

Exhibit 457

Report 51: Liver Adverse Events – Five Deaths
within 20 Days of Pfizer’s mRNA COVID Injection.
50% of Adverse Events Occurred
within Three Days.

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Report 51: Liver Adverse Events – Five Deaths Within 20 Days of Pfizer’s mRNA COVID Injection. 50% of Adverse Events Occurred Within Three Days.

January 11, 2023 • by Barbara Gehrett, MD; Joseph Gehrett, MD; Chris Flowers, MD; and Loree Britt

The War Room/DailyClout Pfizer Analysis Post-Marketing Group – Team 1 created the following Liver (i.e., Hepatic) 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) (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf)

(a.k.a., “5.3.6”). There were 70 patient cases with 94 adverse events reported in the hepatic SOC category.

The report shows that *five deaths*, unexplained by the broad adverse event (AE) descriptions, occurred within 20 days of injection, which suggests severe and rapid liver injury or failure. Also, *50% of adverse events* occurred *within three days* of receiving Pfizer’s mRNA COVID drug. At the data collection cutoff date of February 28, 2021, more than *half of the outcomes were unknown* and remain unknown to this day.

This report is unique compared to other SOC category reports, because the data published by Pfizer largely consist of lab test abnormalities related to liver enzymes rather than clinical disease descriptions. No further categorization or classification under medically recognized diseases, such as hepatitis or hepatobiliary (gallbladder or bile duct) conditions, was done, though the lab tests cited often point to disease entities. Additionally, no justification is offered to explain this inconsistency in Pfizer's data collection and reporting.

Shockingly, for liver adverse events, Pfizer deviated from listing every adverse event, as it had for strokes and cardiovascular abnormalities, and set a threshold of three separate occurrences of an adverse event before the AE became "reportable." Therefore, when a liver abnormality occurred only once or twice during Pfizer's post-marketing analysis time frame, it did not reach the threshold of "reportability."

Why was a threshold of "three or more" used before Pfizer would list liver-specific diagnoses? What is potentially hidden in those diagnoses conveniently not reported because they did not reach that arbitrary threshold? One can only conclude that Pfizer deliberately underestimated the number of adverse events in its 5.3.6 document, which it knew would have to be submitted to the Food and Drug Administration (FDA) for safety signal monitoring.

It is important to note that the adverse events 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.

Please read this important two-page report below.



War Room/DailyClout Pfizer Document Analysis

Post-Marketing Team Micro-Report 4:

Liver (Hepatic) System Organ Class (SOC) Review of 5.3.6

SOURCE:
https://www.phmpf.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

SEQUELAE: an abnormal condition resulting from a previous disease, injury, or other trauma

AGE GROUPS defined in 5.3.6 (p. 25 footnote) :

Adult	18 - 64
Elderly	≥ 65
Child	2 - 11
Adolescent	12 - < 18
Infant	1 – 23 months



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Hepatic AESI: Search criteria: Liver related investigations, signs and symptoms (SMP) (Narrow and Broad) OR PT Liver injury	<ul style="list-style-type: none"> Number of cases: 70 cases (0.2% of the total POC dataset), of which 54 medically confirmed and 16 non-medically confirmed; Country of occurrence: UK (19), US (14), France (7), Italy (5), Germany (4), Belgium, Mexico and Spain (3 each), Austria, and Ireland (2 each); the remaining 8 cases originated from 8 different countries; Subjects' gender: female (43), male (14) and unknown (1); Subjects' age group (n=64): Adult (37), Elderly (27).
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BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESI Evaluation for BNT162b2

AESI Category	Post-Marketing Case Evaluation* Total Number of Cases (N=41688)
	<ul style="list-style-type: none"> Number of relevant events: 94, of which 53 serious, 41 non-serious. Most frequently reported relevant PTs (>3 occurrences) include: Alanine aminotransferase increased (16), Transaminases increased and Hepatic pain (9 each), Liver function not increased (9), Aspartate aminotransferase increased and Liver function test abnormal (7 each), Gamma-glutamyltransferase increased and Hepatic enzyme increased (6 each), Blood alkaline phosphatase increased and Liver injury (5 each), Ascites, Blood bilirubin increased and Hypertransaminasemia (3 each). Relevant event onset latency (n = 37): Range from <24 hours to 20 days, median 3 days. Relevant event outcome: fatal (3), resolved/resolving (27), resolved with sequelae (1), not resolved (14) and unknown (47).

Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue
https://www.phmpf.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf

This event category was comprised of abnormal laboratory tests and not defined under any specific disease designations. There was no further categorization or classification under medically recognized diseases such as hepatitis or hepatobiliary (gallbladder or bile duct) conditions, though the lab tests cited often point to different disease entities. The common terms normally used, such as hepatitis, gallstones, and others, were not included in the search terms for patient cases in this document.

There were nine reports of "hepatic pain," three reports of ascites (fluid free within the abdominal cavity) and three cases of high bilirubin, which is the chemical that causes jaundice. **Pfizer chose to specify only those events with three or more occurrences.** All of the specific reported adverse events were elevated levels of proteins reflective of hepatocyte (the major type of liver cell) injury, bile processing system cell injury, symptoms, or physical findings.

Of those patients with age reported, 37 were categorized as adult and 27 as elderly. There were reports from 18 countries.

- 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.

- There were 70 cases with 94 adverse events reported in the hepatic SOC category.

- The hepatic adverse events were defined as "liver-related investigations, signs and symptoms" or reported as "liver injury."

The time reported from vaccine injection to adverse event ranged from within 24 hours to 20 days, with half occurring within three days.

There were **five deaths (7% of the patients)**. Of the reported events that were not fatal, 27 (30%) were resolved or resolving, although the figures in these two outcome categories were not independently provided. One (1%) was "resolved with sequelae," 14 (15%) were unresolved, and 47 (50%) were unknown. Given the imprecise method of outcome reporting, combined with the lack of long-term follow-up, the stated fatality rate is questionable and may be much higher.

This report is unique compared to other SOC categories under review by the Post-Marketing Team, in that the data presented by Pfizer largely consists of laboratory abnormalities, rather than clinical disease descriptions. No justification is offered to explain this inconsistency in data collection and reporting.

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