

# More Vaccines Equal More Deaths

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

August 08, 2023

## STORY AT-A-GLANCE

- › A peer-reviewed study published in 2011, using 2009 data, demonstrated that “among the most highly developed nations, those requiring the most vaccine doses for their infants tended to have the least favorable infant mortality rates”
- › Earlier this year, that study was replicated using 2019 data, still finding a robust negative correlation with vaccine doses. A second follow-up analysis also included mortality data on neonates and children under 5, using datasets from 2019 and 2021. All three categories – neonates, infants and under 5’s – have higher mortality rates the more vaccine doses they’re given
- › Other studies have shown that the timing of vaccine administration can impact the mortality risk. The gender of your child can also make him or her susceptible to injury and death, and the sequence in which they receive the vaccines can heighten or lessen the risk of death
- › A German study compared outcomes between people who got the COVID shot and those who didn’t. During 2021, symptomatic COVID-19 complaints were more frequent among the unjabbed, but during 2022, the ratios of COVID infection in the two groups narrowed until, finally, the jabbed group was 18% more likely to get COVID, and the COVID infections experienced by the jabbed group were more severe. The rate of severe persistent symptoms of COVID was also 2.5 times higher among the jabbed
- › The jabbed report being diagnosed with new chronic health problems at a rate 2.5 times higher than the unjabbed, and menstrual problems among women are four times more frequent in the jabbed group than the unjabbed group

Two new studies can now be added to the growing body of evidence showing that the "safe and effective" narrative you've been fed about vaccines is far from the truth, whether we're talking about the COVID jabs or conventional childhood vaccinations.

## **Routine Childhood Vaccinations Increase Mortality Rates**

The first, a peer-reviewed study published in the journal *Cureus*<sup>1</sup> in late July 2023, found that vaccines given to children under the age of 5 in developed countries are associated with increased mortality. The more doses given, the higher the infant mortality.

This study is a follow-up of an investigation conducted in 2011,<sup>2</sup> using 2009 data, which demonstrated that "among the most highly developed nations, those requiring the most vaccine doses for their infants tended to have the least favorable infant mortality rates." Earlier this year, they replicated that study using 2019 data,<sup>3</sup> still finding a robust negative correlation with vaccine doses.

Here, they expanded the analysis further to also include mortality data on neonates and children under 5, using datasets from 2019 and 2021. As it turns out, all three categories — neonates, infants and under 5's — have higher mortality rates, the more vaccine doses they're given. As reported by the authors:<sup>4</sup>

*"Linear regression analyses of neonatal vaccine doses required by nations in our 2021 dataset yielded statistically significant positive correlations to rates of neonatal mortality ( $r = 0.34$ ,  $p = .017$ ), infant mortality ( $r = 0.46$ ,  $p = .0008$ ), and under age five mortality ( $r = 0.48$ ,  $p = .0004$ ). Similar results were reported using 2019 data.*

*Utilizing 2021 data, a post hoc Tukey-Kramer test indicated a statistically significant pairwise difference between the mean neonatal mortality rates, mean infant mortality rates, and mean under age five mortality rates of nations requiring zero vs. two neonatal vaccine doses.*

*There was a statistically significant difference of 1.28 deaths per 1,000 live births ( $p < .002$ ) between the mean infant mortality rates among nations that*

*did not give their neonates any vaccine doses and those that required two vaccine doses.*

*Using 2019 and 2021 data, 17 of 18 analyses (12 bivariate linear regressions and six ANOVA and Tukey-Kramer tests) achieved statistical significance and corroborated the findings reported in our original study of a positive association between the number of vaccine doses required by developed nations and their infant mortality rates ...*

*Further investigations of the hypotheses generated by this study are recommended to confirm that current vaccination schedules are achieving their intended objectives."*

## **Studies Refute Idea That More Vaccines Mean Better Health**

The paper goes on to cite studies that question the idea that we can vaccinate our way to better health and lower mortality. For example:

- A 2012 scientific review<sup>5</sup> in BMJ Open found that vaccines can have nonspecific effects that either increase or decrease mortality from infectious diseases that are not targeted by the vaccine.

There are also gender differences when it comes to how a given vaccine affects infant mortality, and the sequence in which vaccines are given can play a role as well. For example, nine studies found that infant girls were dying at higher rates than boys when the diphtheria-tetanus-pertussis (DTP) vaccine was given after a high-titer measles vaccine.

- A 2017 EBioMedicine study<sup>6</sup> found that all-cause infant mortality in Guinea-Bissau more than doubled after DTP and oral polio vaccines were introduced.
- A 2018 study in the journal Vaccine also concluded that the sequence in which vaccines are given affects all-cause mortality.

Girls who received a live measles vaccine followed by a pentavalent vaccine (DTP + haemophilus influenza type B + hepatitis B) were significantly more likely to die from all causes within six months, compared with girls who received vaccines in the recommended (reverse) order (pentavalent first, then the live measles vaccine).

Catching up on missed pentavalent doses was also associated with higher mortality than simply skipping them. As noted by the authors, "It is assumed that providing missing vaccine doses will always leave the child better off than not providing them. This may be wrong."

There are several take-homes from these studies. First, the more vaccines your child gets, the greater his or her risk of dying from any cause. Second, the timing of the vaccines can impact this risk.

Third, the gender of your child can make him or her susceptible to injury and death, and fourth, the sequence in which they receive the vaccines can also heighten or lessen the risk of death. That's a lot of variables, yet our health authorities act as though one size fits all. The massive increase in vaccine doses on the childhood vaccination schedule also correlates with dramatic increases in noninfectious childhood diseases, including autism.<sup>7,8</sup>

## **Comparison Study Reveals Disastrous Effects of COVID Shot**

The second study I want to delve into here is a German study that compared outcomes between people who got the COVID shot and those who didn't. The study was done by Andreas Hoppe, Ph.D., a mathematician and data analyst. For the past 16 years, he's worked with medical systems biology modeling and patient data, among other things.

**“ In 2022, the COVID jabbed were 18% more likely to get COVID than the unjabbed, and their infections were more severe. The jabbed also report being**

**diagnosed with new chronic health problems at a rate 2.5 times higher than the unjabbed.”**

His 15-person team also includes scientists from other fields, as well as medical doctors. Hoppe described his team's findings in an interview published on Manova,<sup>9</sup> a German news site, July 21, 2023. Quotes cited below have been translated from German using the DeepL<sup>10</sup> online translator. Here's a quick summary of what they found after looking at two years' worth of data:

During 2021, symptomatic COVID-19 complaints were higher in the control group than the jabbed group, but during 2022, the ratios of COVID infection in the two groups narrowed until, finally, the jabbed group were 18% more likely to get COVID

---

In 2022, the COVID infections experienced by the jabbed group were more severe than the control group's

---

The rate of severe persistent symptoms of COVID was also 2.5 times higher among the jabbed than the unjabbed

---

The jabbed report being diagnosed with new chronic health problems at a rate 2.5 times higher than the unjabbed

---

Menstrual problems among women are four times more frequent in the jabbed group than the unjabbed group

---

There was no discernible benefit even among the most vulnerable

---

As noted by Hoppe, comparing a treatment group against an untreated control group is a basic scientific procedure that allows you to determine whether a treatment is useful and safe. Every COVID jab maker ditched this gold standard in late 2020, early 2021, by offering the real jab to everyone in the control group, for "ethical reasons."

As a result, there's no official data on outcomes, and our health agencies have further muddled the science by fiddling with the algorithms in our public and military databases to hide side effects.

## **How the Study Was Completed**

Hoppe explained how the study was done:<sup>11</sup>

*"Of course, we don't have a double-blinded study here because people know whether they are vaccinated or not. But we have been able to collect a lot of data from unvaccinated people anonymously for this. This brings us a good step closer to answering the question of whether it was good to vaccinate in the first place ...*

*A group of our team, consisting of therapists and physicians, created a questionnaire that collected an extremely large amount of data. The intake form alone asked about 40 questions, some of which included 40 listed individual complaints. In total, the intake sheet alone came up with 240 individual responses ...*

*The regular questionnaire, which was answered every 14 days, also had this number of questions. So, over the course of two years, an immense amount of data has been created ... We set the limit at six completed questionnaires in order to trust the data. Around 7,000 people have thus entered the data collection with their regular information since August 2021 ...*

*The core question was: has a new complaint occurred in the past 14 days ... although we deliberately did not restrict ourselves purely to complaints that were already known side effects. We included all possible types of complaints – from coughs, colds and hoarseness to strokes or other serious illnesses."*

Of the regular participants in the survey, 95% were unjabbed and 5% were jabbed. When asked how one can possibly compare 5% to 95%, Hoppe explained, "With around 400 vaccinated people, we still have a sufficiently large database. You could also take

exactly this number from the unvaccinated, then the cohorts would be equal, but that is not necessary for a statistical test."

Importantly, those who got the jab at the start of the study were quite healthy and very comparable to the unjabbed controls, so preexisting conditions cannot account for the large discrepancy in outcomes between the two groups. According to Hoppe:

*"[COVID] vaccination was and is a disaster and not good under any circumstances: In all age groups, those vaccinated ended up worse off than the control groups. Not even among vulnerable, whom we also surveyed."*

If you're wondering why I haven't included a source link to the study, it's because there is none. Hoppe doesn't believe any of the scientific journals will publish it, so the data will be published as a book instead. His team is also considering further data collection, with a focus on [infertility](#), which has skyrocketed around the world ever since the COVID jabs were rolled out.

## **Resources for Those Injured by the COVID Jab**

Aside from autopsy assessments — detailed in "[Study: 74% of Post-Jab Deaths Caused by the Shot](#)" — [case reports of harms](#) and various other studies, things like [job statistics](#), [disability claims](#), [life insurance claims](#) and [all-cause mortality statistics](#) also tell us that the COVID jabs are having a devastating effect.<sup>12</sup> All have skyrocketed since the introduction of these COVID jabs, not to mention the shocking emergence of "[sudden death](#)" of otherwise healthy people, including [athletes](#).

If you got one or more jabs and suffered an injury, first and foremost, never ever take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your body.

The same goes for anyone who has taken one or more COVID jabs and had the good fortune of not experiencing debilitating side effects. Your health may still be impacted long-term, so don't take any more shots.

When it comes to treatment, it seems like many of the treatments that worked against severe COVID-19 infection also help ameliorate adverse effects from the jab. This makes sense, as the toxic, most damaging part of the virus is the spike protein, and that's what your whole body is producing if you got the jab.

So, eliminating the spike protein is a primary task to prevent and/or address post-jab injuries. Ivermectin and hydroxychloroquine both bind to and facilitate the removal of spike protein, while proteolytic enzymes like lumbrokinase and nattokinase, taken on an empty stomach (between meals), appear to help degrade the spike protein. According to Dr. Peter McCullough,<sup>13</sup> bromelain and curcumin<sup>14</sup> can also do this.

For a comprehensive treatment plan, see the Front Line COVID-19 Critical Care Alliance (FLCCC) [I-RECOVER](#) protocol. It's continuously updated as more data become available, so be sure to download the latest version straight from the FLCCC website at [covid19criticalcare.com](https://covid19criticalcare.com).<sup>15</sup> Additional detox remedies can be found in "[World Council for Health Reveals Spike Protein Detox](#)."

## Sources and References

---

- <sup>1</sup> [Cureus July 20, 2023; 15\(7\): e42194. doi: 10.7759/cureus.42194](#)
- <sup>2</sup> [Human and Experimental Toxicology 2011, 30:1420-8. doi: 10.1177/0960327111407644](#)
- <sup>3</sup> [Cureus. 2023, 15:e34566. doi: 10.7759/cureus.34566](#)
- <sup>4</sup> [Cureus July 20, 2023; 15\(7\): e42194. doi: 10.7759/cureus.42194, Results](#)
- <sup>5</sup> [BMJ Open 2012;2:e000707. doi: 10.1136/bmjopen-2011-000707](#)
- <sup>6</sup> [EBioMedicine. 2017, 17:192-8. doi: 10.1016/j.ebiom.2017.01.041](#)
- <sup>7</sup> [Steve Kirsch Substack July 24, 2023](#)
- <sup>8</sup> [Steve Kirsch Substack July 19, 2023](#)
- <sup>9, 11</sup> [Manova July 21, 2023](#)
- <sup>10</sup> [DeepL](#)
- <sup>12</sup> [Vaxxter.com June 12, 2023](#)
- <sup>13</sup> [Twitter Peter McCullough July 27, 2023](#)
- <sup>14</sup> [Computers in Biology and Medicine July 2022; 46: 105552](#)
- <sup>15</sup> [Covid19criticalcare.com](#)