

LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

Episode 5

Analyzing the Risks vs. Rewards

<https://dksdata.com/COVID19>

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Risk Benefit Analysis.

- 
- **HAVE** you done it?
 - **WILL** you do it?
 - **CAN** you do it?

Remember

- It is all about the children.
- It always was.

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Will you save the children?



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Will you save the children?

REMEMBER 2020
40 Million Masks
REMEMBER THESE DATES!

March 17th, 2020

Alberta locks down fully (without authority or cause)

April 6th, 2020

Kenney Promises Millions of Masks for Albertans

Did he even ask?

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-use-of-masks-hcs-267.pdf>

<https://rumble.com/v1bj3an-ahs-was-working-with-kenney-and-the-government-to-target-children-from-the-.html>

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Pfizer and Moderna have received an Emergency Approval to vaccinate

6 months to 5/6 years

(Pfizer US/Moderna Canada)

WHY?

What is the Emergency?

- Restrictions being removed worldwide Omicron much less of a risk*
- Children of this age acknowledged of no apparent statistical risk of death*
- Children of this age at high risk of Severe AEFI
(Severe Adverse Events Following Immunization)*
- Safety data still being collected (NACI admission)*
- Regular and Severe AEFI at levels never seen before in history*
- No apparent efficacy (evidence of apparent negative efficacy in vaccine)*

What is the rationale to vaccinate anyone under the age of 20 based on the governments published data?

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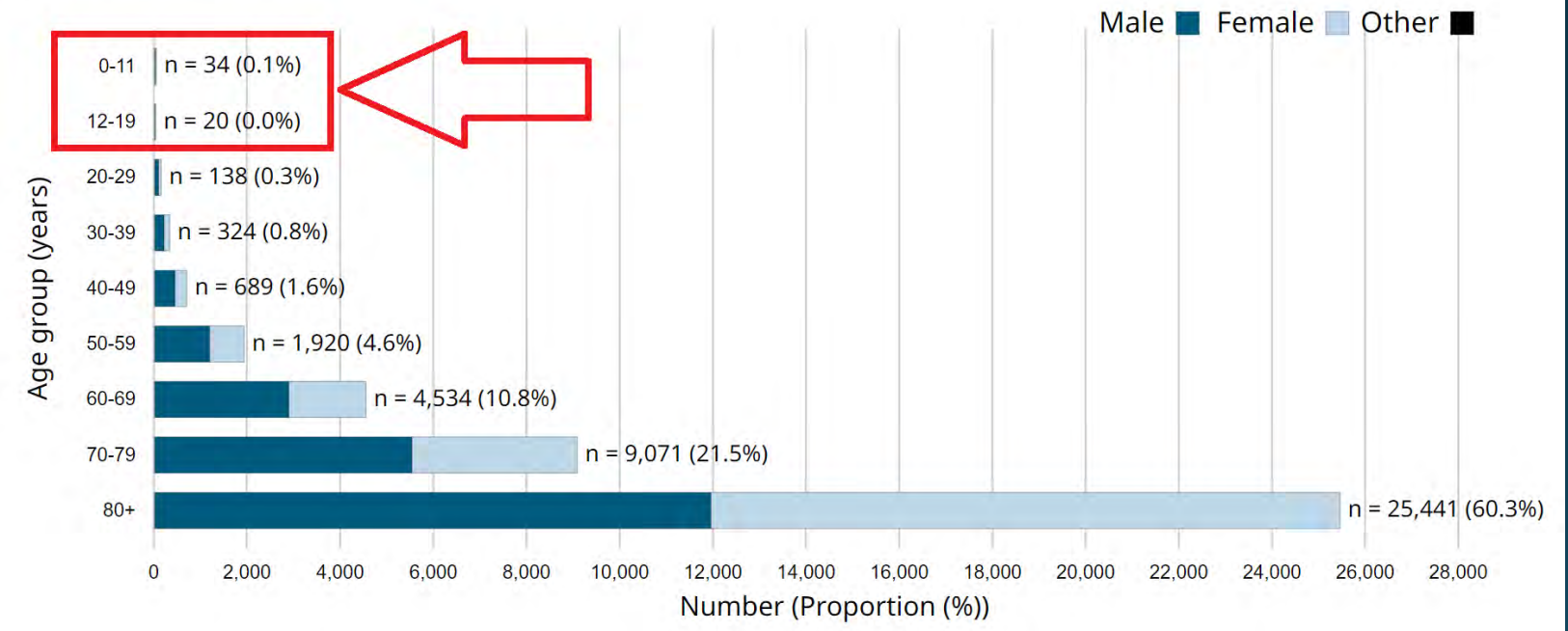
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Risk Benefit Analysis.

Number of Deaths in Canada 'with' a COVID diagnosis, under 20 years old.

Figure 7. Age and gender ³ distribution of COVID-19 cases in Canada as of July 8, 2022, 9 am EST (n=42,171 ¹)



<https://health-infobase.canada.ca/covid-19/#a7>

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Risk Benefit Analysis.

How does that compare to the seasonal risk of Influenza (Canada - Under 20 years)?

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2018-2019/annual-report.html>

Table 1 - Estimated annual seasonal incidence of influenza hospitalizations (per 100,000 population) by age group reported by participating provinces and territories ¹, Canada, 2013/14 to 2018/19 influenza seasons

Age Groups (Years)	Influenza Season (Predominant Influenza A Subtype)					
	2013-14 ² (H1N1)	2014-15 (H3N2)	2015-16 (H1N1)	2016-17 (H3N2)	2017-18 (H3N2)	2018-19 (H1N1)
0-4	51	46	96	42	69	97
5-19	7	16	16	10	17	22
20-44	13	13	16	6	12	14
45-64	29	16	37	22	41	40
65+	41	207	68	143	268	132
Overall	25	45	34	34	64	45

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2018-2019/annual-report.html>

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Risk Benefit Analysis.

Since 2013 Canada has reported more influenza deaths per season, in the under 20 age group, than all reported COVID deaths in over 2 years (other than 2016/17). As COVID has not been seasonal, you could argue the comparison to 4 flu seasons. We never responded to flu with this way.

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2018-2019/annual-report.html>

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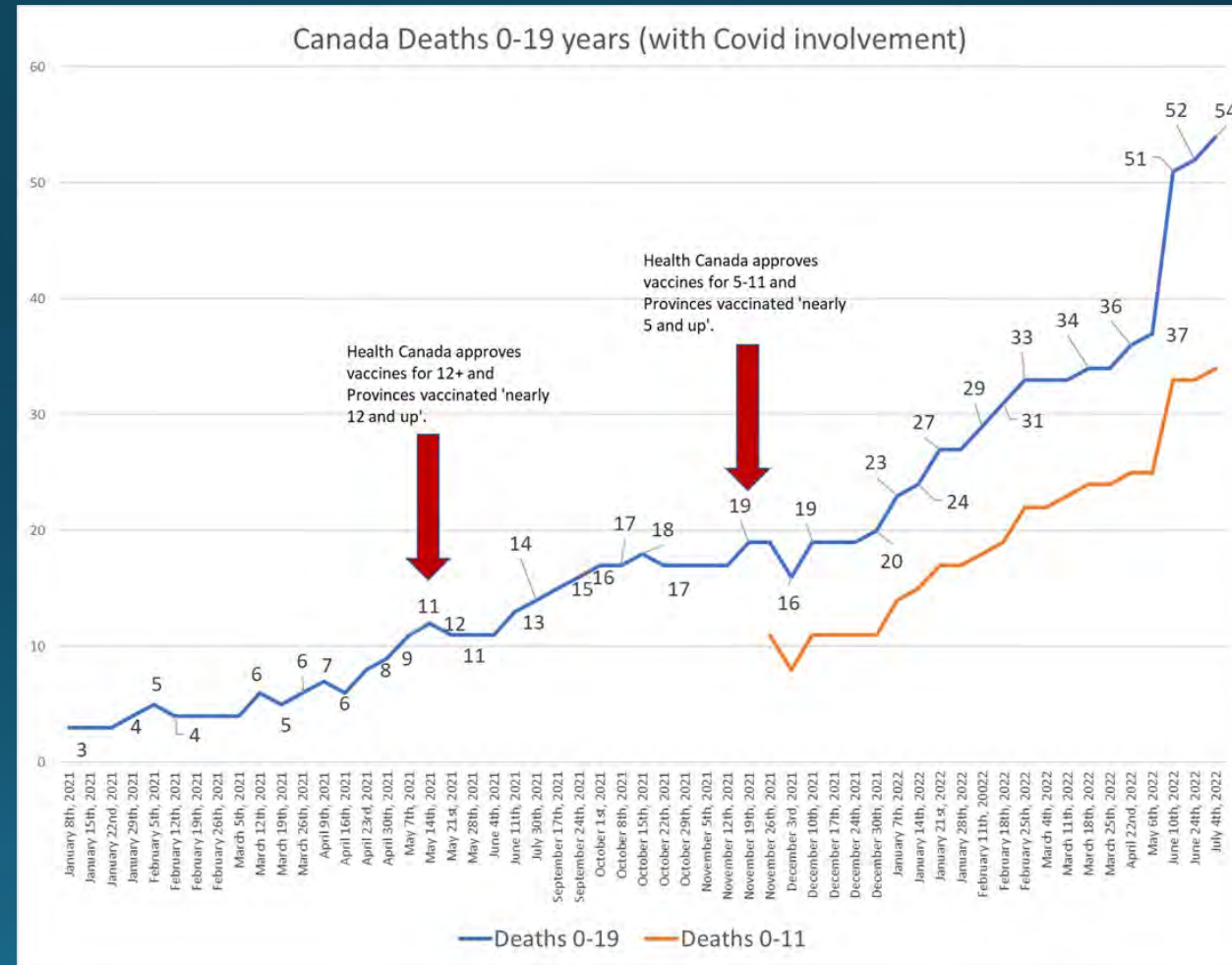
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Risk Benefit Analysis.

54 reported COVID deaths in over 2 1/2 years.



<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

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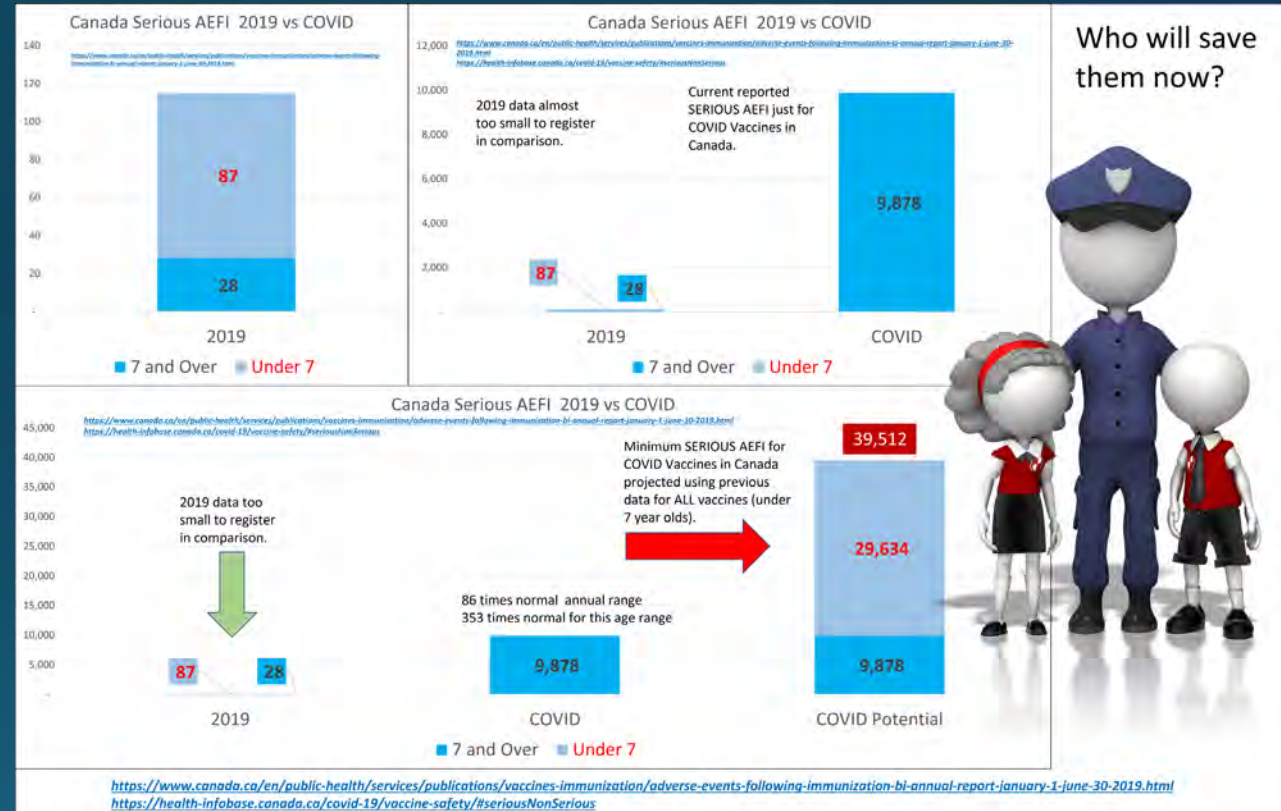
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Risk Benefit Analysis.

But it's safe... isn't it?



<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

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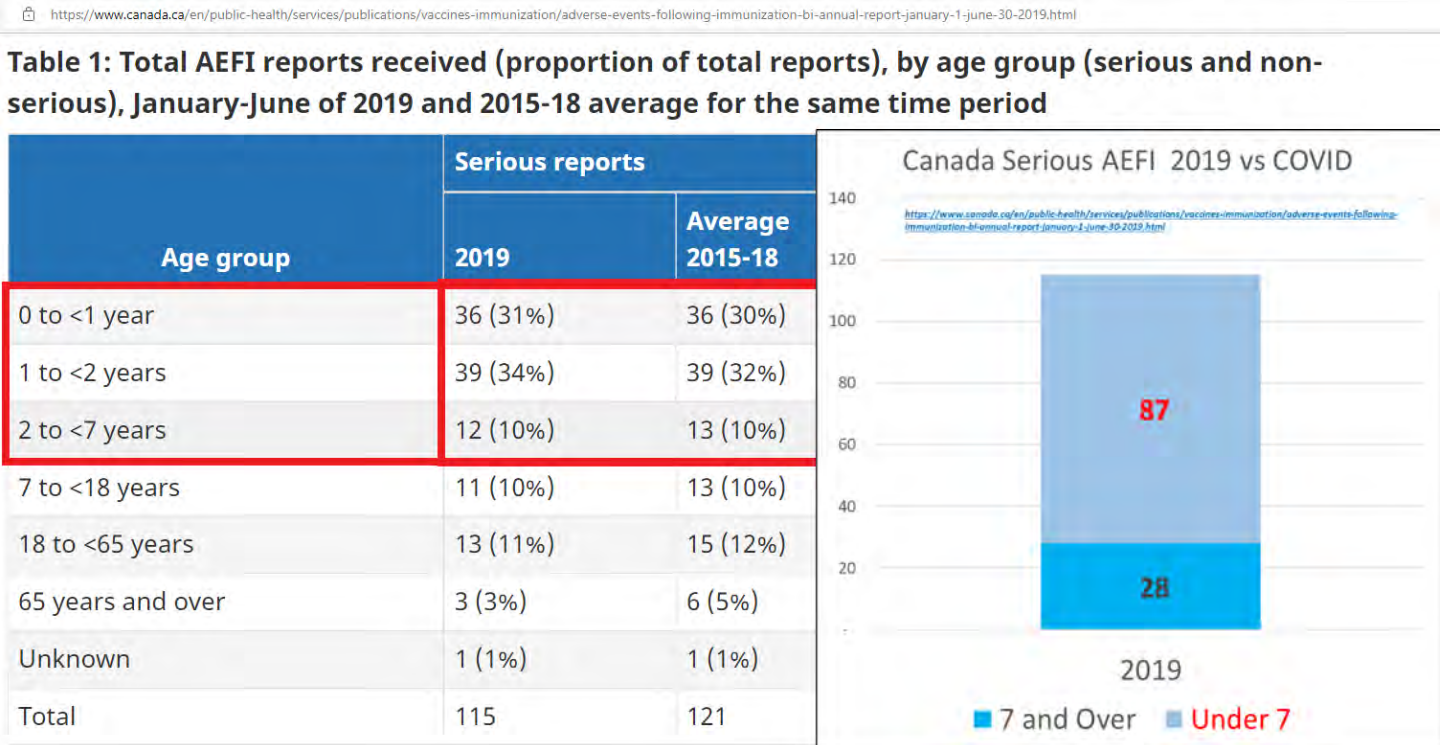
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Risk Benefit Analysis.

Let's have a look at 2019

Reported Serious Adverse Events After Immunization (SAEFI)



<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

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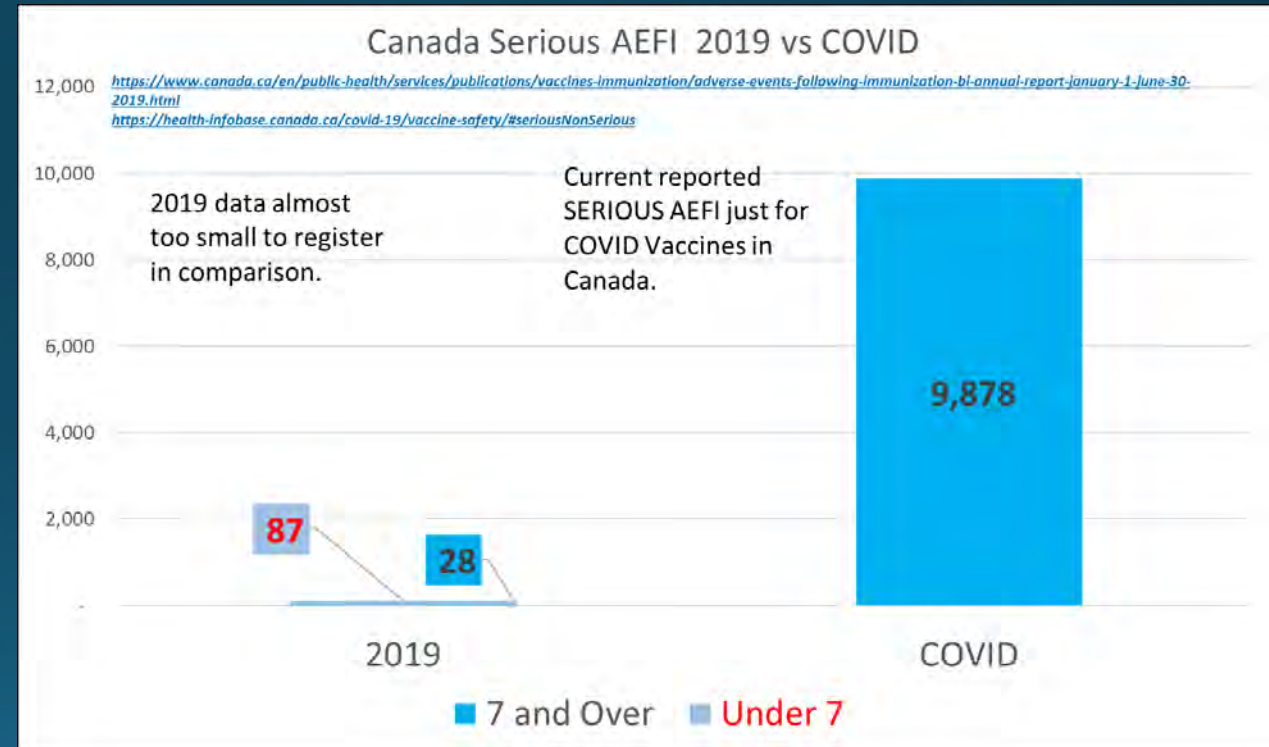
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Risk Benefit Analysis.

Compared to the COVID shot, it is hard to even see the 2019 data. 28 SAEFI vs. 9,878



<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

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Risk Benefit Analysis.

Looks bad until you realise that the 2019 data was 75% under 7's (65% under 2 years old)



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<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

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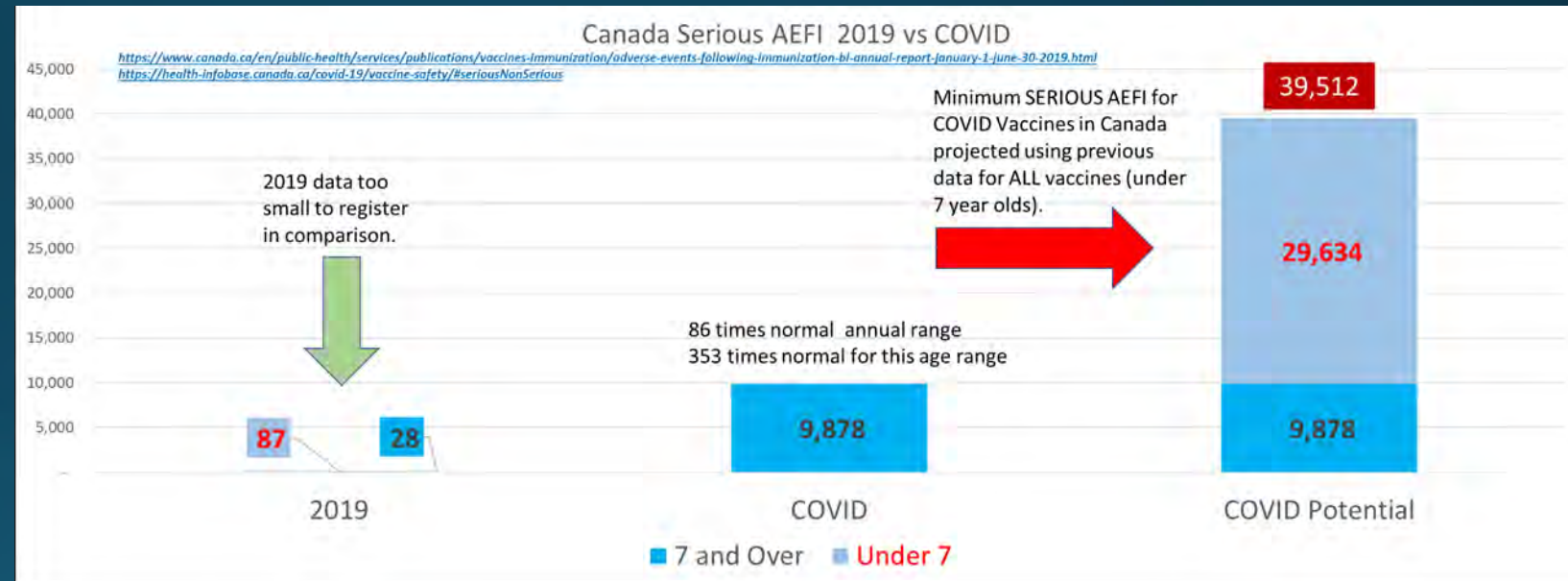
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Risk Benefit Analysis.

How bad is it going to get?

From 28 to 40,000 in the loss of a heartbeat!



<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

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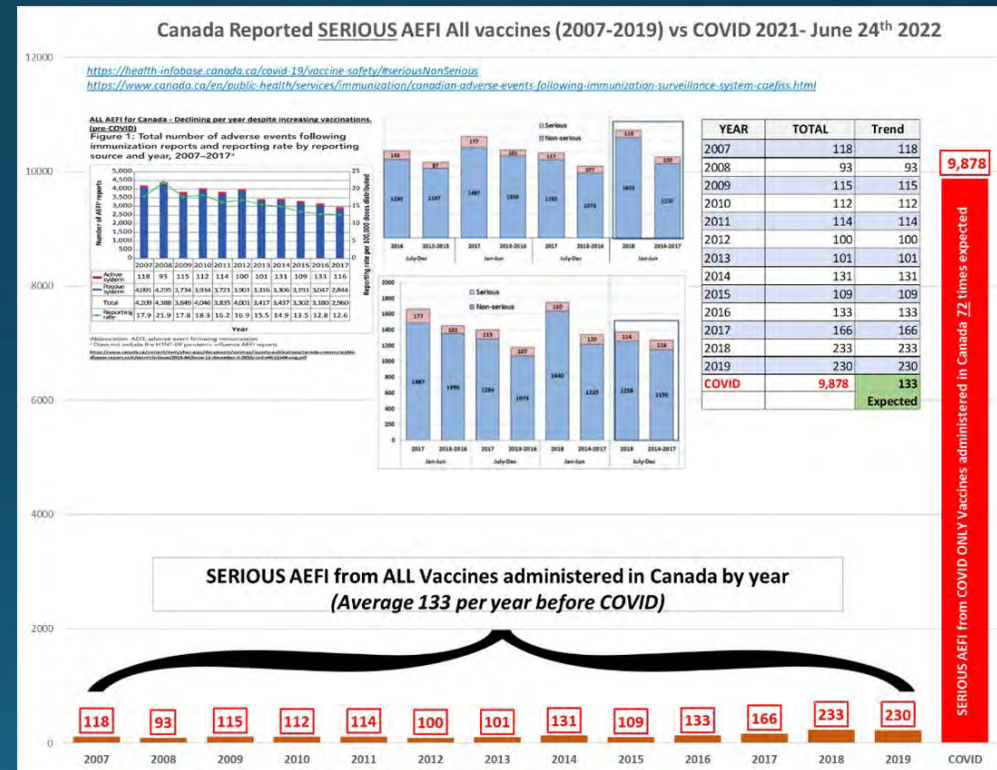
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Risk Benefit Analysis.

THIS IS NOT NORMAL...

but is it repeated the world over.



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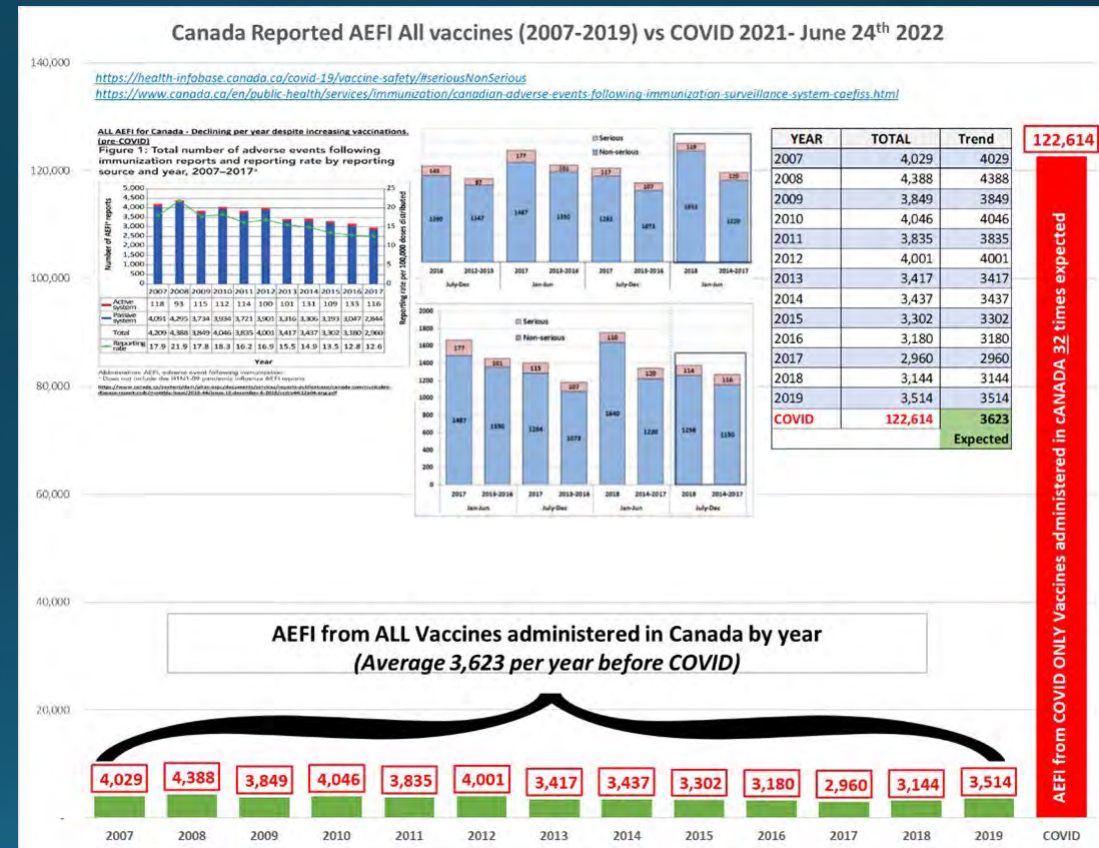
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Risk Benefit Analysis.

Canada: SAEFI 9,878 – AEFI 122,614



<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

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Risk Benefit Analysis.

But at least we can trust the data we do see...

Table 2. Cumulative number and percent of people in Canada who have received a COVID-19 vaccine by age group and vaccination status, May 8, 2022

Age group (years)	At least 1 dose	Fully vaccinated	Fully vaccinated and at least 1 additional dose	Fully vaccinated and 2 additional doses
0 to 4	0.02% (302)	0.01% (98)	0% (0)	0% (0)
5 to 11	56.50% (1,626,510)	41.75% (1,201,791)	0.04% (1,140)	<0.01% (1)
12 to 17	87.86% (2,168,835)	84.13% (2,076,663)	17.16% (423,704)	0.01% (258)
18 to 29	89.85% (5,334,939)	86.12% (5,113,364)	35.43% (2,103,534)	0.14% (5,833)
30 to 39	89.35% (4,793,034)	86.40% (4,634,958)	43.09% (2,311,707)	0.30% (10,819)
40 to 49	91.12% (4,459,159)	88.93% (4,354,427)	52.38% (2,563,375)	0.59% (20,156)
50 to 59	90.92% (4,664,309)	89.19% (4,575,249)	62.13% (3,187,307)	1.74% (62,707)
60 to 69	95.38% (4,616,736)	93.83% (4,544,435)	76.56% (3,705,792)	15.20% (515,368)
70 to 79	98.18% (3,077,443)	96.95% (3,038,911)	85.64% (2,684,335)	29.42% (653,096)
80 and older	≥99% (1,708,755)	98.13% (1,681,877)	87.64% (1,501,968)	37.23% (460,665)
Not reported	n/a (0)	n/a (0)	n/a (0)	n/a (0)
Unknown	n/a (4,196)	n/a (2,587)	n/a (121)	n/a (1)

<https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

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Risk Benefit Analysis.

Nope.

<https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

Table 2. Cumulative number and percent of people in Canada who have received a COVID-19 vaccine by age group and vaccination status, May 22, 2022

Age group (years)	At least 1 dose	Fully vaccinated	Fully vaccinated and at least 1 additional dose	Fully vaccinated and 2 additional doses
0 to 4	0.01% (270)	<0.01% (84)	0% (0)	0% (0)
5 to 11	56.37% (1,622,591)	42.01% (1,209,205)	0.05% (1,369)	<0.01% (1)
12 to 17	87.84% (2,168,340)	84.07% (2,075,236)	17.56% (433,428)	0.02% (317)
18 to 29	89.86% (5,335,313)	86.10% (5,111,912)	35.63% (2,115,559)	0.20% (10,159)
30 to 39	89.44% (4,798,189)	86.48% (4,639,085)	43.33% (2,324,235)	0.40% (18,209)
40 to 49	91.19% (4,462,673)	89.04% (4,357,192)	52.62% (2,575,091)	0.77% (32,050)
50 to 59	90.91% (4,663,417)	89.17% (4,574,190)	62.32% (3,197,045)	2.15% (96,041)
60 to 69	95.45% (4,620,420)	93.95% (4,547,794)	76.89% (3,722,013)	15.91% (673,090)
70 to 79	98.42% (3,084,984)	97.19% (3,046,356)	86.20% (2,701,940)	31.77% (882,787)
80 and older	≥99% (1,715,051)	98.51% (1,688,301)	88.37% (1,514,545)	40.25% (615,694)
Not reported	n/a (0)	n/a (0)	n/a (0)	n/a (0)
Unknown	n/a (4,140)	n/a (2,579)	n/a (122)	n/a (1)

<https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

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Risk Benefit Analysis.

Even when they publish the data, it is changing in the past to hide the future from us.

Table 2. Cumulative number and percent of people in Canada who have received a COVID-19 vaccine by age group and vaccination status, May 8, 2022

Age group (years)	At least 1 dose	Fully vaccinated	Fully vaccinated and at least 1 additional dose	Fully vaccinated and 2 additional doses
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18 to 29	89.85% (5,334,989)	86.12% (5,113,364)	35.43% (2,103,534)	0.14% (5,833)
30 to 39	89.35% (4,793,084)	86.40% (4,634,958)	43.09% (2,311,707)	0.30% (10,819)
40 to 49	91.12% (4,459,159)	88.95% (4,354,427)	52.38% (2,563,375)	0.59% (20,156)
50 to 59	90.92% (4,664,309)	89.17% (4,575,249)	62.13% (3,187,307)	1.74% (62,707)
60 to 69	95.38% (4,616,796)	93.89% (4,544,435)	76.56% (3,705,792)	15.20% (515,368)
70 to 79	98.18% (3,077,443)	96.95% (3,038,911)	85.64% (2,684,335)	29.42% (653,096)
80 and older	≥99% (1,700,755)	98.13% (1,681,877)	87.64% (1,501,968)	37.23% (460,665)
Not reported	n/a (0)	n/a (0)	n/a (0)	n/a (0)
Unknown	n/a (4,196)	n/a (2,587)	n/a (121)	n/a (1)

Table 2. Cumulative number and percent of people in Canada who have received a COVID-19 vaccine by age group and vaccination status, May 22, 2022

Age group (years)	At least 1 dose	Fully vaccinated	Fully vaccinated and at least 1 additional dose	Fully vaccinated and 2 additional doses
0 to 4	0.01% (270)	<0.01% (84)	0%	0%
5 to 11	56.37% (1,622,591)	42.01% (1,209,205)	0.05% (1,369)	<0.01% (1)
12 to 17	87.84% (2,168,340)	84.07% (2,075,236)	17.56% (433,428)	0.02% (317)
18 to 29	89.86% (5,335,313)	86.10% (5,111,912)	35.63% (2,115,559)	0.20% (10,159)
30 to 39	89.44% (4,798,189)	86.48% (4,639,085)	43.33% (2,324,235)	0.40% (18,209)
40 to 49	91.19% (4,462,673)	89.04% (4,357,192)	52.62% (2,575,091)	0.77% (32,050)
50 to 59	90.91% (4,663,417)	89.17% (4,574,190)	62.32% (3,197,045)	2.15% (96,041)
60 to 69	95.45% (4,620,420)	93.95% (4,547,794)	76.89% (3,722,013)	15.91% (673,090)
70 to 79	98.42% (3,084,984)	97.19% (3,046,356)	86.20% (2,701,940)	31.77% (882,787)
80 and older	≥99% (1,715,051)	98.51% (1,688,301)	88.37% (1,514,545)	40.25% (615,694)
Not reported	n/a (0)	n/a (0)	n/a (0)	n/a (0)
Unknown	n/a (4,140)	n/a (2,579)	n/a (122)	n/a (1)

<https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

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Risk Benefit Analysis.
It is worth the risk... Isn't it?

November 23rd, 2021
Alberta CMOH
Dr. Deena Hinshaw.

alberta.ca/covid19
Alberta

The other information I want to share before getting to today's numbers is a

Alberta

<https://rumble.com/v1cudk9-1-in-5000-try-1-in-1000....html>

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Risk Benefit Analysis.

But it is worth the risk... Isn't it?



Immunization Policy Update

Dear staff, physicians, and volunteers

AHS is rescinding the immunization of Workers for COVID-19 Policy, effective July 18, 2022. As a result, workers will no longer be required to be immunized for COVID-19 as a condition of employment.

This applies to all AHS, Covenant Health, Carewest, Capital Care, and Albert Precision Laboratories employees, members of the medical and midwifery staff students and instructors, volunteers, and applicable contracted service providers. In addition, new hires and students will no longer be required to be immunized for COVID-19 upon hire or placement.

While COVID-19 vaccines continue to provide strong protection against serious illness, **the decision to rescind the policy is the result of emerging evidence that initial doses on the vaccine as required by the policy have become less protective against infection and transmission.** The COVID-19 vaccines available to date target the original strain of the virus and the virus has evolved since then.

The policy came into effect at a time when the immunization required by the policy was highly effective in protecting the health and safety of workers and patients by limiting the spread of COVID-19. Current evidence reveals that Immunization without boosters has limited effectiveness in reducing transmission of the Omicron variants currently circulating.

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Risk Benefit Analysis.

But it is worth the risk... Isn't it?

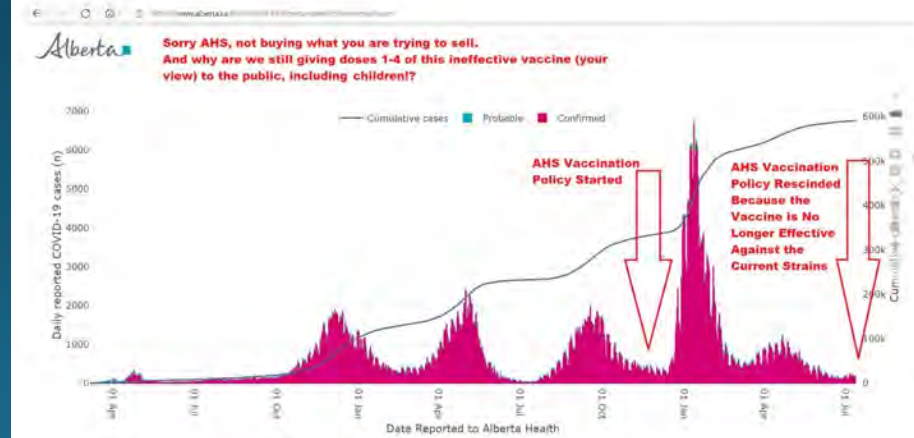
INTERNAL AHS BULLETIN

4. What does this mean for new hires and students?

- New hires and students will no longer be required under an AHS policy to be fully immunized against COVID-19 prior to hire or placement.
- Any applications currently in process within AHS will be exempt from the need to provide their COVID-19 immunization record as part of their application.

5. Why was the policy not updated to include booster doses?

- **AHS considered this option but, at this time, didn't feel there was sufficient scientific evidence to demonstrate reduced transmission with a single booster dose.**
- However, we continue to strongly encourage all healthcare workers to be immunized with every dose they are eligible to receive because there is evidence to suggest reduced severity of illness with a booster.
- AHS also requires that workers stay home when ill as part of our efforts to contain the spread of COVID-19.
- The virus has undergone significant, rapid change and the scientific evidence we have about the effectiveness of booster doses is related to earlier Omicron sub-variants. With new dominant Omicron sub-variants, stronger evidence about effectiveness of additional booster doses is needed.



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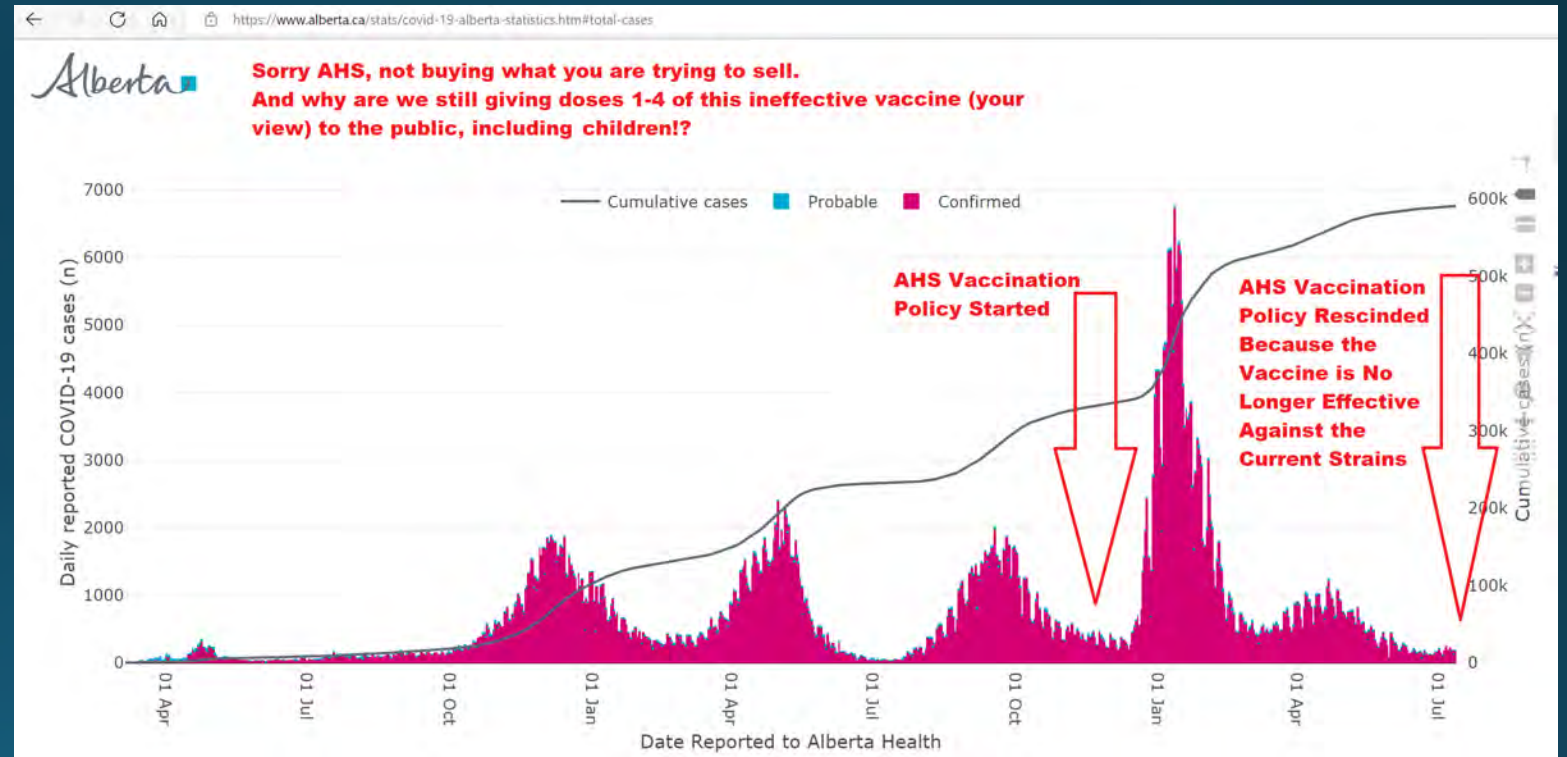
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Risk Benefit Analysis.

But it is worth the risk... Isn't it?

memo
OFFICE OF THE CEO

 **Covenant Health**

THE BOOSTERS ARE THE SAME AS THE 1st and 2nd SHOT. THEY ARE THE SAME AS THAT GIVEN (in lesser dosage) TO 5-11 AND NOW 6 MONTHS to 5 YEARS. IF THEY ARE NOT EFFECTIVE, BY THEIR OWN ADMISSION, THEN WHY ARE THEY EVEN BEING CONSIDERED AT ALL!?

DATE: July 18, 2022
TO: Covenant staff, physicians and volunteers
FROM: Patrick Dumelie, CEO

RE: Immunization Policy Update

AHS is rescinding the *Immunization of Workers for COVID-19 Policy*, effective July 18, 2022. As a result, workers will no longer be required to be immunized for COVID-19 as a condition of employment. This applies to Covenant Health staff and physicians, as well as students and instructors, volunteers, and applicable contracted service providers. In addition, new hires and students will no longer be required to be immunized for COVID-19 upon hire or placement.

While COVID-19 vaccines continue to provide strong protection against serious illness, the decision to rescind the policy is the result of emerging evidence that initial doses of the vaccine as required by the policy have become less protective against infection and transmission. The COVID-19 vaccines available to date target the original strain of the virus and the virus has evolved since then.

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Risk Benefit Analysis.

Remember, there is no Asymptomatic AEFI!

Yet for COVID Looks like COVID

- Close Contact
- Asymptomatic
- Within 28 Days (or longer)

- AEFI Anaphylaxis in minutes of an injection - PROVE IT.
- Myocarditis in a Healthy Child - PROVE IT.

Why not Leave the Kids Alone?

<https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

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Risk Benefit Analysis.

For COVID Correlation was ALWAYS Causation... but...

TESTING
IS IT
WORTH IT?

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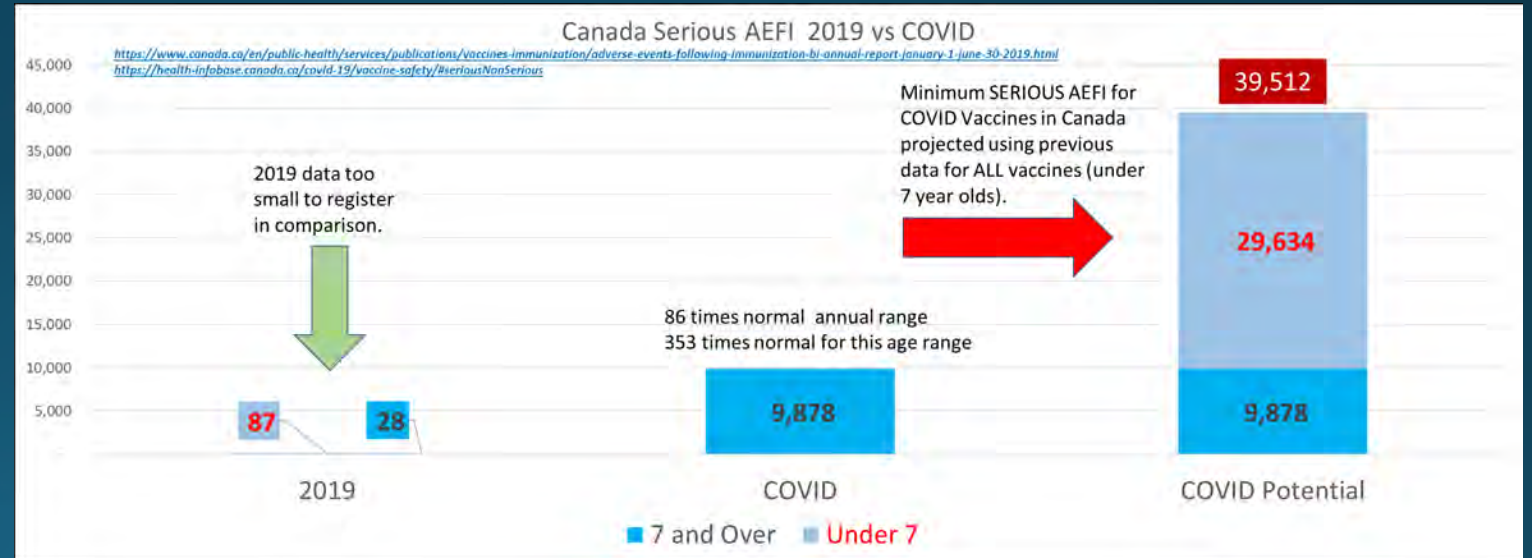
<https://www.facebook.com/DavidandKarenD/>

Risk Benefit Analysis.

For Vaccines Correlation IS NOW NEVER Causation!

Canadian and the UK AEFI and Serious AEFI reports are completed and vetted by Doctors and Pharmacists.

No matter your opinion, you cannot ignore these Safety Signal increases. 86 times normal. Technically 353 times normal for the current age range vaccinated (for ALL Vaccines)!



<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

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Risk Benefit Analysis.

No matter your opinion.

YOU MUST LOOK AT THE RISKS vs. BENEFITS

For the SAKE OF THE CHILDREN.

"While it is not justified to vaccinate children only to benefit others, the indirect, population-level benefits of vaccination can also benefit children. The overall safety and effectiveness data are limited for children."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

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For the SAKE OF THE CHILDREN.

"the precautionary principle also justifies taking action under conditions of scientific uncertainty to mitigate vaccine-related risks, including through active post-market surveillance".

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

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For the SAKE OF THE CHILDREN.

"...using data available from other age groups and applying vaccination principles."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

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For the SAKE OF THE CHILDREN.

"Children aged 5-11 years are unlikely to be deemed capable of consenting to vaccination".

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

No matter your opinion.

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For the SAKE OF THE CHILDREN.

"Given the short term uncertainties surrounding pediatric vaccination at this time, children and their parents or guardians should be supported and respected in their decisions regarding COVID-19 vaccinations for the child,..."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

No matter your opinion.

YOU MUST LOOK AT THE RISKS vs. BENEFITS

For the SAKE OF THE CHILDREN.

"...whatever decisions they make, and should not be stigmatised for accepting, or not accepting, the vaccination offer."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

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For the SAKE OF THE CHILDREN.

"Any uncommon, rare, or very rare AE that occurs at the frequency less often than 1 in 1,000 would not be detected with this trial size"

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

No matter your opinion.

YOU MUST LOOK AT THE RISKS vs. BENEFITS

For the SAKE OF THE CHILDREN.

"NACI will closely review emerging evidence and will update their recommendation, as well as its strength, as the evidence base evolves."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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Risk Benefit Analysis.

No matter your opinion.

YOU MUST LOOK AT THE RISKS vs. BENEFITS

For the SAKE OF THE CHILDREN.

"Data from older age groups also suggests an extended interval may also be associated with a reduced risk of myocarditis/pericarditis following a second dose of an mRNA COVID-19 vaccine."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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<https://www.facebook.com/dksdata>

<https://www.facebook.com/DavidandKarenD/>

Risk Benefit Analysis.

No matter your opinion.

YOU MUST LOOK AT THE RISKS vs. BENEFITS

For the SAKE OF THE CHILDREN.

"Currently, the risk of myocarditis/pericarditis in children following immunization with the 10 mcg dose of the Pfizer-BioNTech vaccine is unknown."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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"Real-world evidence in large pediatric populations is required to provide risk estimates of myocarditis/pericarditis and any other AE that may occur in children aged 5-11 years at a frequency less often than 1 in 1,000."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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"Evidence from clinical trial data is limited due to limitations in the size and duration of follow-up of trial populations. However, clinical trials and studies in the real-world setting are ongoing."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

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"Evidence of protection against asymptomatic SARS-CoV-2 infection is emerging for the mRNA and Janssen vaccines."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

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"There is currently limited evidence on the duration of protection and on the efficacy of these vaccines in reducing transmission of SARS-CoV-2..."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

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"There is currently minimal evidence to inform on differences in vaccine efficacy, effectiveness, or safety between individuals with and those without prior evidence of SARS-CoV-2 infection at the time of vaccination."

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

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