

Expert evaluation on adverse effects of the Pfizer-COVID-19 vaccination

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I, Hervé Seligmann, am writing this evaluation at the request of Haim Yativ, for submission to the Israel Supreme Court.

I am a biomedical researcher of Israeli and Luxemburgish nationality, with over 100 peer-reviewed international publications. My proven record includes detecting in widely known and publicized data phenomena that escaped previous examinations. This includes the descriptions of two previously unknown types of RNA transcriptions, and of unsuspected structures in the genetic code that link gene and protein structures. I worked 5 years with Professor Didier Raoult at the Institut Hospitalo-Universitaire in Marseille, a first rank microbiology institute in the study of infectious diseases. I am an independent researcher with no conflicts of interest.

A priori, the Israeli RNA-based vaccination has several potential risks. Vaccination works as a prophylactic. Vaccination of individuals while they are exposed to a pandemic has several adverse consequences. 1. Vaccination processes usually imply temporary immune system weakening, before vaccine-induced immunity is acquired. Hence, the vaccinated are fragilized during the vaccination process, and more likely to develop any diseases against which the immune system usually defends the body. This includes any viral and bacterial infections, and individual cancer cells that would escape extermination by the immune system during this period it is weakened. This could cause cancer in the medium- or long-term. 2. In the long-term the antibodies induced by the RNA vaccine will cause autoimmune reactions to the cells producing the viral protein encoded by the vaccine RNA, and to cells with natural human proteins resembling the viral protein encoded by the vaccine RNA. 3. Massive vaccination will select vaccine-resistant viral variants with likely catastrophic effects, especially on the vaccinated. 4. RNA from the vaccine will in some cases integrate chromosomes of the vaccinated, with potentially harmful consequences difficult to evaluate at this point.

Reanalyses of two separate bodies of data, one published by the Israel Ministry of Health (Table 1) and one by the team of Dan Balicer from Clalit (Figure 1, reanalysed from Dagan et al 2021), indicate adverse effects due to the 5-week vaccination process, as compared to the unvaccinated. Eight among ten authors of Dagan et al disclose receiving funds for other projects from Pfizer. Pfizer is also a main funder of the Ministry of Health. Hence, these are not unbiased, neutral and independent bodies, which is required for any study, and especially studies with such crucial consequences.

Tables 1 and 2 show that death rates for each category within and after the vaccination process are greater than for the unvaccinated, as defined by those that did not yet get any vaccine dose, and when accounting for differences in sample sizes and in durations of the different vaccination statuses. This effect might be confounded by differences in ages for the different groups.

Transparency, meaning additional data in relation to age and risk classes, is requested to answer this and other questions. Table 1 are data from the Ministry of Health published in a Ynet article released on February 11. Table 2 is for data released on March 11.

In addition, reanalyses of the data presented in table S7 of the new England Journal of Medicine, published by the team of Dan Balicer (Dagan et al 2021) shows a 3-fold increase in the daily COVID-19 detection rate during the first 7 days after first dose administration. The rate decreases to its initial baseline and stabilises at that rate between days 20 to 28 after first dose administration. It decreases below that rate after that, indicating vaccine protection from day 35 on after first dose

	Community	Low	Mean	Serious	Critical	Died	Total	Days	Died/day/tot	Died/unvacc
>60 years	13075	323	314	865	183	636	15396			
1st	10724	259	277	742	152	546	12700			
0-13d	6235	147	166	465	81	344	7438	14	0.003303	14.60
>13d	4489	112	111	277	71	202	5262	7	0.005484	24.23
2nd	2351	64	37	123	31	90	2696			
0-6d	1043	24	11	57	13	51	1199	7	0.006076	26.85
7-14d	1037	32	25	56	17	35	1202	7	0.00416	18.38
>14d	271	8	1	10	1	4	295	9	0.001507	6.66
<60 years	28018	138	92	166	37	24	28475			
1st	25926	125	87	153	34	22	26347			
0-13d	19461	96	66	124	29	17	19793	14	0.0000613	23.86
>13d	6463	29	21	29	5	5	6552	7	0.000109	42.40
other	2						2			
2nd	2092	13	5	13	3	2	2128			
0-6d	1167	8	0	4	1	2	1182	7	0.0002417	94.00
7-14d	761	4	4	8	2	0	779	7	0	
>14d	164	1	1	1	0	0	167	9	0	
All ages	41093	461	406	1031	220	660	43871			
Unvaccinated, >60 years									0.00022631	
Unvaccinated, <60 years									0.00000257	

Table 1. COVID-19 state according to vaccination status and according to two age classes, as of February 11. Our additions are highlighted. Death rates per day for unvaccinated are estimated for the 303 days from March 1 to December 20, before vaccination (data from worldometer: 374760 total cases, 3099 deaths). Percentages of cases and deaths for the two age classes (below and above 60 years) are calculated from age-stratified data published by the health insurance company Clalit since the pandemic started until March 22 2021 (Table 3. Table 4.), https://www.clalit.co.il/he/your_health/family/Pages/corona_in_israel.aspx (those above 60 are 11.049% of all COVID19 cases and 91.62% of all COVID19 deaths).

COVID-19 status\ Vacc. status	Unvacc.	1 st dose	2 nd dose < 7 days	2 nd dose > 7 days
Community (asymptomatic)	358454	51571	7675	4622
Light	3257	587	100	106
Medium	1454	466	54	59
Serious	3381	1083	165	149
Critical	714	172	17	37
Deceased	1566	709	84	105
Total	368826	54588	8095	5078
Days	80	21	7	~26 (1-52)
Dead per day/total/10000	0.531	6.18	14.82	7.95 (210-3.98)
Mortality increase vs unvacc.		11.65	27.92	14.99 (390-7.49)
Percent asymptomatic	97.19	94.47	94.81	91.02
Percent/day symptomatic	0.0352	0.2632	0.7412	0.3454 (8.98-0.17)
Increase symptomatic/unvacc.		7.49	21.09	9.83 (255.46-4.91)

Table 2. Table from <https://correctiv.org/faktencheck/2021/03/11/covid-19-in-israel-nein-die-impfung-erzeugt-keine-40-mal-hoehere-sterblichkeit/>. Data from the Health Ministry show the COVID-19 cases for the period from December 20 until March 10. (Screenshot: CORRECTIV.Faktencheck). Translated from the Hebrew into English. Our additions are highlighted. Mortality rate increases are all statistically significant at P < 0.0001.

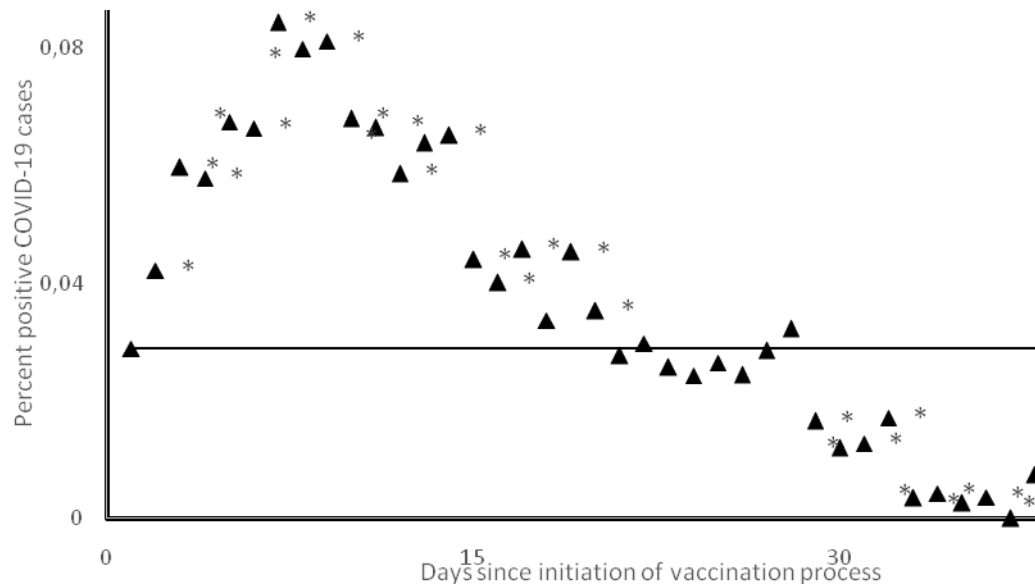


Figure 1. Daily vaccinated COVID-19 incidences vs days since 1st dose. Baseline: day 1 COVID-19 incidence. *: P < 0.05 vs baseline. Data from Dagan et al N Eng J Med 2021; 10.1056/NEJMoa2101765

administration, which is 14 days after the second dose. COVID-19 detection is the only adverse event reported by Dagan et al. This suggests an overall weakening of the immune system within the 3 weeks between doses. Figure 1 suggests that if one decides to get vaccinated, a hard 5-week quarantine is essential to avoid any exposure to contamination during the vaccine-induced 3-week immune system fragilization, as well as a 2-week before 1st dose administration, to avoid vaccinating those that are already infected. Because vaccination causes a 3-fold increase in COVID-19 infections in the vaccinated during the first weeks after the first dose, a hard quarantine is required to decrease this effect, and to avoid further contamination of others during that period. Balanced evaluation of short- and long-term vaccine benefits requires cumulating all adverse event types during and after the vaccination process, as compared to before initiating that process.

Both data bodies (Table 1 from the Ministry of Health and the data from Dagan et al in Figure 1) were initially presented as evidence favouring vaccination. However, straightforward analyses of these data highlight adverse effects. They confirm our original suspicion that the vaccination fragilize the immune system of the vaccinated, not only during the vaccination process, but even after full vaccination (in Table 1, the fully vaccinated die 15 times more than the unvaccinated). The raw data on which the Dagan et al publication from Clalit is based are unavailable. These data are required for transparent independent assessment of conclusions of a publication with such consequences. Current circumstances do not live up, even from far, to this basic standard requirement.

Before continuing the massive vaccination project, these adverse effects must be examined and carefully evaluated vs positive effects. The precautionary principle is the first priority of those responsible for public health and its urgent application is required at this point, especially when the whole population of a country, including its youth, is at stake. Re-evaluation of the project requires age- and vaccine-status-specific data for all individuals, including those who died and those who did not die. Such a classical and transparent cost-benefit analysis could prevent catastrophic consequences, especially considering that the data were collected and published by teams that are not absolutely independent of the company that produces and sells the vaccine.

Hervé Seligmann



מספר מאומתי הקורונה בחלוקה לקבוצות גיל (לפי 820,621 מקרים)

שיעור הנדבקים	מספר הנדבקים	קבוצת הגיל
13.22%	108,496	9-0
20.73%	170,128	19-10
19.75%	162,060	29-20
14.27%	117,097	39-30
11.98%	98,270	49-40
9.01%	73,902	59-50
5.88%	48,268	69-60
3.04%	24,934	79-70
1.55%	12,709	89-80
0.58%	4,757	90 ויותר
100%	820,621	סך הכול

כמה אנשים בישראל נמצאים בבידוד בית?

65,361 בני אדם אמורים להיות כעת בבידוד בית בישראל (מאז פברואר 2020: 3,000,002 מקרים שבהם אנשים היו אמורים להיכנס לבידוד בית).

המידע מעודכן ל-22 במרס בבוקר.

Table 3. Percentages of cases for the age classes, data published by the health insurance company Clalit since the pandemic started Feb 2020 until March 22 2021.

From: https://www.clalit.co.il/he/your_health/family/Pages/corona_in_israel.aspx

**מספר המתים מקורונה בחלוקה לקבוצות גיל
(לפי 6,109 מקרים)**

שיעור המתים	מספר המתים	קבוצת הגיל
0.08%	5	9-0
0.07%	4	19-10
0.52%	32	29-20
0.74%	45	39-30
1.72%	105	49-40
5.25%	321	59-50
14.03%	857	69-60
25.13%	1,535	79-70
33.12%	2,023	89-80
19.35%	1,182	+90
100%	6,109	סך הכול

Table 4. Percentages of deaths for the age classes, data published by the health insurance company Clalit since the pandemic started Feb 2020 until March 22 2021.

From: https://www.clalit.co.il/he/your_health/family/Pages/corona_in_israel.aspx