

Exposing distortions in the NEJM scientific publication on the efficiency of Pfizer's vax

(this article has been published [in hebrew first here](#) on march 1 2021)

Exposing distortions in the Israeli/American team's scientific publication on the efficiency of Pfizer's vaccine draft 2

On 24/02/2021, the New England Journal of Medicine published [a presumably scientific article](#) attempting to prove the efficiency of Pfizer's vaccine, entitled:

BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting, by Dagan et al 2021.

We show that this article does not prove the efficiency of Pfizer's vaccine, and even confirms our previous findings that the vaccine kills more than protects.

In order to understand how claims in an article in a highly respected scientific journal can be opposite to its data we note the article's authors according to the comment by Dr Jaffa Shir Raz (see her post on FB here), eight among ten coauthors got funds from Pfizer, [as detailed in there disclosure pdf](#), hence, most of the authors are in a situation of conflicts of interests, especially Professor Ran Balicer, the research team's leader.

[See as well the post here by Iris Atzmon.](#)

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Balicer reports grants from Pfizer, outside the submitted work.

Professor Ran Balicer is the chief scientist for the Israeli Health insurance company KupatHolimKlalit and is a member of the Israel Health Ministry team for epidemics and is the leader of Health ministry research presumably proving vaccine efficiency. Hence, he got the exemption from the requirement for informed consent from the participants. This means that citizens of this Laboratory state are with no legal protections at all. It seems that at the state's apex there is the wish to prove by any means the vaccine's efficiency.

The article by Dagan et al also shows that the database it uses is not publicly available. In other words, "trust us that we write the truth and don't ask questions".

Now we analyse the data. In fact, from this long article the most important information is from page 45-54 in the tables from [the Supplementary appendix.](#)

Table S7 – Life Tables using the Kaplan-Meier Approach

The following life tables were used to compute the cumulative incidence curves in the main analysis and in the sensitivity analysis in which censoring of vaccinated controls was delayed (Figure S7, Table S5). These tables are not sufficient to reproduce the VE estimates as these depend on a sub-cohort of matched pairs that were not censored prior to the beginning of the follow-up period of interest.

Time (Days)	Main Analysis					Sensitivity Analysis when Delaying Censoring of Vaccinated Controls				
	Unvaccinated		Vaccinated			Unvaccinated		Vaccinated		
	Number at Risk	Number of Events	Incidence Time Hazard per person	Number Censored	Cumulative Incidence	Number at Risk	Number of Events	Incidence Time Hazard per person	Number Censored	Cumulative Incidence
Documented SARS-CoV-2 Infection										
1	596618	359	60	39235	0.001	596618	172	29	35274	0.000
2	556974	367	66	32763	0.001	557172	235	42	32764	0.001
3	523644	346	66	27489	0.002	524173	313	60	27476	0.001
4	490609	356	72	25895	0.003	496384	287	58	25893	0.002
5	460755	332	71	23741	0.003	470286	317	67	23729	0.003
6	430682	297	68	20333	0.004	440158	292	66	20339	0.003
7	413052	305	74	22705	0.005	413527	349	84	22706	0.004
8	385042	278	72	24674	0.005	385513	308	80	24669	0.005
9	357790	216	60	24338	0.006	358233	291	81	24344	0.006
10	333336	228	68	19339	0.007	333498	227	68	19313	0.006
11	313769	251	60	17049	0.008	314158	209	67	17005	0.007
12	296469	200	67	18147	0.008	296944	184	62	18130	0.008
13	278122	229	82	16368	0.009	278630	178	64	18372	0.008
14	261625	207	79	14683	0.010	262180	171	65	16470	0.009
15	246735	185	75	12471	0.011	247339	109	44	13467	0.009
16	232079	159	68	11860	0.011	232783	94	40	11863	0.010
17	220600	153	69	9795	0.012	221268	102	46	8795	0.010
18	213112	164	77	8665	0.013	213959	72	34	8443	0.011
19	204283	167	82	9741	0.013	205244	91	45	9723	0.011
20	194375	158	81	7664	0.014	195428	69	35	7637	0.011
21	186953	147	79	6136	0.015	187702	52	28	6288	0.012
22	180090	134	74	6158	0.016	181352	54	30	6151	0.012
23	173758	105	60	10041	0.016	175147	45	26	10057	0.012

Dr Hervé Seligmann commented on the basis of these tables: **The initial situation for the vaccine-treated vs the unvaccinated control groups differs, meaning that these groups were not randomly chosen from a pool of individuals.**

Indeed, there are on the first day of vaccination 172 positive COVID-19 cases among the 596618 vaccinated, vs 359 cases, more than twice, among the controls that same day. The probability that this would occur by chance is 1 in 5.813.953.488.372.093, meaning $P = 1.72 \times 10^{-16}$.

This means that there is a greater chance to win two consecutive times jackpot at the lottery than to get randomly such a difference between the two groups.

In addition, on that 1st day of vaccination, 52.3% of COVID-19 cases were symptomatic, while these were 63.2% among the unvaccinated COVID-19 cases on that day. The initial state of the hospitalized also differs on that first day of the vaccination process. On that day there were no hospitalizations among the vaccinated vs 6 among the unvaccinated.

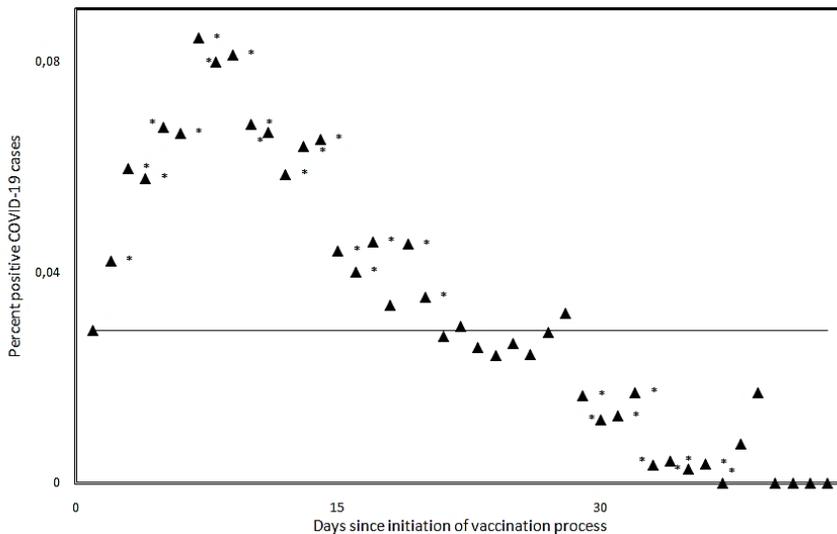


Figure 1. Daily COVID-19 incidence rates among vaccinated, as a function of days since initiation of the vaccination process. The baseline is defined by the COVID-19 incidence on day 1, * indicate $P < 0.05$ as compared to that baseline.

What does that mean? This means that the treated group, those vaccinated, were apparently carefully chosen to have half the morbidity than in the unvaccinated group. Or, deciding the results before starting the experiment.

The trick does not end here. Examining the morbidity data of the vaccinated, one sees that within the 7 first days after initiating the vaccination process, the COVID-19 incidence rate increases by almost 3X, from 29/100000 to 84/100000, while the rate for the unvaccinated varies randomly within the range between 60 and 74/100000. This sudden increase in COVID-19 incidence among the vaccinated has for only explanation that relates to our previous observations on the matter, that the vaccine stimulates the infection by COVID-19

among the vaccinated, within the first days after the first dose, [see our previous article The uncovering of the vaccination data in Israel reveals a frightening picture](#)

And our article in hebrew from February 1st 2021 ["Can one show that the vaccine from Pfizer is today's major cause for high death rates in Israel and the world?"](#).

See the figure below by Hervé Seligmann showing the increase in COVID-19 incidence rates among the vaccinated from the data in Table S7 in Dagan et al 2021.

Day after Vaccination	Deaths
0	157
1	183
2	100
3	60
4	50
5	39
6	26
7	27
8	19
9	18
10-14	69 ie 13.8 /day
15-30	82 ie 5.1 /day

Surprisingly, in the data from the research by Dagan et al 2021, this sudden increase in COVID-19 cases is not reflected by an increase in COVID-19 deaths, of which there are none until day 11 post first vaccine dose. Considering the data from the table in the Ynet article on 43871 vaccinated Israelis that we previously analysed, and considering reports from the USA-based VAERS, it is clear that this mortality post vaccination is highly improbable.

Today a professor in epidemiology from an US university contacted me in relation to a previous article with interesting comments. He added a table that shows well mortality after the mRNA vaccines

according to time, from reports to VAERS, see table below.

The table shows that postvaccine deaths happen mainly within the 4 first days after vaccination.

see as well our article feb.14.21

[unusual proportion of deaths in reports on vaccine reactions from January 2021](#)

It is hence impossible that within a group over half a million vaccinated no one died within the first week after vaccination, while the COVID-19 incidence rate in that group tripled during that time. This shows with high likelihood that Dagan et al 2021 arbitrarily excluded individuals among the vaccinated that did not match a predetermined result, and/or whose pathology is not believed related to COVID-19.

More analyses by Dr Hervé Seligmann and myself of the data from Dagan et al 2021 we found an additional phenomenon challenging the reliability of Dagan et al 2021. Among the 596618 unvaccinated, there are 32 deaths within the 44 days of the vaccination data gathering, 5.3/100000. This matches the Ynet table shown below that, as we suggested spans for a period of 18 days. [in the updated article in Hebrew](#),

נפטרים מקורונה

יעילות	מחוסנים לחלוטין (שיעור ל-100 אלף איש)	לא מחוסנים (שיעור ל-100 אלף איש)	גיל
-	אין	0.01	15-44
89.7%	0.0196	0.19	45-65
94.3%	0.279	4.91	65+

Age	Unvaccinated per 100000	Vaccination complete per 100000	Efficiency
15-44	0.01	None	-
45-65	0.19	0.0196	89.7%
65+	4.91	0.279	94.3%

Among the vaccinated, there are only 9 deaths among 596618 and within 44 days, hence 1.5/100000. This does not match at all the Ynet table that shows 50 deaths among 100000 for a similar period, [see here](#).

	Community	Low	Mean	Serious	Critical	Died	Total
> 60 years	13075	323	314	865	183	636	15396
1st dose	10724	259	277	742	152	546	12700
0-13d	6235	147	166	465	81	344	7438
>13d	4489	112	111	277	71	202	5262
2nd dose	2351	64	37	123	31	90	2696
0-6d	1043	24	11	57	13	51	1199
7-14d	1037	32	25	56	17	35	1202
>14d	271	8	1	10	1	4	295
< 60 years	28018	138	92	166	37	24	28475
1st dose	25926	125	87	153	34	22	26347
0-13d	19461	96	66	124	29	17	19793
>13d	6463	29	21	29	5	5	6552
Other	2						2
2nd dose	2092	13	5	13	3	2	2128
0-6d	1167	8		4	1	2	1182
7-14d	761	4	4	8	2		779
>14d	164	1	1	1			167
All ages	41093	461	406	1031	220	660	43871

We can vet this by examining death data for that period from data from the Israel Ministry of Health. From December 19 2020 until February 1 2021, 1742 Israelis died from COVID-19, meaning 40 per day for an adult population of 6.5 millions. Hence, during that period, 0.61/100000 died per day, hence, 27/100000 cumulated over 44 days.

Considering that the unvaccinated in Dagan et al 2021 had only 5/100000 for that period and considering that this death rate corresponds to the death rate observed before the vaccination started on December 19 2020, we conclude that the 27-5 = 22/100000 deaths from the vaccination period should be from the vaccinated subpopulation, as we observed in the Ynet table and as indicated by the reports from VAERS.

The conclusion from all the above is that the research by Dagan et al 2021 may be the greatest fraud ever in science since the hydroxychloroquine scandal in the Lancet.

The fraud does not end here, despite all the mentioned above on vaccine-related COVID-19 deaths and ignoring vaccine-induced secondary effects. I wrote today to the head of commission for examining misleading the public at the Ministry of Health, all the data are meaningless as long as one ignores post-vaccine deaths due to heart arrests, strokes and like events. Indeed, COVID-19 deaths can be reduced to null if all fragile individuals among the population are shot with a .357 magnum revolver before COVID-19 can kill them, and this does not transform the gun into a good vaccine.

I thank Dr Hervé Seligmann for help in examining data from Dagan et al 2021.

The Dr Seligmann more scientific report of this analyses [is attached here](#) and below.

Haim Yativ

<http://www.nakim.org/israel->

[forums/viewtopic.php?t=270873&s=Exposing distortions in the NEJM scientific publication on the efficiency of Pfizer%27s_vax](forums/viewtopic.php?t=270873&s=Exposing_distortions_in_the_NEJM_scientific_publication_on_the_efficiency_of_Pfizer%27s_vax)