Exhibit 453

Report 47: Blood System-Related Adverse Events Following Pfizer COVID-19 mRNA Vaccination

https://dailyclout.io/blood-system-related-adverse-events-following-pfizer-covid-19-mrna-vaccination/

Report 47: Blood System-Related Adverse Events Following Pfizer COVID-19 mRNA Vaccination

November 30, 2022 • by Barbara Gehrett, MD; Joseph Gehrett, MD; Chris Flowers, MD; and Loree Britt

The War Room/DailyClout Pfizer Documents Analysis Project Post-Marketing Team created the following two-page Hematological System Organ Class (SOC) Review from data in Pfizer document *5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-FEB-2021* (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf) (a.k.a., "*5.3.6*"). The hematological system is the human body's blood system and includes red cells, white cells, platelets, and clotting proteins. Viewing the blood components as a system, its Adverse Events (AEs) reports made up 2.2% (932 individuals) of the 42,086 total trial participants with AEs identified.

Fifty percent of the blood-related adverse events reported were noted within 48 hours of Pfizer COVID-19 mRNA vaccination, but there were also cases reported up to 33 days post-injection. In the hematological group of adverse events, **there were 34 deaths and 17 cases of permanent damage**.

It is important to note that the AEs in the *5.3.6* document were reported to Pfizer for *only a 90-day period* starting on December 1, 2020, the date of the United Kingdom's public rollout of Pfizer's COVID-19 experimental mRNA "vaccine" product.

War Room/DailyClout Pfizer Document Analysis

Post-Marketing Team Micro-Report 1:

Hematological System Organ Class (SOC) Review of 5.3.6

SOURCE:
https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf

5.3.6 AE REPORTING PERIOD:

"Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021."

ABBREVIATIONS:

5.3.6 : Pfizer source document

SOC : System Organ Class

AE : Adverse Event

AESI : Adverse Event of Special Interest

EUA : Emergency Use Authorization by FDA

PM : Post-Marketing

BNT162b2 : Pfizer's mRNA COVID-19 vaccine

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BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESIs Evaluation for BNT162b2

AESIs[a] Category	Post-Marketing Cases Evaluation[b] Total Number of Cases (N=42086)
	• Reported relevant PTs: Erythema multiforme (13) and Chilblains (7) • Relevant event onset latency (n = 18): Range from <24 hours to 17 days, median 3 days; • Relevant event outcome: resolved/resolving (7), not resolved (8) and unknown (6). Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue.
Haematological AESIs *Search criteria: Leukopenias NEC (HLT) (Primary Path) OR Neutropenias (HLT) (Primary Path) OR PTs Immune thrombocytopenia, Thrombocytopenia OR SMQ Haemorrhage terms (excl laboratory terms*	• Number of cases: 932 (2.2 % of the total PM dataset), of which 524 medically confirmed and 408 non-medically confirmed; • Country of incidence: UK (343), US (308), France (50), Germany (43), Italy (37), Spain (27), Mexico and Poland (13 each), Sweden (10), Israel (9), Netherlands (8), Denmark, Finland, Portugal and Ireland (7 each), Austria and Norway (6 each), Croatia (4), Greece, Belgium, Hungary and Switzerland (3 each), Cyprus, Latvia and Serbia (2 each); the remaining 9 cases originated from 9 different countries; • Subjects' gender (n=898): female (676) and male (222); • Subjects' age group (n=837): Adult (543), Elderly (293), Infant (1); • Number of relevant events: 1080, of which 681 serious, 399 non-serious; • Most frequently reported relevant PTs (≥15 occurrences) include: Epistaxis (127), Contusion (112), Vaccination site bruising (96), Vaccination site haemorrhage (51), Petechiae (50), Haemorrhage (42), Haematochezia (34), Thrombocytopenia (33), Vaccination site haematoma (32), Conjunctival haemorrhage and Vaginal haemorrhage (29 each), Haematoma, Haemoptysis and Menorrhagia (27 each), Haematemesis (25), Eye haemorrhage (23), Rectal haemorrhage (22), Immune thrombocytopenia (20), Blood urine present (19), Haematuria, Neutropenia and Purpura (16 each) Diarrhoea haemorrhagic (15); • Relevant event onset latency (n = 787): Range from <24 hours to 33 days, median = 1 day; • Relevant event outcome: fatal (34), resolved/resolving (393), resolved with sequelae (17), not resolved (267) and unknown (371). Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue

https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf

- **Adverse Events were reported to Pfizer during a 90-day period, following the December 1, 2020, public rollout of its COVID-19 experimental "vaccine" product.**
- **In the Pfizer 5.3.6 document, these AEs were categorized by System Organ Classes (SOC) – in other words, by systems in the body.**
- **Looking at the blood components as a system, those Adverse Events reports made up 2.2% (932 individuals) of the 42,086 total trial participants with AEs identified.**
- **The hematological system includes red cells, white cells, and platelets, as well as clotting proteins.**

Diagnoses included expected and minor issues, such as bruising at the vaccination site and deeper swelling, because it was injected in the muscle. However, more serious diagnoses listed include hematoma, which is suggestive of a significant collection of blood within the deltoid muscle at the site of the injection. Other reports were triggered by vaginal bleeding, coughing up blood, vomiting blood, blood in bowel movements, bloody diarrhea, and blood in the urine.

Blood in the eye was reported, which may be of no consequence if it was only superficial bleeding caused by coughing or sneezing. But, if the bleeding was within the eye, it could cause permanent vision damage. The report does not distinguish which of these scenarios occurred.

Also noted were cases of low white cell counts. These cells protect the body from infections and cancer.

Low counts suggest some degree of altered immune response.

Blood also has clotting proteins that circulate. If there is loss or damage to one of the proteins, bleeding can occur due to inadequate clot formation. There were 53 patients reported to have low platelets numbers. Platelets are involved in starting the formation of a clot.

The questions raised by this list are how and to what extent are there disruptions of the clotting system? Are there changes to blood cells that are circulating and/or to those in the bone marrow? Is the presentation of bleeding from so many sources indicative of serious damage and, if so, of what duration? Does the low white blood cell count cause a risk of infection? Is this temporary or long lasting?

https://dailyclout.io/wp-content/uploads/DC-V7-combined-p1-2-Post-Marketing-Hematological-MicroReport.pdf (https://dailyclout.io/wp-content/uploads/DC-V7-combined-p1-2-Post-Marketing-Hematological-MicroReport.pdf)

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