

To the Committee Secretariat

House of Representatives Standing Committee on Health, Aged Care and Sport

Inquiry into Long COVID and Repeated COVID Infections, 2022

Submission from an Individual (Name Withheld)

Date: 14th November, 2011

Thank you for the opportunity to make a submission to the Inquiry into Long COVID and Repeated COVID Infections.

I have reviewed the Terms of Reference (TOR) and am concerned at significant limitations in their scope that risk a bias to the findings, causing their legitimacy to be in doubt.

There is a substantive body of documentation about adverse events associated with the mRNA COVID vaccinations which include similar effects to those associated with Long COVID (see Appendix 1). Furthermore, NSW COVID-19 Weekly Data Overview reports and government provided health data from multiple countries, including NZ, UK, Israel, Canada consistently report a higher rate of hospital admissions amongst vaccinated people than unvaccinated people, with the highest rate of admissions amongst people who have received 3 or more doses (see Appendices 2 and 3). Together these data suggest that vaccination may be an influencing factor in the severity and recurrence of COVID infections.

In light of this body of evidence, the effect of vaccines would need to be ruled out for the Inquiry to have any credibility. I therefore submit that the TOR be expanded to require that the Inquiry investigate Long COVID and repeated COVID infection in the vaccinated population (including distinguishing by the number of inoculations received) as compared with the unvaccinated population. The TOR should investigate if there is a correlation between long COVID and vaccination, and if the risk factor increases with the number of vaccinations received. These recommendations are most relevant to TOR 1 and 3.

I am unvaccinated. I am 65 years of age and have had two COVID infections. The first was mild and barely noticeable; the second confined me to bed for 3 days. I had no lingering effects and only a short term loss of smell and taste. Results such as mine need to be investigated and included in the Inquiry to avoid selection bias, and those of the vaccine injured (which number in the thousands – forecast to cost the Australian tax payers \$76.9m in the 2022-23 Federal budget).¹

Yours sincerely,

Name withheld

Hobart, Tasmania

¹ Budget October 2022-2023 available at: <https://budget.gov.au/index.htm>

APPENDIX 1. Data Base of Adverse Events Notifications, TGA

Available at: <https://apps.tga.gov.au/PROD/DAEN/daen-report.aspx>

■ [6 medicines selected](#) between 01/01/2021 - 31/10/2022.

Selected medicines

Trade name	Active ingredients
COMIRNATY COVID-19 vaccine	tozinameran
COVID-19 Vaccine (TNS)	COVID-19 Vaccine (Type not specified)
COVID-19 Vaccine AstraZeneca	ChAdOx1-S (Viral vector)
NUVAXOVID COVID-19 Vaccine	SARS-CoV-2 rS (NVX-CoV2373)
Spikevax Bivalent Original / Omicron COVID-19 vaccine	Elasomeran (mRNA); imelasomeran
Spikevax COVID-19 vaccine	Elasomeran (mRNA)

Search results

The results are shown in two tabs:

Number of [reports](#) (cases): **136512**

Number of cases with a single [suspected](#) medicine: **133310**

Number of cases where [death](#) was a reported outcome: **945**

■ [More information on the search results](#)

[Medicine summary](#)

[List of reports](#)

Medicine summary

The medicine summary groups reported adverse events together. Patients may have reported multiple adverse events.

[Further information about the medicine summary](#)

[Information on printing search results](#)

Sort by:

Number of cases - highest first

[Print version of this report](#)

MedDRA system organ class	MedDRA reaction term <small>Click on a term below to search the MedlinePlus medical dictionary.</small>	Number of cases	Number of cases with a single suspected medicine	Number of cases where death was a reported outcome
Nervous system disorders	Headache	32946	32388	41
Musculoskeletal and connective tissue disorders	Myalgia	20500	20200	12
General disorders and administration site conditions	Pyrexia	18074	17771	34

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Nervous system disorders	Headache	32946	32388	41
Musculoskeletal and connective tissue disorders	Myalgia	20500	20200	12
General disorders and administration site conditions	Pyrexia	18074	17771	34
General disorders and administration site conditions	Fatigue	15940	15606	30
Gastrointestinal disorders	Nausea	15578	15343	21
General disorders and administration site conditions	Chest pain	15107	14675	45
Nervous system disorders	Dizziness	13756	13545	13
General disorders and administration site conditions	Injection site reaction	13547	13396	3
Nervous system disorders	Lethargy	13533	13369	24
Musculoskeletal and connective tissue disorders	Arthralgia	13230	12994	9
Respiratory, thoracic and mediastinal disorders	Dyspnoea	11596	11268	85
General disorders and administration site conditions	Chills	11001	10884	4
Nervous system disorders	Paresthesia	7728	7564	5
Cardiac disorders	Palpitations	6733	6554	4
Gastrointestinal disorders	Vomiting	6436	6313	49
Skin and subcutaneous tissue disorders	Rash	5954	5831	6
Blood and lymphatic system disorders	Lymphadenopathy	5831	5711	1
Musculoskeletal and connective tissue disorders	Pain in extremity	5759	5585	11

APPENDIX 2. NSW COVID-19 Weekly Data Overview, Epidemiological week 38, ending 24 September, 2022

Extract page 4 (available at: www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20220924.pdf)

NSW COVID-19 WEEKLY DATA OVERVIEW

www.health.nsw.gov.au/coronavirus

Epidemiological week 38, ending 24 September 2022

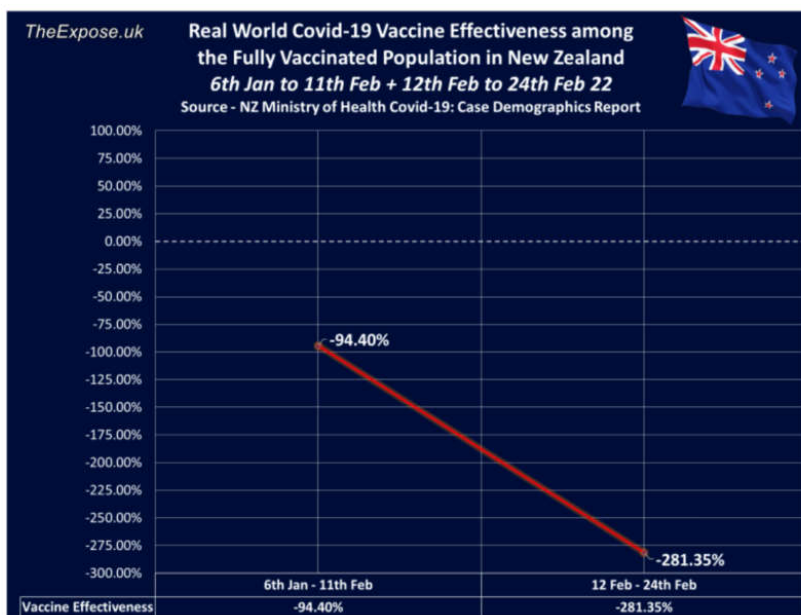
	Admitted to hospital	Admitted to ICU	Deaths
Northern Sydney	28	2	2
South Eastern Sydney	33	6	12
South Western Sydney	37	8	17
Sydney	21	0	0
Western Sydney	22	2	4
Far West	1	0	0
Hunter New England	35	3	4
Mid North Coast	16	0	0
Murrumbidgee	10	1	3
Northern NSW	8	3	7
Southern NSW	2	2	1
Western NSW	20	1	0
Vaccination status*			
Four or more doses	98	11	23
Three doses	74	8	21
Two doses	45	6	8
One dose	1	0	1
No dose	0	1	13
Unknown	58	8	1
Total	276	34	67

*Excludes cases in correctional settings

*Vaccination status is determined by matching to Australian Immunisation Register (AIR) data. Name and date of birth need to be an exact match to that recorded in AIR. People with unknown vaccination status were unable to be found in AIR, though may have vaccination details recorded in AIR under a shortened name or different spelling.

APPENDIX 3.

New Zealand



Between 6th Jan and 11th Feb the real-world Covid-19 vaccine effectiveness proved to be minus-94.4%, but by the 24th Feb, the real-world vaccine effectiveness fell to minus-281.35%. This means the fully vaccinated are 3.8 times more likely to be infected with Covid-19 than the unvaccinated/one dose vaccinated population. This is what double vaccination has done to the people of New Zealand.

Source: Official New Zealand Ministry of Health Data shows the Fully Vaccinated are developing Acquired Immunodeficiency Syndrome, The Expose, March 2, 2022

UK

Data Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1049160/Vaccine-surveillance-report-week-3-2022.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055620/Vaccine_surveillance_report_-_week_7.pdf

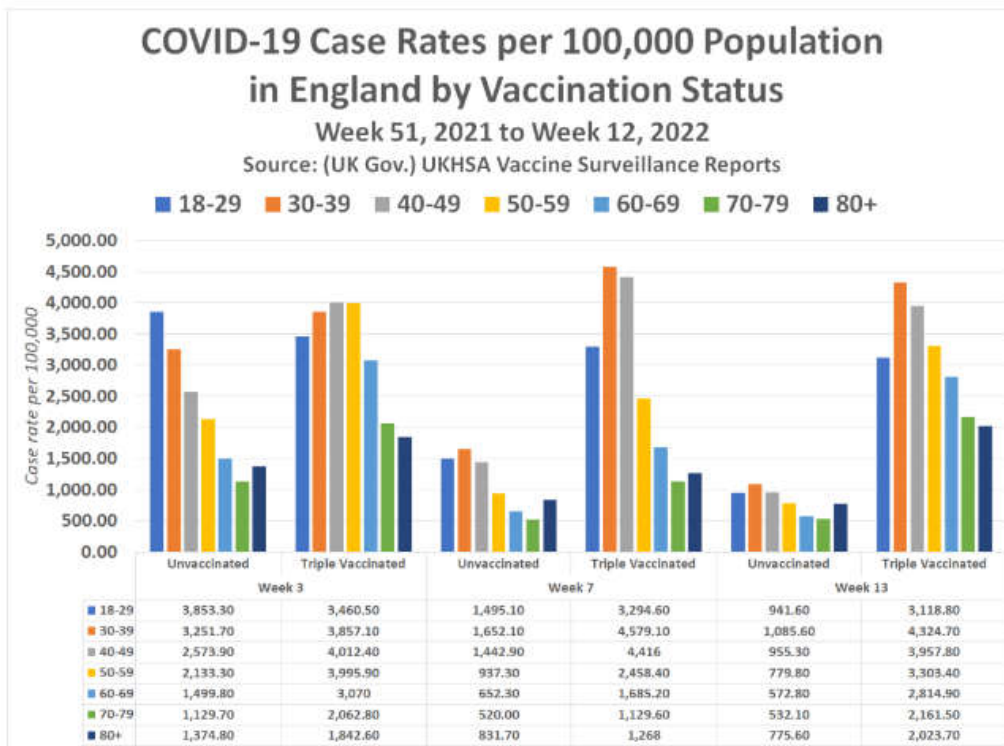
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066759/Vaccine-surveillance-report-week-13.pdf

Analysis: Government reports prove COVID Vaccination decimates the Immune System, The Expose, October 23, 2022

The following table has been stitched together from the case-rate tables found in the [Week 3](#), [Week 7](#) and [Week 13](#) UK Health Security Agency Vaccine Surveillance Reports –

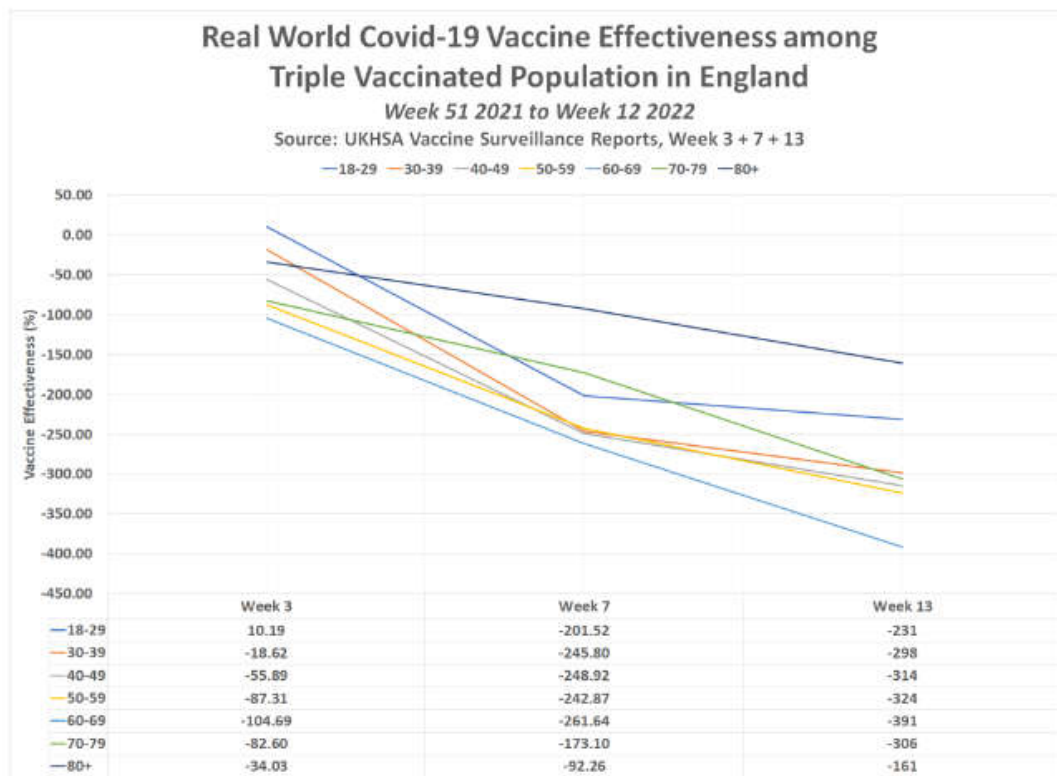
	Cases reported by specimen date between week 51 2021 (w/e 26/12/21) and week 02 2022 (w/e 16/01/22)		Cases reported by specimen date between week 3 2022 (w/e 23 January 2022) and week 6 2022 (w/e 13 February 2022)		Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}
Under 18	2,295.7	3,990.1	1,637.8	4,529.9	1,454.0	1,711.7
18-29	3,460.5	3,853.3	3,294.6	1,495.1	3,118.8	941.8
30-39	3,857.1	3,251.7	4,579.1	1,652.1	4,324.7	1,085.6
40-49	4,012.4	2,573.9	4,416.0	1,442.9	3,957.8	955.3
50-59	3,995.9	2,133.3	2,458.4	937.3	3,303.4	779.8
60-69	3,070.0	1,499.8	1,685.2	652.3	2,814.9	572.8
70-79	2,062.8	1,129.7	1,129.6	520.0	2,161.5	532.1
≥80	1,842.6	1,374.8	1,268.0	831.7	2,023.7	775.6

The following chart has been created using the figures contained in the above table –



[Click to enlarge](#)

The above shows a rapid improvement in case rates among the unvaccinated population in every single age group over three months, and a frightening rise in case rates per 100,000 among triple vaccinated individuals in every single age group over a period of three months.



Pfizer's Formula: $\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate} / \text{Unvaccinated Case Rate} \times 100 = \text{Vaccine Effectiveness}$