Vaccination Increases Infection Risk by 44%, Oxford Study Finds

Description

by WILL JONES via Daily Sceptic

Two doses of COVID-19 vaccine make you 44% more likely to be infected, a study from Oxford University has found, contradicting the basis of global vaccine policy, which assumes vaccination significantly cuts incidence and transmission.

The study, published in the Lancet, looked at all infections reported in England among adults registered at a medical practice from December 8th 2020 to November 17th 2021, meaning it spanned the Alpha and Delta periods. It used a case-control design to estimate vaccine effectiveness, allowing potential confounding factors such as age, sex and underlying conditions to be controlled for, while individuals with prior infection were excluded.

The results for effectiveness against positive Covid test (i.e., reported infection), which were found buried away in the supplementary appendix, are shown below.

I've highlighted in yellow three key figures. The top two show that in the two weeks following the first jab individuals were three to four times more likely to test positive for Covid than their unvaccinated counterparts. This is further confirmation of the post-jab spike in infections that has often been noted and which there is evidence is a result of the vaccination temporarily reducing immunity.

The third figure shows that two weeks or more after the second jab – which during 2021 was regarded as 'fully vaccinated' – individuals were 44% more likely to be infected than their unvaccinated counterparts. This is negative vaccine effectiveness (where infections are higher in the vaccinated than the unvaccinated) of minus-44%. This negative effectiveness is in line with what was seen in the raw data from England at the time and also in studies from other countries, but contradicts the Government's official estimates, which claimed effectiveness to be 60-85% against Delta infection. The new study indicates that the negative effectiveness was not just a result of confounding factors or a 'catch-up' effect, where the vaccinated have lower infection rates initially then higher infection rates as the effect of the vaccine wears off, as some have claimed.

Acknowledging the figures, the authors write: "Surprisingly, we observed a higher risk of test positivity after vaccination with one or two doses across all BMI groups, which is contrary to evidence reported by the U.K. ONS." What they don't mention is that it is fully in line with data from the UKHSA, nor that the ONS is known to overestimate infection rates in the unvaccinated because it underestimates the population – the ONS puts the unvaccinated adult population at 8% whereas the NIMS database puts it at 19% (and surveys higher still at 26%).

The authors state that the "hospital admission and death outcomes were considered more robust outcomes than infection" owing to "variability in testing" and a potentially "high proportion of asymptomatic infections". The implication is that unvaccinated people were less likely to get tested when infected, suppressing the positive test rate in the unvaccinated. No evidence is provided for this claim, however, nor any attempt made to quantify the possible size of the difference.

The study was published in June but went largely unnoticed until Alex Berenson wrote about it last week. Alex also draws attention to the fact that vaccine effectiveness against hospitalisation and death is much weaker than was claimed at the time.

Vaccine effectiveness against death 14 or more days after the second jab is just 61% (the first highlighted figure), well below the 90-99% claimed by the Government. Note that the overall protection will be even lower owing to the vaccinated being more likely to be infected: the 44% higher infection rate mentioned above would reduce the 61% effectiveness to just 34%.

Oddly, the vaccine effectiveness against death in the week following the third jab (the second highlighted figure) jumps up to 97%, from 61% following the second jab, despite this being before the effect of the booster should kick in. This oddity is not explained.

Looking at the hospitalisation figures, there is a disturbing spike in the weeks following the first jab, hitting over twice as high (2.02) in the second week. Why are the vaccinated up to twice as likely to be hospitalised with Covid than the unvaccinated in the weeks following the jab?

The figures show that having two vaccine doses reduces hospitalisation risk by 66% once 14 days post-injection (though once again there is an unexplained leap in efficacy from 19% 28 days after dose 1 to 67% in the week after dose 2). The 66% is markedly lower than the 90-99% claimed at the time, as shown below in the table from a UKHSA Government report in September 2021.

UKHSA, September 2021

The new figures are much more in line with what was observed in the raw UKHSA data. But it means we're left without explanation as to why the clinical trials and Government studies showed high efficacy for a two dose course, when observational studies of the real-world evidence now find negative effectiveness against infection and much lower than advertised effectiveness against serious disease. An explanation is clearly required. And given the earlier studies were used to inform both individuals' choices and public policy, including medical coercion, serious lessons need to be learned.