

# Is there a mortality data set by mRNA vaccine exposure we can trust?

We have to confess we are confused.



TOM JEFFERSON AND CARL HENEGHAN

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Mortality in excess of what is expected seems prevalent in more affluent countries. The causes for such an excess are unlikely to be simple or single (our view) but are unclear (fact). Therefore, excess mortality should be investigated.

This is not our job, as we do not have the resources nor the institutional role to do so. In the British Isles, official responses have ranged from [HMG will not investigate](#) to [eat more statins](#) to we have the data, but it is [commercially sensitive](#), so up yours, taxpayer.

Secrecy flies in the face of the [UK National Action Plan for Open Government](#) 2021-23, the motherhood and apple pie [statements](#) from the NHS Health Research Authority and the need

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A handful of studies have investigated the issue—we have not appraised them, so we cannot express an opinion on their reliability. One obvious factor is the introduction of mass immunisation with experimental biologics, which has never been done on such a scale before. But are they part of the problem or the solution?

We refuse to draw even tentative conclusions based on social media reactions, government narratives and influencer views.

We know several legal challenges to accessing the data, none of which have been successful so far, and we have explained why secrecy is not acceptable. All we want is minimally reliable evidence on which to base decisions.



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So what do we do? The best we can come up with is as follows. We have to answer two questions before even thinking of analysing the data.

- Do the data exist?
- If so, what is their quality?

Our reader Eugenio Florean reported the [idiotic answers](#) he got from the Italian Ministry of Health when he asked for the data, which would point to the data being unusable. But again, we cannot be sure without looking at it.



**Eugenio Florean** · Eugenio's Substack · Mar 19 · edited 15 hrs ago

We requested data on the vaccinated population from the Italian Ministry of Health with the help of a lawyer and a court. They gave us this file: more than 45 million rows, one for each vaccinated person ([https://drive.google.com/file/d/1MYL1vZS9o1MFdeoxmcAgRHLeJMjmRQhL/view?usp=share\\_link](https://drive.google.com/file/d/1MYL1vZS9o1MFdeoxmcAgRHLeJMjmRQhL/view?usp=share_link)).

The file is made up of six columns: date of birth, date of death from all causes (if occurred), date of first dose, date of second dose, date of third dose and date of fourth dose.

We analyzed the file and found a lot of funny and bizarre things and made a report on it. For example, we found a third of the expected deaths from all causes, by cross-referencing the data with ISTAT (NHS equivalent) more vaccinated than residents for the age group over 90, etc etc

We asked the Ministry of Health for explanations about the discrepancies and they responded with phrases such as: "it's someone else's fault", "look at the finger and you will find the moon", "We know but we don't know", "To be or not to be that is the question",...

We asked the regions for the data individually but the privacy guarantor blocked us because with the dates of birth and the injections, we can trace the person (Maybe I could find with those dates also the bank account, the ATM pin, the XXX websites visited and the last time the person went to the beautician...)

With these data in our possession we can state with certainty that the jam tart is better than the apple pie. It's Cargo Cult Science, beauty.

So, TTE will start looking at what is available, both published and regulatory. Then, we will assess the quality of what we have found or keep looking for better data if needed. We will try to communicate with other researchers trying to answer the same question or access the data.

We have not decided yet exactly how we are going to do it, but we would like to document each step and its result, whether positive or negative.

So, for example, TTE readers will be introduced to the relevant content of regulatory documents, specifically Post Authorisation Safety Studies (PASS). We can look for them, but none may be accessible.

As we follow the path without a template a guide, we will just report back to you, our readers listening to your suggestions, and eventually, we may be able to answer the two questions:

- Do the data exist?
- If so, what is their quality?

So, what do you think of the idea?

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## 6 Comments



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**M. Dowrick** Mar 21

Is is any wonder excess mortality is becoming so difficult to tally? When the petitions:U.K. government, denies us the right to know the facts, something is seriously wrong. Their response today. It is a long one.

Government responded to "Review how to turn MHRA into a fully transparent, patient first regulator"

Despite saying "pt safety is their highest priority" in the first line of this email response, it looks like there is anything but pt safety at the forefront of this long drawn out dribble, I mean response.

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**Ghaaastly Orrrstrailyan** Mar 21

A very important idea Carl and Tom. I'm not a microbiologist, epidemiologist or statistician so please excuse if I sound a bit 'dit, dit, dah, dah' but here goes - is there some sort of high level meta-analysis that could be performed globally (country by country) on, say, death rates/numbers per 100k pre-covid, death rates during covid and death rates post-covid, recorded/reported cases of death, deaths per age cohort - and run a compare and contrast of those countries with the highest rates of mRNA jabbing vs those with low/no mRNA jabbing? There will likely be (are!?) other measures one could adopt and I leave those with bigger brains than mine to think what these might be - that throws light on occurrence of excess deaths - and could enable high level correlation/causation hypotheses to be constructed? Eg - jab rates in UK, death rates from 2010-2023 (based on 5 yr average perhaps) - record any excess/increase/decrease over the period, recorded causes of death and compare with, say, Nigeria or Sweden, or Italy, or Argentina or anywhere really. There will of course be many and varied differences in living standards, expected lifespans etc on an inter basis - the figures will however, if accurately recorded, show any intra-country changes over the period which again might be useful. To carry this further - jab rates in Nigeria vs jab rates in UK - excess deaths from all causes over the period - compare and contrast. This may make some sense - or none - but I hope I have priced some thought process! KR. Ghaaastly Orrrstrailyan.

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2 replies