causation needing investigation, as the safety report acknowledges.

12. I accept that the reports do not establish causation. However, it is an established principle that where there is a correlation between the administration of the product and adverse reactions, investigations should ensue. This is essential for safety where voluntary reporting of adverse reactions and deaths is being used for a new experimental drug rather than mandatory reporting to capture all data.

13. Why has the Government put barriers in place to prevent the capture of all the true data? Why has the Office of the Coroner decided to restrict the COVID-19 immunisation register to pathologists conducting post-mortem examinations? Why deny access to the Coronial Services Unit?

Document 5

OFFICE OF THE CORONER

10 September 2021

Dr Tim Hanlon

GM Post-Event

COVID-19 Vaccine and Immunisation Programme

Ministry of Health

covid-19vaccine@health.govt.nz

Kia ora Dr Hanlon,

Thank you for your letter of 2 September 2021 in response to my request for information relating to deaths of those who had had covid-19 vaccinations shortly before death.

You have advised of your view that it would be helpful to establish a closer communication channel between the Coronial Services Unit (CSU), (the group within the Ministry of Justice responsible for providing support to the Coroners) and the Ministry of Health to facilitate and streamline processes relating to the reporting of deaths following vaccination.

The Chief Coroner and the Director-General of Health signed a Memorandum of Understanding (MOU) on information sharing in 2020, which was revised in June 2021 to include vaccination related issues. The points of contact for the Ministry of Health nominated in that MOU are Deborah Woodley and Jane Kelley. I understand that Jane Kelley has left the Ministry of Health and that Kirsten Stephenson has taken her place. I also understand that minor amendment proposals to the MOU have been sent to the Ministry of Health for comment.

The nominated contact points for the office of the Chief Coroner are Adam Nees and Silva Hinek. The Chief Coroner, Judge Marshall, has said she is also available to discuss matters with Ministry of Health nominees when required or appropriate. Silva Hinek is an appropriate contact point within CSU for CARM related matters.

I have discussed the issue of access to the Covid-19 immunisation register with the Chief Coroner. Providing that all pathologists who conduct post-mortem examinations on the direction of coroners have access to the register, she does not consider it necessary for CSU staff to have access to it.

Thank you for your assistance.

Coroner A J Tutton

[8] https://www.medsafe.govt.nz/COVID-19/safety-report-44.asp#death

14. The World Council for Health[9] reports that over 50% of total adverse event reports made on VAERS for all vaccines since 1990 are attributed to COVID-19 vaccines. Likewise, the EudraVigilance data shows unprecedented numbers on the database for any Covid vaccines compared to other pharmaceutical products or vaccines.

15. NZDSOS[10] has recently provided the details of 150 suspicious temporal deaths temporal to the vaccination to the police. NZDSOS has details of many more sudden and suspicious deaths. The police have declined to investigate the deaths, and NZDSOS has filed a complaint with the Independent Police Conduct Authority. The police's response can be found at:

https://nzdsos.com/2022/07/15/dismissive-reply-from-police/

16. Accordingly, you should be alarmed that the Government is pushing the rollout of the 2nd booster (5 shots in total), as this will amplify the potential risks to New Zealanders. The number of deaths from Sudden Adult Death Syndrome ("SADS") being reported by the media around the world should raise questions and, at the very least, result in mandatory reporting of deaths and adverse effects within 93 days of the vaccine (refer below for an explanation of the timeframe).

17. I am aware that some members of Parliament are asking questions and meeting with people with vaccine injuries and families that have lost a loved one shortly after the administration of the vaccine. However, these members of Parliament are being silenced by their parties. It is time for these individuals to be courageous and speak out publicly. I personally assure you that there will be doctors, scientists, and other professionals to support you.

18. Each of you can access information by asking questions in Parliament, and the same must be provided to you within five days (unlike the public, which must apply under the Official Information Act 1982 and wait for at least 20 working days). At a minimum, you have a moral duty to ask the questions set out in this letter and present the information to New Zealanders.

19. I have set out a summary of some of the latest data below to ensure that those members of Parliament that choose to be wilfully blind are held to account in the future. I strongly suggest that you carefully read the previous letters which I have sent to you. Copies of the letters are set out below (these documents may take a few seconds to open):

    (a) Letter to the Governor General and the Rear-Admiral of the Royal New Zealand Navy (https://docdro.id/8xMElEX)
    (b) Third Letter to the Police Commissioner dated 22 April 2022 (https://docdro.id/nkpjve0)
    (c) Second Letter to the Police Commissioner dated 11 April 2022 (https://docdro.id/ZxUZ3Go)
    (d) Letter to the Police Commissioner dated 17 March 2022 (https://docdro.id/tZKQ3E8)
    (e) Open Letter to Parliament dated 22 January 2022 (https://docdro.id/y1qKIzy)
    (f) Open Letter to Parliament dated 25 August 2022 (https://docdro.id/9U5TsGl)

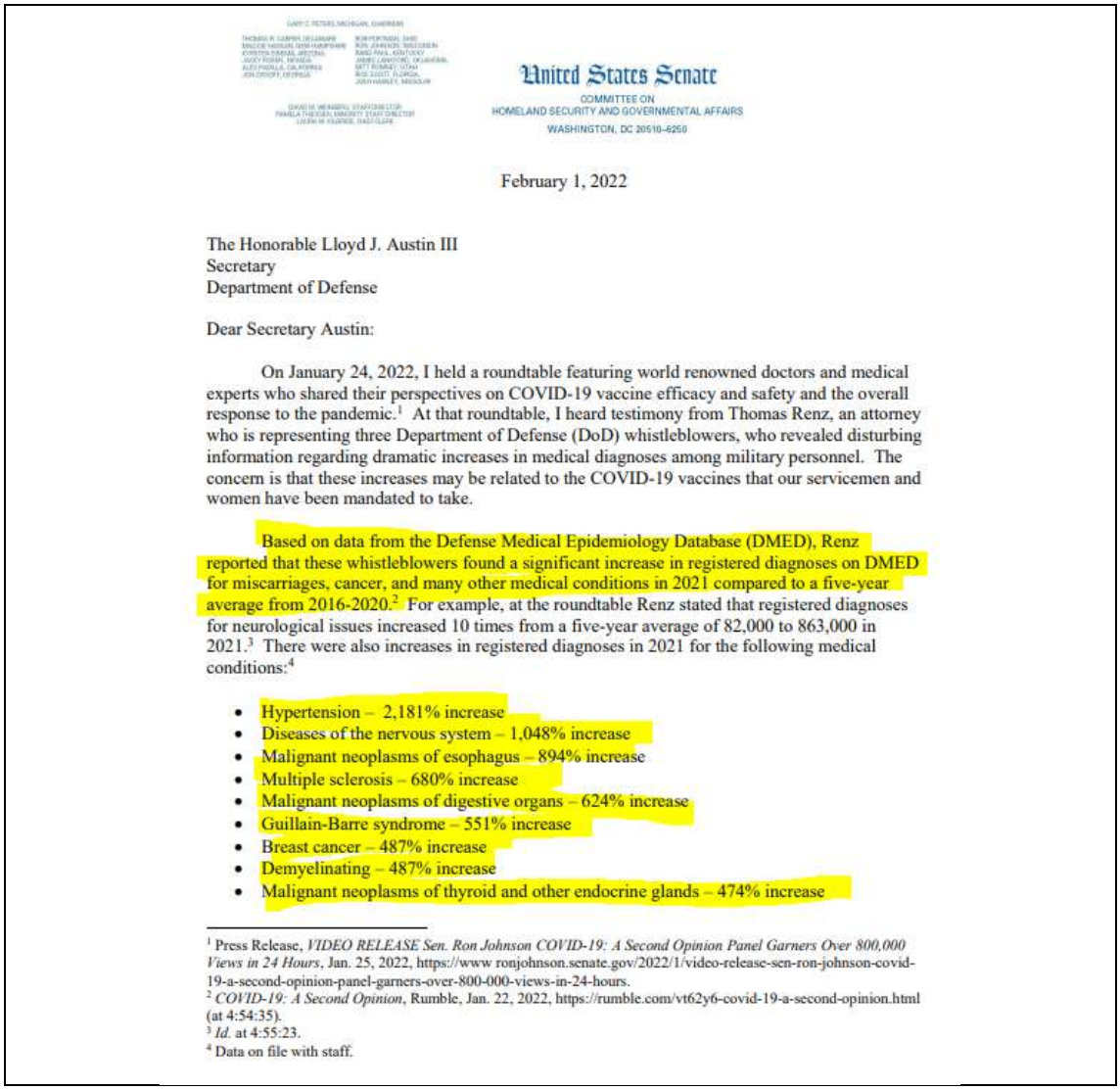
[9] https://worldcouncilforhealth.org/resources/covid-19-vaccine-pharmacovigilance-report/
[10] https://nzdsos.com/2022/05/24/deaths-following-c-19-vaccination/

Example of a US Senator Asking Questions

20. U.S. Sen. Ron Johnson (R-Wis.) held a panel discussion with a group of world-renowned doctors and medical experts to provide a different perspective on the global pandemic response, the current state of knowledge of early and hospital treatment, vaccine efficacy and safety, what went right, what went wrong, what should be done now, and what needs to be addressed long term. He asked questions in pursuit for the truth rather than blindly accepting the narrative. The full recording of the panel discussion can be found by clicking on the link below:

https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours

21. Sen. Ron Johnson wrote[11] to the Department of Defence and advised them of the outcome of the panel discussion as set out below:



United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
WASHINGTON, DC 20510-6250

February 1, 2022

The Honorable Lloyd J. Austin III
Secretary
Department of Defense

Dear Secretary Austin:

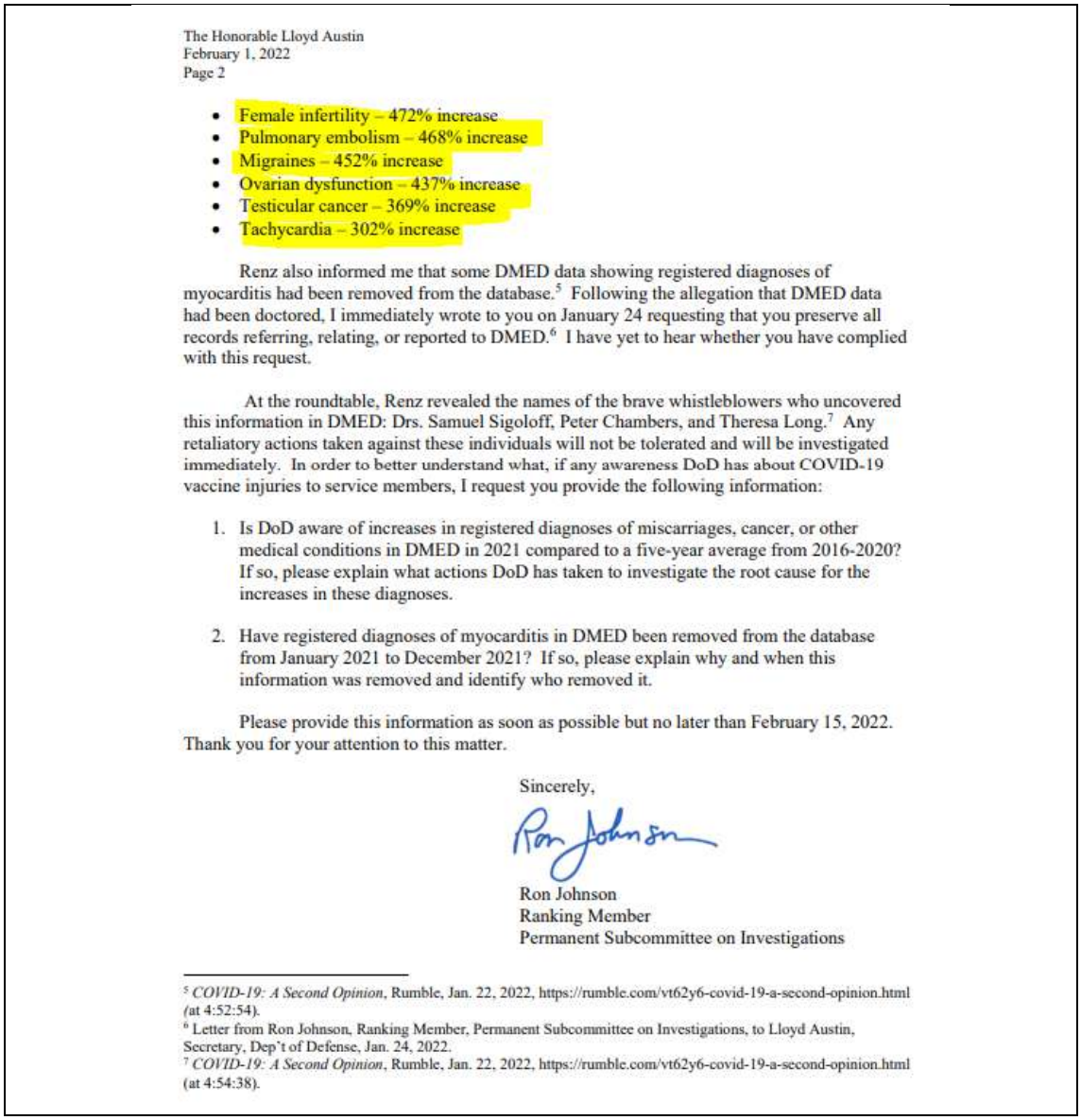
On January 24, 2022, I held a roundtable featuring world renowned doctors and medical experts who shared their perspectives on COVID-19 vaccine efficacy and safety and the overall response to the pandemic.[1] At that roundtable, I heard testimony from Thomas Renz, an attorney who is representing three Department of Defense (DoD) whistleblowers, who revealed disturbing information regarding dramatic increases in medical diagnoses among military personnel. The concern is that these increases may be related to the COVID-19 vaccines that our servicemen and women have been mandated to take.

Based on data from the Defense Medical Epidemiology Database (DMED), Renz reported that these whistleblowers found a significant increase in registered diagnoses on DMED for miscarriages, cancer, and many other medical conditions in 2021 compared to a five-year average from 2016-2020.[2] For example, at the roundtable Renz stated that registered diagnoses for neurological issues increased 10 times from a five-year average of 82,000 to 863,000 in 2021.[3] There were also increases in registered diagnoses in 2021 for the following medical conditions:[4]

- Hypertension – 2,181% increase
- Diseases of the nervous system – 1,048% increase
- Malignant neoplasms of esophagus – 894% increase
- Multiple sclerosis – 680% increase
- Malignant neoplasms of digestive organs – 624% increase
- Guillain-Barre syndrome – 551% increase
- Breast cancer – 487% increase
- Demyelinating – 487% increase
- Malignant neoplasms of thyroid and other endocrine glands – 474% increase

[1] Press Release, *VIDEO RELEASE Sen. Ron Johnson COVID-19: A Second Opinion Panel Garners Over 800,000 Views in 24 Hours*, Jan. 25, 2022, https://www ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours.
[2] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:54:35).
[3] *Id.* at 4:55:23.
[4] Data on file with staff.

[11] https://www.ronjohnson.senate.gov/services/files/FB6DDD42-4755-4FDC-BEE9-50E402911E02



The Honorable Lloyd Austin
February 1, 2022
Page 2

- Female infertility – 472% increase
- Pulmonary embolism – 468% increase
- Migraines – 452% increase
- Ovarian dysfunction – 437% increase
- Testicular cancer – 369% increase
- Tachycardia – 302% increase

Renz also informed me that some DMED data showing registered diagnoses of myocarditis had been removed from the database.[5] Following the allegation that DMED data had been doctored, I immediately wrote to you on January 24 requesting that you preserve all records referring, relating, or reported to DMED.[6] I have yet to hear whether you have complied with this request.

At the roundtable, Renz revealed the names of the brave whistleblowers who uncovered this information in DMED: Drs. Samuel Sigoloff, Peter Chambers, and Theresa Long.[7] Any retaliatory actions taken against these individuals will not be tolerated and will be investigated immediately. In order to better understand what, if any awareness DoD has about COVID-19 vaccine injuries to service members, I request you provide the following information:

1. Is DoD aware of increases in registered diagnoses of miscarriages, cancer, or other medical conditions in DMED in 2021 compared to a five-year average from 2016-2020? If so, please explain what actions DoD has taken to investigate the root cause for the increases in these diagnoses.

2. Have registered diagnoses of myocarditis in DMED been removed from the database from January 2021 to December 2021? If so, please explain why and when this information was removed and identify who removed it.

Please provide this information as soon as possible but no later than February 15, 2022. Thank you for your attention to this matter.

Sincerely,

Ron Johnson
Ranking Member
Permanent Subcommittee on Investigations

[5] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:52:54).
[6] Letter from Ron Johnson, Ranking Member, Permanent Subcommittee on Investigations, to Lloyd Austin, Secretary, Dep't of Defense, Jan. 24, 2022.
[7] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:54:38).

22. Interestingly, the German Government[12] has recently acknowledged that the vaccine causes serious effects in 0.2 reports per 1,000 doses.

23. In addition to the passive reporting system, the German medicines regulator, the PEI, runs an active vaccine safety monitoring app. The data from this monitoring app were included in a Europe-wide report[13] on vaccine safety published last month and showed that 0.3% of vaccine recipients in Germany reported at least one serious adverse reaction to the first dose of the vaccine. The report states:

> *Of the 520,076 participants from Germany who had received the first dose of a COVID-19 vaccine, 1,838 (0.3%) reported experiencing at least one serious adverse reaction. A total of 1,191 (0.2%) and 39 (0.2%) participants receiving BioNTech/Pfizer and Moderna respectively reported experiencing a serious adverse reaction while 608 (0.7%) receiving AstraZeneca reported a serious reaction.*

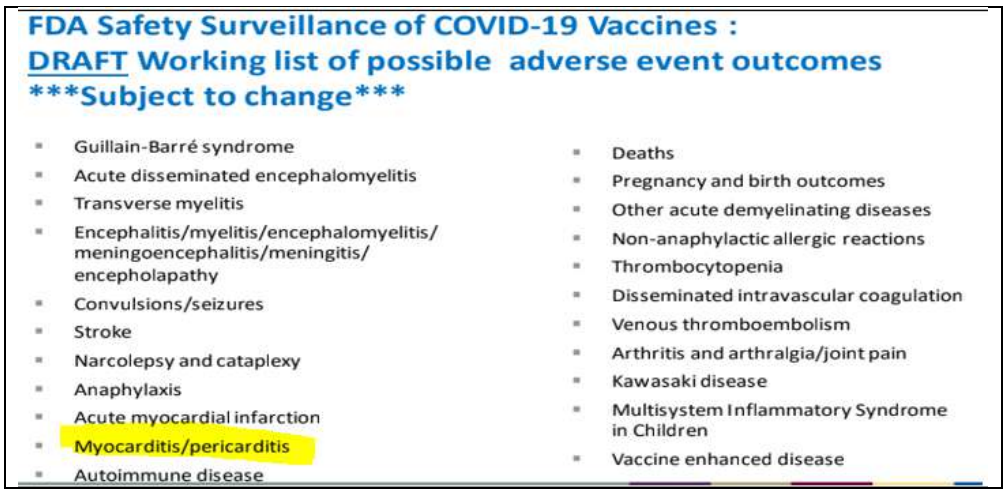
[12] https://twitter.com/BMG_Bund/status/1549797012064854019
[13] https://zenodo.org/record/6629551#.YthrfHbMJD8

24. These German figures are in line with the overall rates across Europe. Please note that a rate of 0.3% is 15 times higher than the rate of 0.2 per 1,000 (i.e., 0.02%) quoted in the tweet.

25. We encourage each of you to start asking questions and to follow in the footsteps of Sen Johnson and the pursuit of the truth. At the very least, those young and healthy individuals that died suddenly shortly after the administration deserve investigation for the sake of their loved ones.

The Vaccine Causes Harm

26. As set out in my January letter, the FDA released its working list of possible adverse event outcomes in late October 2020 (prior to the public release of the vaccine). The list is set out below:



27. The official document trail shows that the New Zealand Government knew about the risk of myocarditis from at least May 2021 (refer to my letter dated 22 January 2022 for the full details). Cruelly, the Government did not issue a warning for myocarditis and pericarditis until mid-December 2021. Please ask yourself, would young men, such as Rory Nairn, have taken the so-called *"safe and effective"* vaccine had they known the real risks? You should note that the risk of myocarditis is now supported by over 200 peer-reviewed papers[14].

28. Earlier this month, scientists published a paper in bioRxiv explaining that the Sars-CoV-2 spike protein in severe Covid-19 disrupts human cardiac pericyte function[15]. Similarly, the artificial spike protein in the vaccine does similar harm.

29. Dr Peter McCullough is a top cardiologist and the most highly cited physician on the early treatment of Covid-19 and has more than 600 citations in the National Library of Medicine. Dr McCullough contends that vaccine-induced myocarditis may be caused by lipid nanoparticles going directly to the heart as well as heart cells producing that spike protein leading to inflammation. The top cardiologist states:

[14] 1000 Peer-Reviewed Papers on Heartbreaking Adverse Events | NZ Doctors Speaking Out With Science (nzdsos.com)

[15] https://www.biorxiv.org/content/10.1101/2020.12.21.423721v2.full

"The heart expresses the spike protein; the body attacks the heart. There are dramatic EKG changes. I don't want anybody to think that the myocarditis of a natural infection is anything like what we're seeing with the vaccines[16]*"*

"Myocarditis or heart inflammation is the condition that the regulatory bodies agree. So, the FDA agrees that messenger RNA vaccines cause heart damage. It is not debatable. It is not of any type of controversy… It causes heart damage because the genetic material is loaded on lipid nanoparticles and the nanoparticles then install the genetic material, which produces the spike protein. The spike protein is a foreign protein not supposed to be in the body. In a paper by Avolio and colleagues, it is clear that the spike protein damages pericytes, these delicate cells that support the heart muscle cells and capillaries and cause heart damage. Now we have papers showing young boys in America, most recently by Gill and colleagues in Connecticut, that take the vaccine, and they die three and four days later after the shot. No opportunity for the parents to save them. The initial presentation is death. The parents find the boys dead at home"[17]*.*

30. The reference for the paper referred to by Dr McCullough is set out below:

https://pubmed.ncbi.nlm.nih.gov/35157759/

31. It is highly likely that the mRNA and artificial spike protein circulate around the body rather than staying in the deltoid (i.e., shoulder muscle) as claimed by the Government. If the lipid nanoparticles circulate in the bloodstream, where are they deposited? The distribution of the lipid nanoparticles is important as the genetic material will go where the lipid nanoparticles go. Cells that take up the mRNA will become spike protein factories and then may be targeted by the immune response.

32. Dr Byram Bridle[18], a viral immunologist and associate professor at the University of Guelph, Ontario, stated that:

"We thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic (harmful) protein. So, by vaccinating people, we are inadvertently inoculating them with a toxin …We have known for a long time that the spike protein is a pathogenic protein. It is a toxin. It can cause damage in our body if it gets into circulation ..."

33. According to Dr Bridle and Dr Palmer,[19] one of the few animal studies undertaken by Pfizer raised serious concerns about the distribution and elimination of the spike protein. Dr Bridle and Dr Palmer stated that:

"Pfizer's animal data clearly presaged the following risks and dangers:

- *blood clotting shortly after vaccination, potentially leading to heart attacks, stroke, and venous thrombosis*
- *grave harm to female fertility*
- *grave harm to breastfed infants*
- *cumulative toxicity after multiple injections*

[16] https://www.youtube.com/watch?time_continue=17&v=lxfcP8wwt58&feature=emb_logo
[17] https://clouthub.com/v/KAgjdIZq
[18] https://www.lifesitenews.com/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin
[19] https://doctors4covidethics.org/wp-content/uploads/2021/07/Pfizer-pharmacokinetics-and-toxicity.pdf

With the exception of female fertility, which can simply not be evaluated within the short period of time for which the vaccines have been in use, all of the above risks have been substantiated since the vaccines have been rolled out—all are manifest in the reports to the various adverse event registries [9]. Those registries also contain a very considerable number of reports on abortions and stillbirths shortly after vaccination, which should have prompted urgent investigation…Of particularly grave concern is the very slow elimination of the toxic cationic lipids. In persons repeatedly injected with mRNA vaccines containing these lipids— be they directed against COVID, or any other pathogen or disease—this would result in cumulative toxicity. There is a real possibility that cationic lipids will accumulate in the ovaries. The implied grave risk to female fertility demands the most urgent attention of the public and of the health authorities. Since the so-called clinical trials were carried out with such negligence, the real trials are occurring only now—on a massive scale, and with devastating results. This vaccine, and others, are often called "experimental." ***Calling off this failed experiment is long overdue. Continuing or even mandating the use of this poisonous vaccine, and the apparently imminent issuance of full approval for it are crimes against humanity****."*

34. A paper published in June 2022[20] found that the lipid nanoparticles circulate in the body for over two weeks. Another study published in Cell[21] in March 2022, showed that vaccinal spike protein and mRNA persisted in the human lymph nodes up to 8 weeks post-vaccination. Furthermore, Pfizer's own non-clinical overview[22] released by court order showed that the toxicity studies conducted on rats showed *'increased size of draining iliac lymph nodes.'*

35. If the spike protein circulating in the bloodstream does not raise alarm bells, the possible change to human DNA is terrifying. The Government told us that the vaccine did not impact our DNA. However, an in vitro study[23] on the effect of the vaccine (BNT162b2) on human liver cells shows otherwise. The study produced evidence that the vaccine rapidly enters the cells with progression to intracellular reverse transcription of BNT162b2 mRNA into DNA. There will be more studies to confirm this shocking revelation.

Pfizer's Documents

36. As noted in my previous letter, the FDA released the first batch of Pfizer's documents under a Freedom of Information court order in late 2021. The FDA had sought to withhold the documents for 50 years. The Court ordered the FDA to release the Pfizer documents in tranches, which allows the FDA to conveniently choose the order of the documents it releases. Copies of the Pfizer documents may be found by clicking on the link below:

Pfizer's Documents - Public Health and Medical Professionals for Transparency (phmpt.org)

37. The documents that have been released are damning. Any claim that the vaccine is "*safe and effective"* is destroyed.

38. The post-marketing material includes an appendix of the list of adverse events of special interest, which is set out in full in **Schedule 1**. By way of summary, there are over 1200 adverse events of special interest

[20] https://www.mdpi.com/2227-9059/10/7/1538
[21] Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination (cell.com)
[22] 125742_S1_M2_24_nonclinical-overview.pdf (phmpt.org)
[23] https://www.mdpi.com/1467-3045/44/3/73/htm

which can be categorised into four major groups: neurological, cardiovascular, immunological, and hematologic.

39. A recent study, which included authors from Stanford University and UCLA, evaluated serious adverse events of special interest observed in phase III randomised trials of mRNA COVID-19 vaccines. The study[24] found that the vaccines were 340% more dangerous than helpful. An abstract for the study states:

> *"Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalisation relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively)."*

40. The Pfizer documents only capture the short-term risks of the vaccine. There is no medium or long-term data to ascertain the impact on our children and grandchildren. Long-term safety data may not matter when vaccinating an 80-year-old, but long-term safety information is essential when vaccinating children as adverse effects may not be apparent for years (such is the case with tobacco, many medications, thalidomide, diethylstilboestrol, Vioxx and nutrient-depleted diets). If we are vaccinating children entering puberty, what is the impact on fertility cardiovascular, neurological and immune systems? According to the Medsafe datasheet, there is no data on carcinogenicity or mutagenesis (https://medsafe.govt.nz/Profs/datasheet/c/comirnatyinj.pdf section 5.3)

41. It is interesting to note that Pfizer has added the risk of *"the quality of pre-clinical, clinical or safety data, including by audit or inspection"* to the business disclosures for Q4[25]. Companies are required to disclose risks to their investors and potential investors.

Our Government's Documents

42. How can our Government push a vaccine that it knows causes harm in the short term and flouts any concerns about the long-term effects on our children? Our Government's Clinical Evaluation[26] dated January 2021 ("**Clinical Evaluation**") (obtained under the OIA) included possible adverse that were not communicated to the public, and large sections were redacted (refer to Figure 2). The medical and scientific community and the public have a substantial interest in reviewing the data and information which has been redacted.

[24] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239
[25] Q4-2021-Earnings-Conference-Call-Prepared-Remarks-FINAL.pdf (q4cdn.com)
[26] https://static1.squarespace.com/static/612c674b10fbd22a00202ceb/t/614d72f6a8c6667866a71081/1632465696127/H202106950-+Response+Documents+%28redacted%29+%28003%29+%281%29.pdf

IX. SELECTED INITIAL ADVISORY GROUP COMMENTS

Responses to an early request (with very limited information) for advice from the Medsafe COVID-19 Vaccine Advisory Committee have included the following.

Covid-19 vaccines can be expected not to provide long term protection – the need for booster doses can be expected. (For viral vectored vaccines, heterologous boosting may be needed).

Significant delayed adverse consequences of vaccination, generally, are very uncommon. For example, a recent article highlighted vaccines that had been withdrawn for safety concerns. All of the events, resulting in withdrawal, occurred within 2 months of vaccine receipt (Reid S Vaccine Safety NZMJ 21 February 2020 Vol 133 No 1510. www.nzma.org.nz/journal-articles/vaccine-safety). Possible delayed AEs could include:

- VAERD in specific age groups (eg geriatric, pediatric) or in individuals with uncommon comorbidities (eg autoimmunity / immune deficiency)
- Guillain Barre Syndrome
- narcolepsy.

s 9(2)(b)(ii)

[redacted]

Pages 75- 77 withheld under section 9(2)(b)(ii) of the Act.

43. Prior to the release of the vaccine in New Zealand, the advisory group understood that significant delayed adverse consequences of vaccination were understood to occur within two months of vaccine receipt. Following the rollout of the mass vaccination programme, the Coroners Court advised the MOH that the timeframe could be as long as 93 days following vaccination.

From: Tutton, Coroner S9(2)(a) [redacted]
Sent: Monday, 23 August 2021 5:46 pm
To: Andrew_connolly@moh.govt.nz; Deborah Woodley <Deborah.Woodley@health.govt.nz>; Jane Kelley <Jane.Kelley@health.govt.nz>
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>
Subject: Covid vaccination information for coroners please

Kia ora,
Last week, Bradley Wilkinson of the Ministry of Justice emailed you Dr Connolly to request information that is important for coroners making decisions relating to post-mortem examinations of deceased people who have had covid vaccinations recently.

Bradley wrote:
Yesterday at the Clinical Governance Group there were discussions regarding deaths after a Covid Vaccination. Are you able to please provide any guidance to the below?

- The time frame after vaccination within which a death might potentially have been caused by or contributed to by the Covid vaccination.
  Research suggests that might be as long as 93 days. Has the MOH adopted a particular timeframe?
- Information/advice for coroners re the importance of the public health information likely to be obtained as a result of post-mortem examinations conducted on deceased known to have had a recent Covid vaccination (to assist coroners to balance the rights of families who object to a post mortem and the public interest in determining whether the vaccination caused or contributed to the death)
- Are there arrangements that will enable pathologists/coroners to get access to the central vaccination register to determine whether and, if so, when, where and with what deceased people have been vaccinated
- Is there a communication channel between coroners and the Ministry of Health re: Covid related matters
- Information as to the current vaccination policy/framework of the vaccination system – e.g. is all vaccinating being done via the DHBs so that info required by coroners will be held by individual DHBs?

No reply has been received.

I appreciate that the Ministry has a lot on its plate right now. However, increasing numbers of deaths of people who have been vaccinated are being reported (as expected as vaccination rates increase), and coroners want to ensure they are making decisions in relation to those matters that are based on accurate and current information and a sound understanding of the Ministry's position in relation to relevant public health interests.

I have included Ms Woodley and Ms Kelley in this email as those named as Ministry contact points in the MOU between the Chief Coroner and the Ministry in relation to covid-19 matters.

Many thanks for your assistance,
Anna Tutton

CORONERS COURT
Te Kōti Kaitirotiro Matewhawhati
Deputy Chief Coroner A Tutton
P +64 3 3530444
Christchurch, New Zealand
www.justice.govt.nz

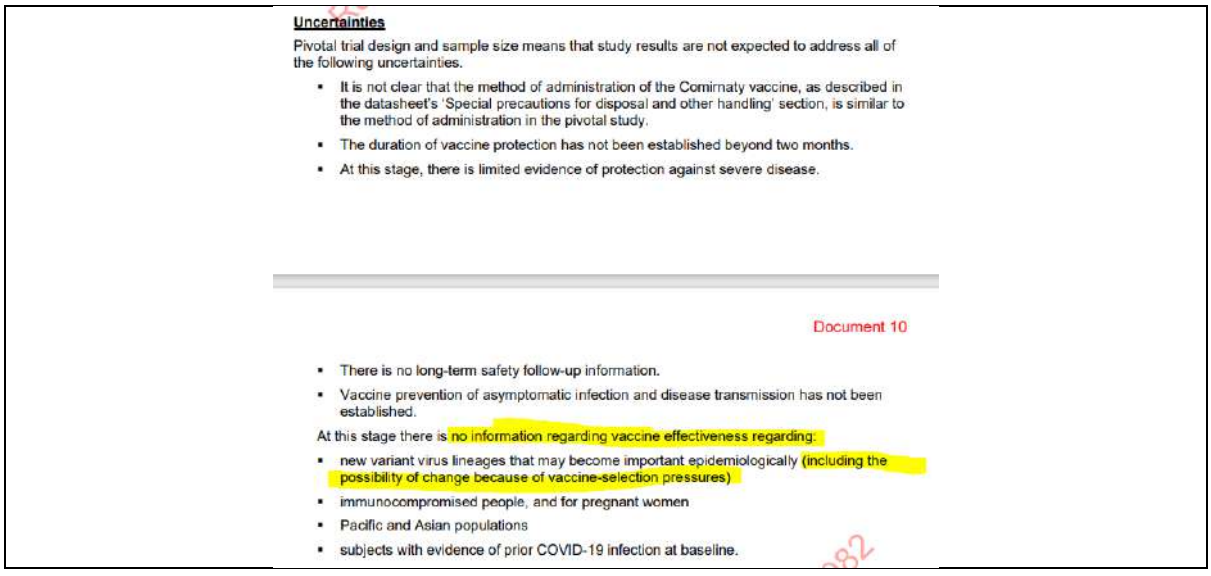
44. As a member of parliament, you have a duty to:

(a) obtain an unredacted copy of the Clinical Evaluation;
(b) ask why the Government marketed *"two shots for summer"* when it was clear in January 2021 that the need for boosters was *"expected"*;
(c) ask if we are seeing VAERD in our community at the moment (refer below);
(d) ask if the reference to adverse events occurring within two months of the administration of the vaccine was included due to the spike protein remaining in the body for up to 2 months;
(e) ask how any doctor was able to obtain informed consent given the redacted information.

45. The Clinical Evaluation also noted the risk of vaccine-associated enhanced disease (VAED, also known as AED), including vaccine-associated enhanced respiratory disease (VAERD), which is when vaccines suppress the innate immune response so that the immune system fails to neutralise the viruses as they enter the body, instead allowing them to replicate in the body. The infection is amplified rather than killed off. Moreover, the vaccine primes the immune system for a potentially deadly overreaction known as a "hyperinflammatory response" to subsequent infections. This paradoxical reaction has repeatedly been seen in other vaccines and animal development trials, especially coronavirus vaccine trials[27] which have never successfully made it through to the human development stage of the trial. I believe we are seeing why.

46. A recent article published in medRxiv[28] found that the vaccine may impair the body's ability to produce a key type of non-spike protein antibody, the N-antibody, (made to a different part of the virus that is common to all the variants), whose levels declined after each dose, thus potentially limiting the immune system's defences against mutated strains of the virus.

47. As noted in my submission to Parliament last year, the Government was ignoring the risk of a mass vaccination campaign exerting immune-selection pressure causing immune-escape variants. The Clinical Evaluation shows that vaccine -selection pressure was one of the uncertainties known to the Government prior to the public rollout.



Uncertainties

Pivotal trial design and sample size means that study results are not expected to address all of the following uncertainties.

- It is not clear that the method of administration of the Comirnaty vaccine, as described in the datasheet's 'Special precautions for disposal and other handling' section, is similar to the method of administration in the pivotal study.
- The duration of vaccine protection has not been established beyond two months.
- At this stage, there is limited evidence of protection against severe disease.

Document 10

- There is no long-term safety follow-up information.
- Vaccine prevention of asymptomatic infection and disease transmission has not been established.

At this stage there is no information regarding vaccine effectiveness regarding:

- new variant virus lineages that may become important epidemiologically (including the possibility of change because of vaccine-selection pressures)
- immunocompromised people, and for pregnant women
- Pacific and Asian populations
- subjects with evidence of prior COVID-19 infection at baseline.

[27] https://academic.oup.com/jid/article/222/12/1946/5891764
[28] https://www.medrxiv.org/content/10.1101/2022.04.18.22271936v1.full

48. In my submissions, I referred the panel to the landmark 2004 article outlying a "phylodynamic" framework to describe the evolution of RNA viruses under epidemic conditions, which theorised that viral adaptation occurs at the highest rate under intense immune-selection pressure and high infectious pressure[29] before referring them to the warnings of Dr Vanden Bossche and Dr Robert Malone that mass vaccination with non-sterilising vaccines on a background of high infectious pressure would be devastating. Local immunologist Dr Simon Brown, who has given evidence in the High Court, agrees with their thinking.

49. Unfortunately, these experts were correct.

50. Dr Malone[30] recently reflected and stated:

> *"The problem is the data are coming in from all over the world. The people that are dying and ending up hospitalized with Omicron BA.5 are the highly jabbed.*
>
> *The data from New Zealand is stunning. They managed to keep the earlier variants out, they jabbed everybody, and now Omicron BA.5, which is the escape mutant, it's learned how to avoid the vaccine … and it is hammering New Zealand because they don't have any natural immunity."*

Is the Government Lying or Guessing?

51. An article in Stuff[31] by academic Dr Ben Gray, tells startling truths about Big Pharma and the corrupted FDA, but Dr Ben Gray says our Medsafe could never behave like that as it is accountable to Parliament. Interestingly Medsafe has followed the FDA's approval process lockstep and accepted Pfizer's application at face value whilst burying the aforementioned post-marketing results. Will Medsafe follow the FDA's decision[32] and rubber stamp Pfizer's "clinical trial" of babies and pre-schoolers?

52. The Government has stated that the vaccine is safe for the immune-compromised and pregnant despite the lack of data from Pfizer. However, Pfizer's documents do not support such claims.

53. For example, the Government has claimed and promoted that the vaccine is safe for use during pregnancy. However, the Data Sheet states the following:

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[29] https://collaborate.princeton.edu/en/publications/unifying-the-epidemiological-and-evolutionary-dynamics-of-pathoge
[30] https://www.redvoicemedia.com/2022/07/original-antigenic-sin-the-highly-jabbed-are-breeding-variants-and-perpetuating-an-endless-pandemic-video/ref/6/
[31] https://www.stuff.co.nz/opinion/129203520/medsafes-accountability-to-us-is-a-reason-we-trust-it-over-the-fda
[32] https://www.hartgroup.org/fda-approve-covid-vaccine-for-0-4-years

4.6 Fertility, pregnancy and lactation

Fertility

In a combined fertility and developmental toxicity study, female rats were intramuscularly administered COMIRNATY prior to mating and during gestation (4 full human doses of 30 µg each, spanning between pre-mating day 21 and gestation day 20). SARS CoV-2 neutralising antibodies were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in fetuses and offspring. There were no vaccine related effects on female fertility and pregnancy rate.

Pregnancy

There is limited experience with use of COMIRNATY in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development (see Fertility). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

Lactation

It is unknown whether BNT162b2 [mRNA] is excreted in human milk. A combined fertility and developmental toxicity study in rats did not show harmful effects on offspring development before weaning (see Fertility).

54. In addition, pregnant women were withdrawn from the trial due to Pfizer's own clinical protocol. Pfizer's documents[33] states:

BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 6. Description of Missing Information

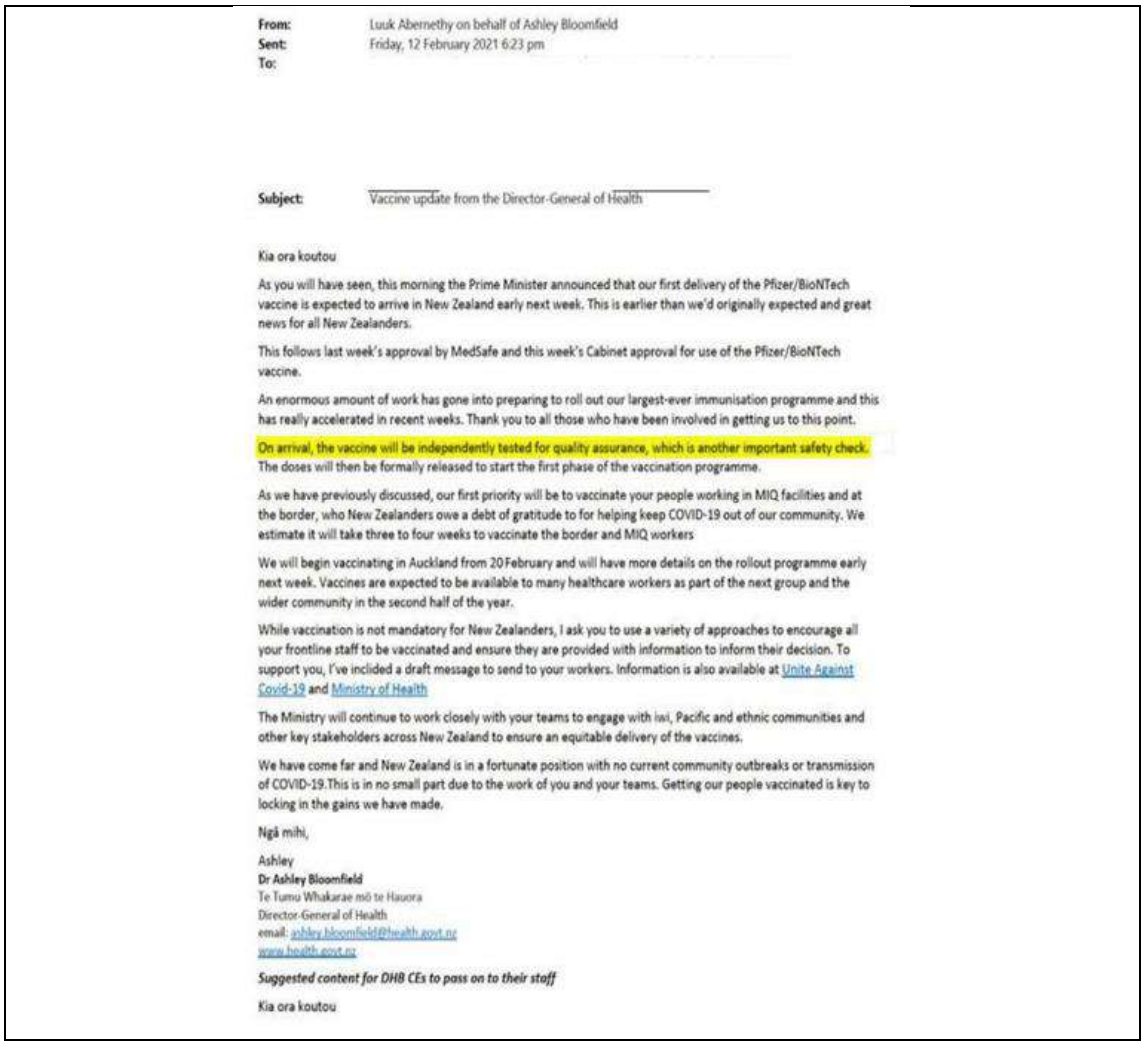
Topic	Description
Missing Information	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Use in Pregnancy and lactation	• Number of cases: 413[a] (0.98% of the total PM dataset); 84 serious and 329 non-serious; • Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11); Italy (9), Portugal (8), Mexico (6), Estonia, Hungary and Ireland, (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries. Pregnancy cases: 274 cases including: • 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins). • Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted). • 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2). • 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases). • 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester. Breast feeding baby cases: 133, of which: • 116 cases reported exposure to vaccine during breastfeeding (PT Exposure via breast milk) without the occurrence of any clinical adverse events;

[33] https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

55. As a member of parliament, you have a duty to ask the Government why it recommended the vaccine to pregnant women and if there has been an increase in stillbirths and miscarriages since the start of the vaccine program. A declining birth-rate, as is being reported in multiple vaccinated countries.

Should the Vaccines be Independently Tested?

56. In February 2021, prior to the rollout of the vaccine, Dr Ashley Bloomfield stated that *"the vaccine would be independently tests for quality assurance, which is another important safety check"*. However, in May 2022, the Ministry of Health confirmed in writing that *"[t]he capacity to conduct independent testing of the vaccine does not currently exist in New Zealand"*. Please refer to a copy of the email below.



From: Luuk Abernethy on behalf of Ashley Bloomfield
Sent: Friday, 12 February 2021 6:23 pm
To:

Subject: Vaccine update from the Director-General of Health

Kia ora koutou

As you will have seen, this morning the Prime Minister announced that our first delivery of the Pfizer/BioNTech vaccine is expected to arrive in New Zealand early next week. This is earlier than we'd originally expected and great news for all New Zealanders.

This follows last week's approval by MedSafe and this week's Cabinet approval for use of the Pfizer/BioNTech vaccine.

An enormous amount of work has gone into preparing to roll out our largest-ever immunisation programme and this has really accelerated in recent weeks. Thank you to all those who have been involved in getting us to this point.

On arrival, the vaccine will be independently tested for quality assurance, which is another important safety check. The doses will then be formally released to start the first phase of the vaccination programme.

As we have previously discussed, our first priority will be to vaccinate your people working in MIQ facilities and at the border, who New Zealanders owe a debt of gratitude to for helping keep COVID-19 out of our community. We estimate it will take three to four weeks to vaccinate the border and MIQ workers

We will begin vaccinating in Auckland from 20 February and will have more details on the rollout programme early next week. Vaccines are expected to be available to many healthcare workers as part of the next group and the wider community in the second half of the year.

While vaccination is not mandatory for New Zealanders, I ask you to use a variety of approaches to encourage all your frontline staff to be vaccinated and ensure they are provided with information to inform their decision. To support you, I've inclided a draft message to send to your workers. Information is also available at Unite Against Covid-19 and Ministry of Health

The Ministry will continue to work closely with your teams to engage with iwi, Pacific and ethnic communities and other key stakeholders across New Zealand to ensure an equitable delivery of the vaccines.

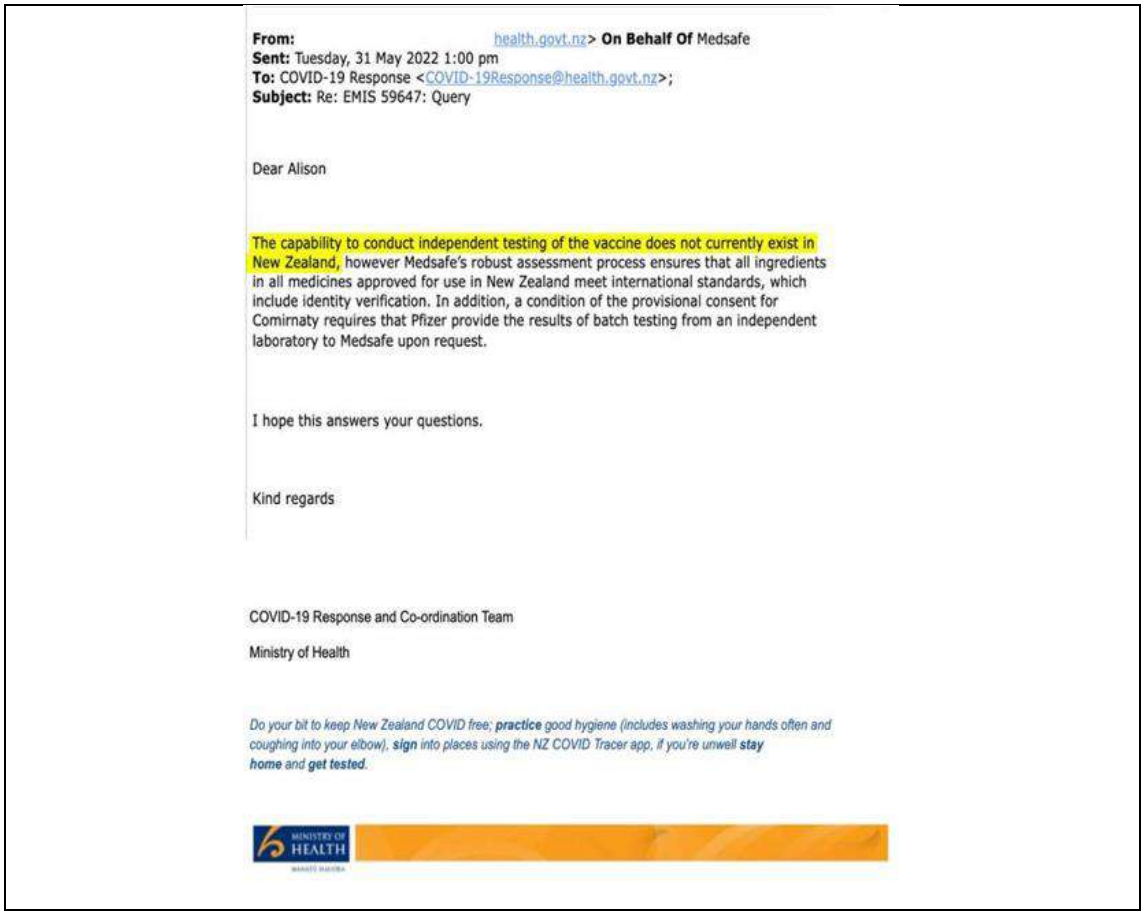
We have come far and New Zealand is in a fortunate position with no current community outbreaks or transmission of COVID-19.This is in no small part due to the work of you and your teams. Getting our people vaccinated is key to locking in the gains we have made.

Ngā mihi,

Ashley
Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health
email: ashley.bloomfield@health.govt.nz
www.health.govt.nz

Suggested content for DHB CEs to pass on to their staff

Kia ora koutou



From: health.govt.nz> **On Behalf Of** Medsafe
Sent: Tuesday, 31 May 2022 1:00 pm
To: COVID-19 Response <COVID-19Response@health.govt.nz>;
Subject: Re: EMIS 59647: Query

Dear Alison

The capability to conduct independent testing of the vaccine does not currently exist in New Zealand, however Medsafe's robust assessment process ensures that all ingredients in all medicines approved for use in New Zealand meet international standards, which include identity verification. In addition, a condition of the provisional consent for Comirnaty requires that Pfizer provide the results of batch testing from an independent laboratory to Medsafe upon request.

I hope this answers your questions.

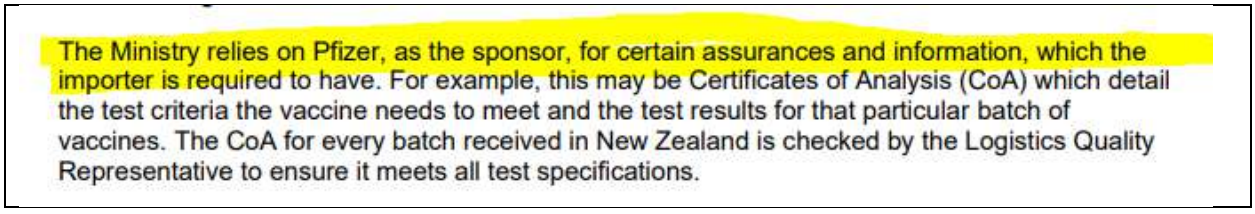
Kind regards

COVID-19 Response and Co-ordination Team

Ministry of Health

*Do your bit to keep New Zealand COVID free; **practice** good hygiene (includes washing your hands often and coughing into your elbow), **sign** into places using the NZ COVID Tracer app, if you're unwell **stay home** and **get tested**.*

57. On 11 March 2022 Medsafe confirmed in a response to an OIA request from lawyer Sue Grey that the rely on Pfizer for the quality specification.



The Ministry relies on Pfizer, as the sponsor, for certain assurances and information, which the importer is required to have. For example, this may be Certificates of Analysis (CoA) which detail the test criteria the vaccine needs to meet and the test results for that particular batch of vaccines. The CoA for every batch received in New Zealand is checked by the Logistics Quality Representative to ensure it meets all test specifications.

58. An example of a certificate of analysis provided by Medsafe to Sue Grey is set out below.

Certificate of Analysis

PFIZER MANUFACTURING BELGIUM NV
RIJKSWEG 12
B-2870 PUURS (BELGIUM)
TEL: +32 (0)3 890.92.11
FAX: +32 (0)3 889.65.32

Batch Number: FR8392 **Date Generated:** 19-Jan-2022

Product Name: COMIRNATY™ Tris/Sucrose, 10 mcg/0.2 mL Concentrate for Dispersion for Injection (COMIRNATY 0.1mg/ml 10x1.3ml GVL EU)

Material Number: F000054850

Date of Manufacture: 24.11.2021

Expiration Date: 30.04.2022

Importing Country: All countries that accepted Marketing Authorisation Application

REGISTERED TESTS	ACCEPTANCE CRITERIA	RESULT
COMPOSITION AND STRENGTH		
Appearance (Visual) Appearance	s 9(2)(b)(ii)	Meets test
Appearance (Particles) Visible Particulates		Meets test
Subvisible Particulate Matter Subvisible particles		18 Particles >= 10 µm per container 1 Particles >= 25 µm per container
Potentiometry pH		7.4
Osmometry Osmolality		361 mOsmol/kg
Dynamic Light Scattering (DLS) LNP Size LNP Polydispersity		68 nm 0.1
Fluorescence assay RNA Encapsulation RNA Content		97 % 0.097 mg/mL
HPLC-CAD ALC-0315 Content ALC-0159 Content DSPC content Cholesterol content		1.30 mg/mL 0.16 mg/mL 0.28 mg/mL 0.56 mg/mL
Container content Vial content (volume)		>=1.222 mL
IDENTITY		
HPLC-CAD Lipid identities		Meets test
RT-PCR Identity of encoded RNA sequence		Identity confirmed

Pfizer Internal Use

REGISTERED TESTS	ACCEPTANCE CRITERIA	RESULT
POTENCY		
Cell-based Flow Cytometry In Vitro Expression	s 9(2)(b)(ii)	91 %
PURITY		
Capillary Gel Electrophoresis RNA Integrity		73 %
ADVENTITIOUS AGENTS		
Endotoxin (LAL) Bacterial endotoxin		<5.00 EU/mL
Sterility Sterility		No growth detected

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS AUTHENTIC AND ACCURATE.

QUALITY ASSURANCE REVIEW: THE BATCH DOCUMENTATION FOR THE ABOVE LISTED LOT OF PRODUCT HAS BEEN REVIEWED AND ALL ASPECTS WERE FOUND ACCEPTABLE. ALL DEVIATIONS HAVE BEEN THOROUGHLY REVIEWED AND APPROVED. THE RESULTS OF ALL IN-PROCESS TESTING MEET THE REQUIREMENTS. THE BATCH HAS ALSO BEEN TESTED AND CONFORMS TO ALL MAA SPECIFICATIONS AND INTERNAL CONTROL TARGETS. ALL BATCH DOCUMENTATION IS RETAINED AT PFIZER MANUFACTURING BELGIUM NV AND AVAILABLE FOR REVIEW.

MANUFACTURING/PACKAGING REVIEW: THE BATCH DOCUMENTATION FOR THE ABOVE LISTED LOT OF PRODUCT HAS BEEN REVIEWED AND ALL ASPECTS OF THE MANUFACTURING AND PACKAGING WERE JUDGED ACCEPTABLE AND CONSISTENT WITH THE REQUIREMENTS OUTLINED IN THE MAA AND MASTER MANUFACTURING DOCUMENTS. ALL MANUFACTURING DEVIATIONS HAVE BEEN THOROUGHLY REVIEWED AND APPROVED.

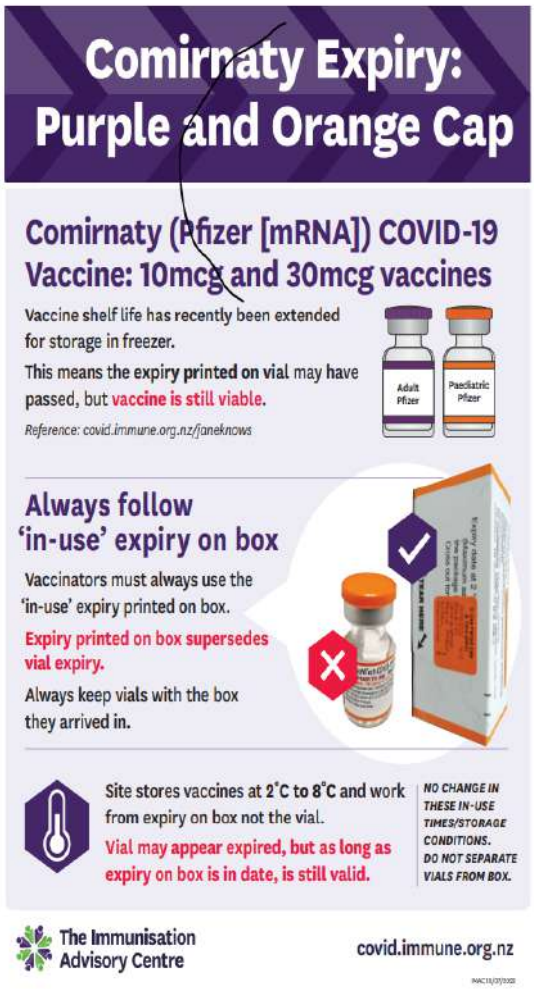
ALL ACTIVITIES ARE PERFORMED BY QUALIFIED PEOPLE, UNDER THE SUPERVISION OF THE QUALIFIED PERSON.

Prepared by:

s 9(2)(a)

Does the Expiry Date of the Vaccine Matter?

59. As set out in Pfizer's Certificate of Analysis above, each batch number has an expiry date. I was surprised to learn that the vaccine expiry date was trivial as per the notice below:



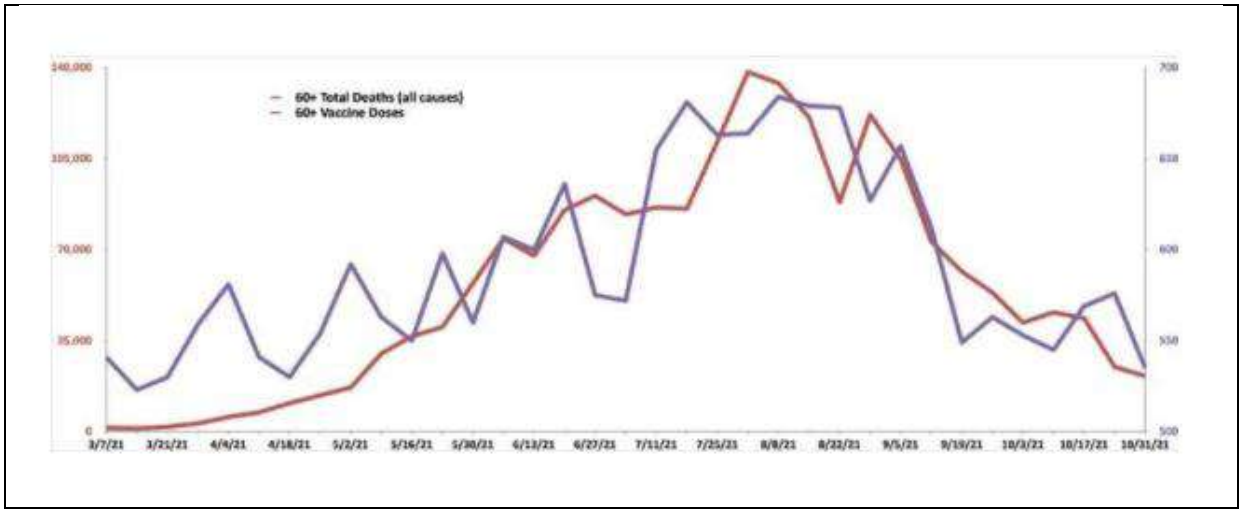
Reducing Serious Outcomes

60. The Government's claim that the vaccine was 95% effective was either a guess or a lie as the vaccinated quickly started testing positive for COVID-19. The Government quickly rebranded the benefits of the vaccine and claimed that the vaccine will reduce hospitalisations for COVID-19.

61. The Government's claim seems suspicious, given that the all-cause mortality in the initial phase of the Pfizer trial was 30 % higher in the vaccinated group versus the matched control group, predominately from heart attacks in the treated group.

62. A recent analysis of weekly vaccination totals and all-cause mortality for the 60-plus age cohort showed an extra 2000 deaths[34] last year and a similar number in the first four months of this year. This analysis was possible due to our unique situation in New Zealand. We were protected at our borders and have had a low incidence of Covid up until recently, and therefore the short-term impact of vaccination on health can be reviewed in isolation from the confounding factors of Covid infections and deaths. Grant Dixon obtained figures from Medsafe through an OIA request and graphed the temporal association between all-cause deaths and vaccination for the 60+ age cohort during the rollout of the mRNA vaccine in New Zealand between the beginning of March 2021 to the end of October 2021.

[34] https://www.bitchute.com/video/dASUoQ92PTbD/

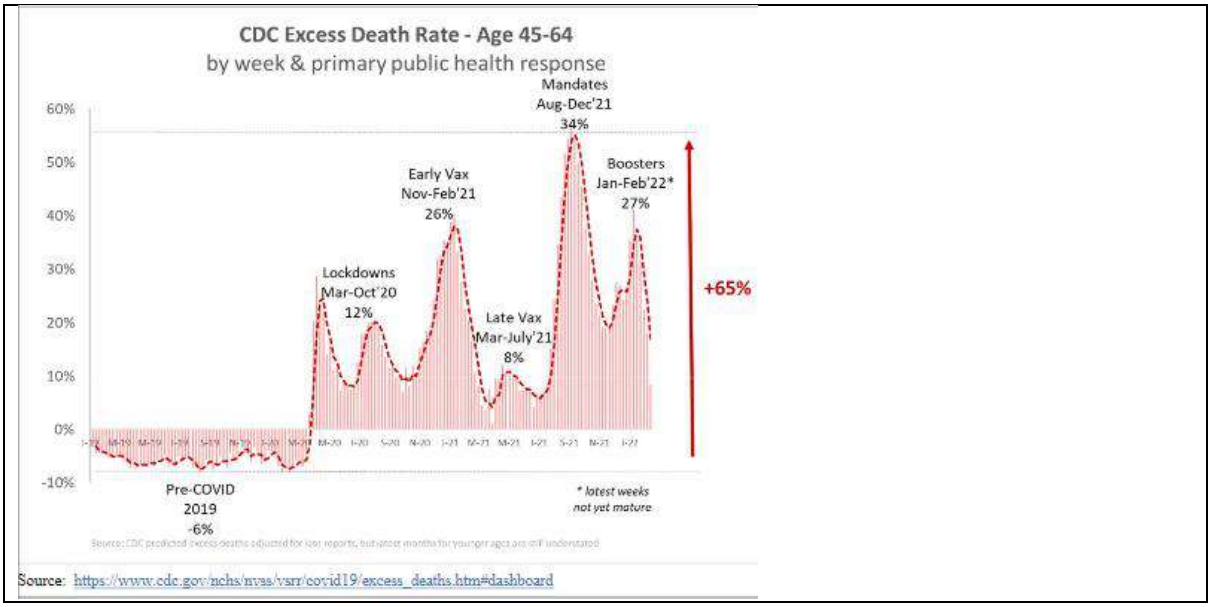


63. Another New Zealand study found a close relationship between the booster rollout and rising excess mortality[35]. The study used the aggregate weekly data on excess mortality in New Zealand to study the impacts of rolling out booster doses. The study found that instrumental variables estimate using a plausible source of exogenous variation in the rate of booster dose rollout indicate 16 excess deaths per 100,000 booster doses, totalling over 400 excess deaths from New Zealand's booster rollout to date.

64. Likewise, the death rate in the United States for those aged 18-64 has risen an astonishing 40% over pre-pandemic levels. According to the CEO of Indianapolis-based insurance company OneAmerica, "*We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica*[36]". OneAmerica is a $100 billion insurance company that's been in operation since 1877 and has approximately 2,400 employees. Similarly, one of Germany's largest health insurance companies released data suggesting German health authorities are significantly underreporting vaccine injuries[37]. The company, BKK ProVita, said its analysis revealed a "*significant alarm signal*" and that "*a risk to human life cannot be ruled out*.[38]" The German Health Agency claimed that there were 244,576 suspected cases of vaccine side effects reported in 2021, but BKK said its analysis revealed more than 400,000 cases.

65. Edward Dowd, an economist, analysed the CDC's records against the excess mortality rates in the United States against different events. The economist's findings are set out in a graph below:

[35] https://econpapers.repec.org/paper/waieconwp/22_2f11.htm
[36] Life Insurance CEO Says Deaths Up 40% Among Those Aged 18-64 | ZeroHedge
[37] https://www.berliner-zeitung.de/news/impffolgen-krankenkasse-bkk-schreibt-brief-an-paul-ehrlich-institut-li.213676?fbclid=IwAR3ZSdDytlj5BXN3pB3myb6dNavvbTLfUpbr8On2M1o8K6uz17trCIES7js
[38] https://childrenshealthdefense.org/defender/covid-vaccine-injuries-german-health-insurer/



66. The UK Office for National Statistics[39] reported that in the week ending 1 July 2022, there were 10,357 deaths registered, which is 1,128 or 12.2% above the five-year average. Of these, 332 were registered with Covid as a contributory cause and 212 were registered as due to Covid as the underlying cause. This leaves 916 excess deaths from an underlying cause other than COVID-19, bringing the total non-Covid excess deaths in the ten weeks since the recent spike began in late April to 8,756 deaths.

67. A compilation of media headlines listing the new and unusual sudden deaths is set out below. Is the media being instructed to prepare us for SADS?

https://mobile.twitter.com/thecoronacure_/status/1540090407517831173

https://www.nzherald.co.nz/lifestyle/what-is-sads-healthy-young-people-dying-from-sudden-adult-death-syndrome/TIOAK4SYPF5LFSKP5QZCVG23IM/

https://nzdsos.com/2022/07/15/sads-tell-me-lies/

Definition of Vaccinated

68. There are international concerns that those who have been vaccinated and require hospitalisation or die are being classed as "unvaccinated" due to a fluid definition of the term. This undermines the last bastion of the Government's narrative that the vaccinated are much less likely to die from their covid infection.

69. A group of 29 Swedish doctors[40] recently obtained information under a freedom of information request that showed individuals dying within two weeks of vaccination have been counted as unvaccinated, and this classification also applies to the 14-day period after the second vaccination. Over 900 deaths had been misrepresented as being unvaccinated people dying from COVID-19. Germany and the UK have been caught similarly miscategorising.

70. Is our Government manipulating the numbers in a similar fashion? I suspect that the Government is manipulating the statistics, given that MOH's website states that Covid deaths include all cases of people who died within 28 days of being reported as a COVID-19 case, even where the underlying cause of death

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39 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending1july2022

40 https://lakaruppropet.se/public-health-agency-reporting-has-distorted-mortality-rates-for-the-unvaccinated-and-vaccinated/

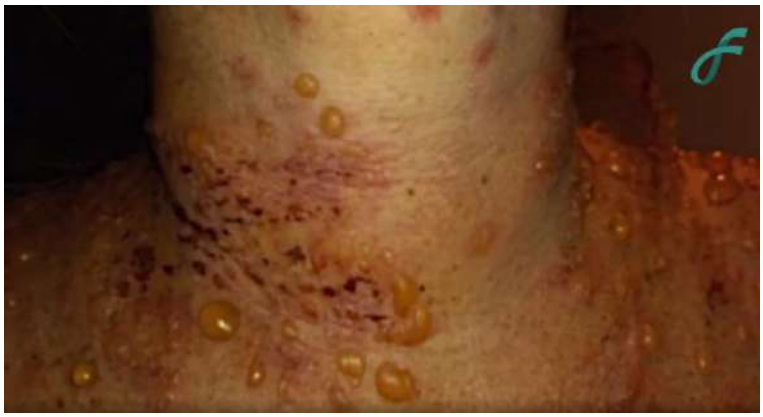
may have been unrelated to COVID-19[41]. Why does the Government need to inflate the number of deaths in a deadly pandemic?

New Zealanders are being injured as well as dying

71. New Zealanders are being seriously injured by the vaccine. The victims often state that they are told privately by doctors that the injuries are due to the vaccine, but the same doctors are reluctant to record their views in the discharge summaries or report them to CARM for fear of the consequences. Several doctors have had their practicing certificates suspended for asking questions about the Government's Covid response, including questions about the harm caused by vaccination.

72. The NIH[42] has published a paper on skin reaction following the administration of the vaccine, including subepidermal blistering eruptions. Another paper discusses the development of bullous pemphigoid following the vaccine[43].

73. Liz Gunn has recently reported on a woman, Toni Crengle ("**Toni**"), from Rotorua, that was taken to the burns ward after she developed severe blistering on her body and down her throat. At the time of filming, Toni was diagnosed is bullous pemphigoid, and she was told verbally it was due to the vaccine. Since the airing of the documentary, she has a new diagnosis of epidermolysis bullosa acquisita, which is listed as one of the 1200 conditions listed in Pfizer's documents (refer to Schedule 1). She can no longer work due to her injuries. Toni has given me permission to use this image of the blistering of her skin.



74. The full documentary is available here:

Toni Crengle is in the burns ward due to her traumatising jab-injuries (odysee.com)

75. The above is one example of how some New Zealanders are suffering after the vaccine. It is beyond disgraceful that the Government denies exemptions to people that have suffered an adverse reaction. The official statements in regard to the number of applications for exemptions do not seem to reconcile with what people are saying. It is beyond reasonable doubt that the vaccine does not stop infection and transmission. What has happened to our lawmakers? What type of society are we becoming?

[41] https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-current-cases
[42] Subepidermal blistering eruptions, including bullous pemphigoid, following COVID-19 vaccination - PMC (nih.gov)
[43] https://onlinelibrary.wiley.com/doi/10.1111/dth.15595

Conclusion

76. The parables of the elephant in the room and the emperor with no clothes both speak to cast-in-stone elements of the human psyche. Why do humans see the naked emperor as anything but exposed?

77. The giant elephant of denial, along with unpleasant and inconvenient truths are politically damaging and easier to ignore. However, you cannot ignore the truth that the vaccines do not stop transmission and infection and seem to have made the situation worse. Pfizer's own documents are testament to the harm that the vaccine can cause. Each booster amplifies the known and potential risks of harm (including death).

78. The Government has deliberately, or perhaps under duress from `big pharma', put barriers in place to prevent the true safety data from being collected. The Government has ignored the fact that scientific integrity was lost when Pfizer deviated from the randomised control trial obliterating long-term safety data. The question is why?

79. It would appear that New Zealand is suffering after ignoring the warning that mass vaccination with non-sterilising vaccines on a background of high infectious pressure would be devastating. Sadly, vaccinated New Zealanders are at risk of vaccine-associated enhanced disease after doing what they thought was the right thing to do for the greater good.

80. I have reviewed many of NZDSOS's letters to Government and regulators, consulted widely, and undertaken a vast amount of research. NZDSOS' concerns are real and an independent investigation into the true impact of the vaccine should be undertaken immediately. We need to know the safest course for ourselves and our families.

81. There has been a coup against conscientious medicine, and I struggle to comprehend how any vaccine administrator could claim that informed consent has been obtained from patients. All they can claim is that they have followed the Government's *"guidelines"* - which are biased and incorrect. I and others have spoken to many in the health system about what they are seeing. Many are afraid to speak out for fear of losing their jobs and income. Other health care workers are despondent as they ask, *"what can we do?"*.

82. As a member of parliament, you can ask questions and receive a timely answer. I know that some of you are already asking questions privately, I ask the remainder of you to push through your cognitive and emotional biases and start asking questions rather than blindly accepting the narrative.

83. It is time to be courageous and step up as a leader of our community. You will regain the trust and respect of all your constituents by asking questions and calling for an investigation that seeks the truth. I and others will support any member of parliament that is courageous enough to publicly ask the questions set out in this letter. Please be brave and stand on the right side of history.

84. If you have any questions, please feel free to contact me.

Yours sincerely

Kirsten Murfitt

Note: once again, I am writing to you in my personal capacity as a concerned citizen of New Zealand.

Schedule 1

"adverse reactions of special interest" from Pfizer's Documents

APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle specific kinase antibody positive;Anti-myelin-associated glycoprotein antibodies positive;Anti-myelin-associated glycoprotein associated polyneuropathy;Antimyocardial antibody positive;Anti-neuronal antibody positive;Antineutrophil cytoplasmic antibody increased;Antineutrophil cytoplasmic antibody positive;Anti-neutrophil cytoplasmic antibody positive vasculitis;Anti-NMDA antibody positive;Antinuclear antibody increased;Antinuclear antibody positive;Antiphospholipid antibodies positive;Antiphospholipid syndrome;Anti-platelet antibody positive;Anti-prothrombin antibody positive;Antiribosomal P antibody positive;Anti-RNA polymerase III antibody positive;Anti-saccharomyces cerevisiae antibody test positive;Anti-sperm antibody positive;Anti-SRP antibody positive;Antisynthetase syndrome;Anti-thyroid antibody positive;Anti-transglutaminase antibody increased;Anti-VGCC antibody positive;Anti-VGKC antibody positive;Anti-vimentin antibody positive;Antiviral prophylaxis;Antiviral treatment;Anti-zinc transporter 8 antibody positive;Aortic embolus;Aortic thrombosis;Aortitis;Aplasia pure red cell;Aplastic anaemia;Application site thrombosis;Application site vasculitis;Arrhythmia;Arterial bypass occlusion;Arterial bypass thrombosis;Arterial thrombosis;Arteriovenous fistula thrombosis;Arteriovenous graft site stenosis;Arteriovenous graft thrombosis;Arteritis;Arteritis

coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID-19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial spondyloarthritis;Axillary vein thrombosis;Axonal and demyelinating polyneuropathy;Axonal neuropathy;Bacterascites;Baltic myoclonic epilepsy;Band sensation;Basedow's disease;Basilar artery thrombosis;Basophilopenia;B-cell aplasia;Behcet's syndrome;Benign ethnic neutropenia;Benign familial neonatal convulsions;Benign familial pemphigus;Benign rolandic epilepsy;Beta-2 glycoprotein antibody positive;Bickerstaff's encephalitis;Bile output abnormal;Bile output decreased;Biliary ascites;Bilirubin conjugated abnormal;Bilirubin conjugated increased;Bilirubin urine present;Biopsy liver abnormal;Biotinidase deficiency;Birdshot chorioretinopathy;Blood alkaline phosphatase abnormal;Blood alkaline phosphatase increased;Blood bilirubin abnormal;Blood bilirubin increased;Blood bilirubin unconjugated increased;Blood cholinesterase abnormal;Blood cholinesterase decreased;Blood pressure decreased;Blood pressure diastolic decreased;Blood pressure systolic decreased;Blue toe syndrome;Brachiocephalic vein thrombosis;Brain stem embolism;Brain stem thrombosis;Bromosulphthalein test abnormal;Bronchial oedema;Bronchitis;Bronchitis mycoplasmal;Bronchitis viral;Bronchopulmonary aspergillosis allergic;Bronchospasm;Budd-Chiari syndrome;Bulbar palsy;Butterfly rash;C1q nephropathy;Caesarean section;Calcium embolism;Capillaritis;Caplan's syndrome;Cardiac amyloidosis;Cardiac arrest;Cardiac failure;Cardiac failure acute;Cardiac sarcoidosis;Cardiac ventricular thrombosis;Cardiogenic shock;Cardiolipin antibody positive;Cardiopulmonary failure;Cardio-respiratory arrest;Cardio-respiratory distress;Cardiovascular insufficiency;Carotid arterial embolus;Carotid artery thrombosis;Cataplexy;Catheter site thrombosis;Catheter site vasculitis;Cavernous sinus thrombosis;CDKL5 deficiency disorder;CEC syndrome;Cement embolism;Central nervous system lupus;Central nervous system vasculitis;Cerebellar artery thrombosis;Cerebellar embolism;Cerebral amyloid angiopathy;Cerebral arteritis;Cerebral artery embolism;Cerebral artery thrombosis;Cerebral gas embolism;Cerebral microembolism;Cerebral septic infarct;Cerebral thrombosis;Cerebral venous sinus thrombosis;Cerebral venous thrombosis;Cerebrospinal thrombotic

tamponade;Cerebrovascular accident;Change in seizure presentation;Chest discomfort;Child-Pugh-Turcotte score abnormal;Child-Pugh-Turcotte score increased;Chillblains;Choking;Choking sensation;Cholangitis sclerosing;Chronic autoimmune glomerulonephritis;Chronic cutaneous lupus erythematosus;Chronic fatigue syndrome;Chronic gastritis;Chronic inflammatory demyelinating polyradiculoneuropathy;Chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids;Chronic recurrent multifocal osteomyelitis;Chronic respiratory failure;Chronic spontaneous urticaria;Circulatory collapse;Circumoral oedema;Circumoral swelling;Clinically isolated syndrome;Clonic convulsion;Coeliac disease;Cogan's syndrome;Cold agglutinins positive;Cold type haemolytic anaemia;Colitis;Colitis erosive;Colitis herpes;Colitis microscopic;Colitis ulcerative;Collagen disorder;Collagen-vascular disease;Complement factor abnormal;Complement factor C1 decreased;Complement factor C2 decreased;Complement factor C3 decreased;Complement factor C4 decreased;Complement factor decreased;Computerised tomogram liver abnormal;Concentric sclerosis;Congenital anomaly;Congenital bilateral perisylvian syndrome;Congenital herpes simplex infection;Congenital myasthenic syndrome;Congenital varicella infection;Congestive hepatopathy;Convulsion in childhood;Convulsions local;Convulsive threshold lowered;Coombs positive haemolytic anaemia;Coronary artery disease;Coronary artery embolism;Coronary artery thrombosis;Coronary bypass thrombosis;Coronavirus infection;Coronavirus test;Coronavirus test negative;Coronavirus test positive;Corpus callosotomy;Cough;Cough variant asthma;COVID-19;COVID-19 immunisation;COVID-19 pneumonia;COVID-19 prophylaxis;COVID-19 treatment;Cranial nerve disorder;Cranial nerve palsies multiple;Cranial nerve paralysis;CREST syndrome;Crohn's disease;Cryofibrinogenaemia;Cryoglobulinaemia;CSF oligoclonal band present;CSWS syndrome;Cutaneous amyloidosis;Cutaneous lupus erythematosus;Cutaneous sarcoidosis;Cutaneous vasculitis;Cyanosis;Cyclic neutropenia;Cystitis interstitial;Cytokine release syndrome;Cytokine storm;De novo purine synthesis inhibitors associated acute inflammatory syndrome;Death neonatal;Deep vein thrombosis;Deep vein thrombosis postoperative;Deficiency of bile secretion;Deja vu;Demyelinating polyneuropathy;Demyelination;Dermatitis;Dermatitis bullous;Dermatitis herpetiformis;Dermatomyositis;Device embolisation;Device related thrombosis;Diabetes mellitus;Diabetic ketoacidosis;Diabetic mastopathy;Dialysis amyloidosis;Dialysis membrane reaction;Diastolic hypotension;Diffuse vasculitis;Digital pitting scar;Disseminated intravascular coagulation;Disseminated intravascular coagulation in newborn;Disseminated neonatal herpes simplex;Disseminated varicella;Disseminated varicella zoster vaccine virus infection;Disseminated varicella zoster virus infection;DNA antibody positive;Double cortex syndrome;Double stranded DNA antibody positive;Dreamy state;Dressler's syndrome;Drop attacks;Drug withdrawal convulsions;Dyspnoea;Early infantile epileptic encephalopathy with burst-suppression;Eclampsia;Eczema herpeticum;Embolia cutis medicamentosa;Embolic cerebellar infarction;Embolic cerebral infarction;Embolic pneumonia;Embolic stroke;Embolism;Embolism arterial;Embolism venous;Encephalitis;Encephalitis allergic;Encephalitis autoimmune;Encephalitis brain stem;Encephalitis haemorrhagic;Encephalitis periaxialis diffusa;Encephalitis post immunisation;Encephalomyelitis;Encephalopathy;Endocrine disorder;Endocrine ophthalmopathy;Endotracheal intubation;Enteritis;Enteritis leukopenic;Enterobacter pneumonia;Enterocolitis;Enteropathic spondylitis;Eosinopenia;Eosinophilic

fasciitis;Eosinophilic granulomatosis with polyangiitis;Eosinophilic oesophagitis;Epidermolysis;Epilepsy;Epilepsy surgery;Epilepsy with myoclonic-atonic seizures;Epileptic aura;Epileptic psychosis;Erythema;Erythema induratum;Erythema multiforme;Erythema nodosum;Evans syndrome;Exanthema subitum;Expanded disability status scale score decreased;Expanded disability status scale score increased;Exposure to communicable disease;Exposure to SARS-CoV-2;Eye oedema;Eye pruritus;Eye swelling;Eyelid oedema;Face oedema;Facial paralysis;Facial paresis;Faciobrachial dystonic seizure;Fat embolism;Febrile convulsion;Febrile infection-related epilepsy syndrome;Febrile neutropenia;Felty's syndrome;Femoral artery embolism;Fibrillary glomerulonephritis;Fibromyalgia;Flushing;Foaming at mouth;Focal cortical resection;Focal dyscognitive seizures;Foetal distress syndrome;Foetal placental thrombosis;Foetor hepaticus;Foreign body embolism;Frontal lobe epilepsy;Fulminant type 1 diabetes mellitus;Galactose elimination capacity test abnormal;Galactose elimination capacity test decreased;Gamma-glutamyltransferase abnormal;Gamma-glutamyltransferase increased;Gastritis herpes;Gastrointestinal amyloidosis;Gelastic seizure;Generalised onset non-motor seizure;Generalised tonic-clonic seizure;Genital herpes;Genital herpes simplex;Genital herpes zoster;Giant cell arteritis;Glomerulonephritis;Glomerulonephritis membranoproliferative;Glomerulonephritis membranous;Glomerulonephritis rapidly progressive;Glossopharyngeal nerve paralysis;Glucose transporter type 1 deficiency syndrome;Glutamate dehydrogenase increased;Glycocholic acid increased;GM2 gangliosidosis;Goodpasture's syndrome;Graft thrombosis;Granulocytopenia;Granulocytopenia neonatal;Granulomatosis with polyangiitis;Granulomatous dermatitis;Grey matter heterotopia;Guanase increased;Guillain-Barre syndrome;Haemolytic anaemia;Haemophagocytic lymphohistiocytosis;Haemorrhage;Haemorrhagic ascites;Haemorrhagic disorder;Haemorrhagic pneumonia;Haemorrhagic varicella syndrome;Haemorrhagic vasculitis;Hantavirus pulmonary infection;Hashimoto's encephalopathy;Hashitoxicosis;Hemimegalencephaly;Henoch-Schonlein purpura;Henoch-Schonlein purpura nephritis;Hepaplastin abnormal;Hepaplastin decreased;Heparin-induced thrombocytopenia;Hepatic amyloidosis;Hepatic artery embolism;Hepatic artery flow decreased;Hepatic artery thrombosis;Hepatic enzyme abnormal;Hepatic enzyme decreased;Hepatic enzyme increased;Hepatic fibrosis marker abnormal;Hepatic fibrosis marker increased;Hepatic function abnormal;Hepatic hydrothorax;Hepatic hypertrophy;Hepatic hypoperfusion;Hepatic lymphocytic infiltration;Hepatic mass;Hepatic pain;Hepatic sequestration;Hepatic vascular resistance increased;Hepatic vascular thrombosis;Hepatic vein embolism;Hepatic vein thrombosis;Hepatic venous pressure gradient abnormal;Hepatic venous pressure gradient increased;Hepatitis;Hepatobiliary scan abnormal;Hepatomegaly;Hepatosplenomegaly;Hereditary angioedema with C1 esterase inhibitor deficiency;Herpes dermatitis;Herpes gestationis;Herpes oesophagitis;Herpes ophthalmic;Herpes pharyngitis;Herpes sepsis;Herpes simplex;Herpes simplex cervicitis;Herpes simplex colitis;Herpes simplex encephalitis;Herpes simplex gastritis;Herpes simplex hepatitis;Herpes simplex meningitis;Herpes simplex meningoencephalitis;Herpes simplex meningomyelitis;Herpes simplex necrotising retinopathy;Herpes simplex oesophagitis;Herpes simplex otitis externa;Herpes simplex pharyngitis;Herpes simplex pneumonia;Herpes simplex reactivation;Herpes simplex sepsis;Herpes simplex viraemia;Herpes simplex virus conjunctivitis neonatal;Herpes simplex visceral;Herpes virus

infection;Herpes zoster;Herpes zoster cutaneous disseminated;Herpes zoster infection neurological;Herpes zoster meningitis;Herpes zoster meningoencephalitis;Herpes zoster meningomyelitis;Herpes zoster meningoradiculitis;Herpes zoster necrotising retinopathy;Herpes zoster oticus;Herpes zoster pharyngitis;Herpes zoster reactivation;Herpetic radiculopathy;Histone antibody positive;Hoigne's syndrome;Human herpesvirus 6 encephalitis;Human herpesvirus 6 infection;Human herpesvirus 6 infection reactivation;Human herpesvirus 7 infection;Human herpesvirus 8 infection;Hyperammonaemia;Hyperbilirubinaemia;Hypercholia;Hypergammaglobulinaemia benign monoclonal;Hyperglycaemic seizure;Hypersensitivity;Hypersensitivity vasculitis;Hyperthyroidism;Hypertransaminasaemia;Hyperventilation;Hypoalbuminaemia;Hypocalcaemic seizure;Hypogammaglobulinaemia;Hypoglossal nerve paralysis;Hypoglossal nerve paresis;Hypoglycaemic seizure;Hyponatraemic seizure;Hypotension;Hypotensive crisis;Hypothenar hammer syndrome;Hypothyroidism;Hypoxia;Idiopathic CD4 lymphocytopenia;Idiopathic generalised epilepsy;Idiopathic interstitial pneumonia;Idiopathic neutropenia;Idiopathic pulmonary fibrosis;IgA nephropathy;IgM nephropathy;IIIrd nerve paralysis;IIIrd nerve paresis;Iliac artery embolism;Immune thrombocytopenia;Immune-mediated adverse reaction;Immune-mediated cholangitis;Immune-mediated cholestasis;Immune-mediated cytopenia;Immune-mediated encephalitis;Immune-mediated encephalopathy;Immune-mediated endocrinopathy;Immune-mediated enterocolitis;Immune-mediated gastritis;Immune-mediated hepatic disorder;Immune-mediated hepatitis;Immune-mediated hyperthyroidism;Immune-mediated hypothyroidism;Immune-mediated myocarditis;Immune-mediated myositis;Immune-mediated nephritis;Immune-mediated neuropathy;Immune-mediated pancreatitis;Immune-mediated pneumonitis;Immune-mediated renal disorder;Immune-mediated thyroiditis;Immune-mediated uveitis;Immunoglobulin G4 related disease;Immunoglobulins abnormal;Implant site thrombosis;Inclusion body myositis;Infantile genetic agranulocytosis;Infantile spasms;Infected vasculitis;Infective thrombosis;Inflammation;Inflammatory bowel disease;Infusion site thrombosis;Infusion site vasculitis;Injection site thrombosis;Injection site urticaria;Injection site vasculitis;Instillation site thrombosis;Insulin autoimmune syndrome;Interstitial granulomatous dermatitis;Interstitial lung disease;Intracardiac mass;Intracardiac thrombus;Intracranial pressure increased;Intrapericardial thrombosis;Intrinsic factor antibody abnormal;Intrinsic factor antibody positive;IPEX syndrome;Irregular breathing;IRVAN syndrome;IVth nerve paralysis;IVth nerve paresis;JC polyomavirus test positive;JC virus CSF test positive;Jeavons syndrome;Jugular vein embolism;Jugular vein thrombosis;Juvenile idiopathic arthritis;Juvenile myoclonic epilepsy;Juvenile polymyositis;Juvenile psoriatic arthritis;Juvenile spondyloarthritis;Kaposi sarcoma inflammatory cytokine syndrome;Kawasaki's disease;Kayser-Fleischer ring;Keratoderma blenorrhagica;Ketosis-prone diabetes mellitus;Kounis syndrome;Lafora's myoclonic epilepsy;Lambl's excrescences;Laryngeal dyspnoea;Laryngeal oedema;Laryngeal rheumatoid arthritis;Laryngospasm;Laryngotracheal oedema;Latent autoimmune diabetes in adults;LE cells present;Lemierre syndrome;Lennox-Gastaut syndrome;Leucine aminopeptidase increased;Leukoencephalomyelitis;Leukoencephalopathy;Leukopenia;Leukopenia neonatal;Lewis-Sumner syndrome;Lhermitte's sign;Lichen planopilaris;Lichen planus;Lichen sclerosus;Limbic encephalitis;Linear IgA disease;Lip oedema;Lip swelling;Liver function test abnormal;Liver function test decreased;Liver function test increased;Liver induration;Liver injury;Liver iron concentration abnormal;Liver iron concentration

increased;Liver opacity;Liver palpable;Liver sarcoidosis;Liver scan abnormal;Liver tenderness;Low birth weight baby;Lower respiratory tract herpes infection;Lower respiratory tract infection;Lower respiratory tract infection viral;Lung abscess;Lupoid hepatic cirrhosis;Lupus cystitis;Lupus encephalitis;Lupus endocarditis;Lupus enteritis;Lupus hepatitis;Lupus myocarditis;Lupus myositis;Lupus nephritis;Lupus pancreatitis;Lupus pleurisy;Lupus pneumonitis;Lupus vasculitis;Lupus-like syndrome;Lymphocytic hypophysitis;Lymphocytopenia neonatal;Lymphopenia;MAGIC syndrome;Magnetic resonance imaging liver abnormal;Magnetic resonance proton density fat fraction measurement;Mahler sign;Manufacturing laboratory analytical testing issue;Manufacturing materials issue;Manufacturing production issue;Marburg's variant multiple sclerosis;Marchiafava-Bignami disease;Marine Lenhart syndrome;Mastocytic enterocolitis;Maternal exposure during pregnancy;Medical device site thrombosis;Medical device site vasculitis;MELAS syndrome;Meningitis;Meningitis aseptic;Meningitis herpes;Meningoencephalitis herpes simplex neonatal;Meningoencephalitis herpetic;Meningomyelitis herpes;MERS-CoV test;MERS-CoV test negative;MERS-CoV test positive;Mesangioproliferative glomerulonephritis;Mesenteric artery embolism;Mesenteric artery thrombosis;Mesenteric vein thrombosis;Metapneumovirus infection;Metastatic cutaneous Crohn's disease;Metastatic pulmonary embolism;Microangiopathy;Microembolism;Microscopic polyangiitis;Middle East respiratory syndrome;Migraine-triggered seizure;Miliary pneumonia;Miller Fisher syndrome;Mitochondrial aspartate aminotransferase increased;Mixed connective tissue disease;Model for end stage liver disease score abnormal;Model for end stage liver disease score increased;Molar ratio of total branched-chain amino acid to tyrosine;Molybdenum cofactor deficiency;Monocytopenia;Mononeuritis;Mononeuropathy multiplex;Morphoea;Morvan syndrome;Mouth swelling;Moyamoya disease;Multifocal motor neuropathy;Multiple organ dysfunction syndrome;Multiple sclerosis;Multiple sclerosis relapse;Multiple sclerosis relapse prophylaxis;Multiple subpial transection;Multisystem inflammatory syndrome in children;Muscular sarcoidosis;Myasthenia gravis;Myasthenia gravis crisis;Myasthenia gravis neonatal;Myasthenic syndrome;Myelitis;Myelitis transverse;Myocardial infarction;Myocarditis;Myocarditis post infection;Myoclonic epilepsy;Myoclonic epilepsy and ragged-red fibres;Myokymia;Myositis;Narcolepsy;Nasal herpes;Nasal obstruction;Necrotising herpetic retinopathy;Neonatal Crohn's disease;Neonatal epileptic seizure;Neonatal lupus erythematosus;Neonatal mucocutaneous herpes simplex;Neonatal pneumonia;Neonatal seizure;Nephritis;Nephrogenic systemic fibrosis;Neuralgic amyotrophy;Neuritis;Neuritis cranial;Neuromyelitis optica pseudo relapse;Neuromyelitis optica spectrum disorder;Neuromyotonia;Neuronal neuropathy;Neuropathy peripheral;Neuropathy, ataxia, retinitis pigmentosa syndrome;Neuropsychiatric lupus;Neurosarcoidosis;Neutropenia;Neutropenia neonatal;Neutropenic colitis;Neutropenic infection;Neutropenic sepsis;Nodular rash;Nodular vasculitis;Noninfectious myelitis;Noninfective encephalitis;Noninfective encephalomyelitis;Noninfective oophoritis;Obstetrical pulmonary embolism;Occupational exposure to communicable disease;Occupational exposure to SARS-CoV-2;Ocular hyperaemia;Ocular myasthenia;Ocular pemphigoid;Ocular sarcoidosis;Ocular vasculitis;Oculofacial paralysis;Oedema;Oedema blister;Oedema due to hepatic disease;Oedema mouth;Oesophageal achalasia;Ophthalmic artery thrombosis;Ophthalmic herpes simplex;Ophthalmic herpes zoster;Ophthalmic vein thrombosis;Optic neuritis;Optic

neuropathy;Optic perineuritis;Oral herpes;Oral lichen planus;Oropharyngeal oedema;Oropharyngeal spasm;Oropharyngeal swelling;Osmotic demyelination syndrome;Ovarian vein thrombosis;Overlap syndrome;Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection;Paget-Schroetter syndrome;Palindromic rheumatism;Palisaded neutrophilic granulomatous dermatitis;Palmoplantar keratoderma;Palpable purpura;Pancreatitis;Panencephalitis;Papillophlebitis;Paracancerous pneumonia;Paradoxical embolism;Parainfluenzae viral laryngotracheobronchitis;Paraneoplastic dermatomyositis;Paraneoplastic pemphigus;Paraneoplastic thrombosis;Paresis cranial nerve;Parietal cell antibody positive;Paroxysmal nocturnal haemoglobinuria;Partial seizures;Partial seizures with secondary generalisation;Patient isolation;Pelvic venous thrombosis;Pemphigoid;Pemphigus;Penile vein thrombosis;Pericarditis;Pericarditis lupus;Perihepatic discomfort;Periorbital oedema;Periorbital swelling;Peripheral artery thrombosis;Peripheral embolism;Peripheral ischaemia;Peripheral vein thrombus extension;Periportal oedema;Peritoneal fluid protein abnormal;Peritoneal fluid protein decreased;Peritoneal fluid protein increased;Peritonitis lupus;Pernicious anaemia;Petit mal epilepsy;Pharyngeal oedema;Pharyngeal swelling;Pityriasis lichenoides et varioliformis acuta;Placenta praevia;Pleuroparenchymal fibroelastosis;Pneumobilia;Pneumonia;Pneumonia adenoviral;Pneumonia cytomegaloviral;Pneumonia herpes viral;Pneumonia influenzal;Pneumonia measles;Pneumonia mycoplasmal;Pneumonia necrotising;Pneumonia parainfluenzae viral;Pneumonia respiratory syncytial viral;Pneumonia viral;POEMS syndrome;Polyarteritis nodosa;Polyarthritis;Polychondritis;Polyglandular autoimmune syndrome type I;Polyglandular autoimmune syndrome type II;Polyglandular autoimmune syndrome type III;Polyglandular disorder;Polymicrogyria;Polymyalgia rheumatica;Polymyositis;Polyneuropathy;Polyneuropathy idiopathic progressive;Portal pyaemia;Portal vein embolism;Portal vein flow decreased;Portal vein pressure increased;Portal vein thrombosis;Portosplenomesenteric venous thrombosis;Post procedural hypotension;Post procedural pneumonia;Post procedural pulmonary embolism;Post stroke epilepsy;Post stroke seizure;Post thrombotic retinopathy;Post thrombotic syndrome;Post viral fatigue syndrome;Postictal headache;Postictal paralysis;Postictal psychosis;Postictal state;Postoperative respiratory distress;Postoperative respiratory failure;Postoperative thrombosis;Postpartum thrombosis;Postpartum venous thrombosis;Postpericardiotomy syndrome;Post-traumatic epilepsy;Postural orthostatic tachycardia syndrome;Precerebral artery thrombosis;Pre-eclampsia;Preictal state;Premature labour;Premature menopause;Primary amyloidosis;Primary biliary cholangitis;Primary progressive multiple sclerosis;Procedural shock;Proctitis herpes;Proctitis ulcerative;Product availability issue;Product distribution issue;Product supply issue;Progressive facial hemiatrophy;Progressive multifocal leukoencephalopathy;Progressive multiple sclerosis;Progressive relapsing multiple sclerosis;Prosthetic cardiac valve thrombosis;Pruritus;Pruritus allergic;Pseudovasculitis;Psoriasis;Psoriatic arthropathy;Pulmonary amyloidosis;Pulmonary artery thrombosis;Pulmonary embolism;Pulmonary fibrosis;Pulmonary haemorrhage;Pulmonary microemboli;Pulmonary oil microembolism;Pulmonary renal syndrome;Pulmonary sarcoidosis;Pulmonary sepsis;Pulmonary thrombosis;Pulmonary tumour thrombotic microangiopathy;Pulmonary vasculitis;Pulmonary veno-occlusive disease;Pulmonary venous thrombosis;Pyoderma gangrenosum;Pyostomatitis vegetans;Pyrexia;Quarantine;Radiation leukopenia;Radiculitis

brachial;Radiologically isolated syndrome;Rash;Rash erythematous;Rash pruritic;Rasmussen encephalitis;Raynaud's phenomenon;Reactive capillary endothelial proliferation;Relapsing multiple sclerosis;Relapsing-remitting multiple sclerosis;Renal amyloidosis;Renal arteritis;Renal artery thrombosis;Renal embolism;Renal failure;Renal vascular thrombosis;Renal vasculitis;Renal vein embolism;Renal vein thrombosis;Respiratory arrest;Respiratory disorder;Respiratory distress;Respiratory failure;Respiratory paralysis;Respiratory syncytial virus bronchiolitis;Respiratory syncytial virus bronchitis;Retinal artery embolism;Retinal artery occlusion;Retinal artery thrombosis;Retinal vascular thrombosis;Retinal vasculitis;Retinal vein occlusion;Retinal vein thrombosis;Retinol binding protein decreased;Retinopathy;Retrograde portal vein flow;Retroperitoneal fibrosis;Reversible airways obstruction;Reynold's syndrome;Rheumatic brain disease;Rheumatic disorder;Rheumatoid arthritis;Rheumatoid factor increased;Rheumatoid factor positive;Rheumatoid factor quantitative increased;Rheumatoid lung;Rheumatoid neutrophilic dermatosis;Rheumatoid nodule;Rheumatoid nodule removal;Rheumatoid scleritis;Rheumatoid vasculitis;Saccadic eye movement;SAPHO syndrome;Sarcoidosis;SARS-CoV-1 test;SARS-CoV-1 test negative;SARS-CoV-1 test positive;SARS-CoV-2 antibody test;SARS-CoV-2 antibody test negative;SARS-CoV-2 antibody test positive;SARS-CoV-2 carrier;SARS-CoV-2 sepsis;SARS-CoV-2 test;SARS-CoV-2 test false negative;SARS-CoV-2 test false positive;SARS-CoV-2 test negative;SARS-CoV-2 test positive;SARS-CoV-2 viraemia;Satoyoshi syndrome;Schizencephaly;Scleritis;Sclerodactylia;Scleroderma;Scleroderma associated digital ulcer;Scleroderma renal crisis;Scleroderma-like reaction;Secondary amyloidosis;Secondary cerebellar degeneration;Secondary progressive multiple sclerosis;Segmented hyalinising vasculitis;Seizure;Seizure anoxic;Seizure cluster;Seizure like phenomena;Seizure prophylaxis;Sensation of foreign body;Septic embolus;Septic pulmonary embolism;Severe acute respiratory syndrome;Severe myoclonic epilepsy of infancy;Shock;Shock symptom;Shrinking lung syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjogren's syndrome;Skin swelling;SLE arthritis;Smooth muscle antibody positive;Sneezing;Spinal artery embolism;Spinal artery thrombosis;Splenic artery thrombosis;Splenic embolism;Splenic thrombosis;Splenic vein thrombosis;Spondylitis;Spondyloarthropathy;Spontaneous heparin-induced thrombocytopenia syndrome;Status epilepticus;Stevens-Johnson syndrome;Stiff leg syndrome;Stiff person syndrome;Stillbirth;Still's disease;Stoma site thrombosis;Stoma site vasculitis;Stress cardiomyopathy;Stridor;Subacute cutaneous lupus erythematosus;Subacute endocarditis;Subacute inflammatory demyelinating polyneuropathy;Subclavian artery embolism;Subclavian artery thrombosis;Subclavian vein thrombosis;Sudden unexplained death in epilepsy;Superior sagittal sinus thrombosis;Susac's syndrome;Suspected COVID-19;Swelling;Swelling face;Swelling of eyelid;Swollen tongue;Sympathetic ophthalmia;Systemic lupus erythematosus;Systemic lupus erythematosus disease activity index abnormal;Systemic lupus erythematosus disease activity index decreased;Systemic lupus erythematosus disease activity index increased;Systemic lupus erythematosus rash;Systemic scleroderma;Systemic sclerosis pulmonary;Tachycardia;Tachypnoea;Takayasu's arteritis;Temporal lobe epilepsy;Terminal ileitis;Testicular autoimmunity;Throat tightness;Thromboangiitis obliterans;Thrombocytopenia;Thrombocytopenic purpura;Thrombophlebitis;Thrombophlebitis migrans;Thrombophlebitis

neonatal;Thrombophlebitis septic;Thrombophlebitis superficial;Thromboplastin antibody positive;Thrombosis;Thrombosis corpora cavernosa;Thrombosis in device;Thrombosis mesenteric vessel;Thrombotic cerebral infarction;Thrombotic microangiopathy;Thrombotic stroke;Thrombotic thrombocytopenic purpura;Thyroid disorder;Thyroid stimulating immunoglobulin increased;Thyroiditis;Tongue amyloidosis;Tongue biting;Tongue oedema;Tonic clonic movements;Tonic convulsion;Tonic posturing;Topectomy;Total bile acids increased;Toxic epidermal necrolysis;Toxic leukoencephalopathy;Toxic oil syndrome;Tracheal obstruction;Tracheal oedema;Tracheobronchitis;Tracheobronchitis mycoplasmal;Tracheobronchitis viral;Transaminases abnormal;Transaminases increased;Transfusion-related alloimmune neutropenia;Transient epileptic amnesia;Transverse sinus thrombosis;Trigeminal nerve paresis;Trigeminal neuralgia;Trigeminal palsy;Truncus coeliacus thrombosis;Tuberous sclerosis complex;Tubulointerstitial nephritis and uveitis syndrome;Tumefactive multiple sclerosis;Tumour embolism;Tumour thrombosis;Type 1 diabetes mellitus;Type I hypersensitivity;Type III immune complex mediated reaction;Uhthoff's phenomenon;Ulcerative keratitis;Ultrasound liver abnormal;Umbilical cord thrombosis;Uncinate fits;Undifferentiated connective tissue disease;Upper airway obstruction;Urine bilirubin increased;Urobilinogen urine decreased;Urobilinogen urine increased;Urticaria;Urticaria papular;Urticarial vasculitis;Uterine rupture;Uveitis;Vaccination site thrombosis;Vaccination site vasculitis;Vagus nerve paralysis;Varicella;Varicella keratitis;Varicella post vaccine;Varicella zoster gastritis;Varicella zoster oesophagitis;Varicella zoster pneumonia;Varicella zoster sepsis;Varicella zoster virus infection;Vasa praevia;Vascular graft thrombosis;Vascular pseudoaneurysm thrombosis;Vascular purpura;Vascular stent thrombosis;Vasculitic rash;Vasculitic ulcer;Vasculitis;Vasculitis gastrointestinal;Vasculitis necrotising;Vena cava embolism;Vena cava thrombosis;Venous intravasation;Venous recanalisation;Venous thrombosis;Venous thrombosis in pregnancy;Venous thrombosis limb;Venous thrombosis neonatal;Vertebral artery thrombosis;Vessel puncture site thrombosis;Visceral venous thrombosis;VIth nerve paralysis;VIth nerve paresis;Vitiligo;Vocal cord paralysis;Vocal cord paresis;Vogt-Koyanagi-Harada disease;Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated Guillain Barre syndrome.