

Mortality trade-offs of COVID-19 vaccines

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Article Info

Received: April 18, 2024

Accepted: May 06, 2024

Published: May 14, 2024

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Citation: Raphael Lataster. (2024) "Mortality trade-offs of COVID-19 vaccines.", International Journal of Medical Case Reports and Medical Research, 2(5); DOI: 10.61148/2994-6905/IJMCRMR/039.

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Abstract:

Recent papers in The Lancet Global Health note that in the context of the COVID-19 pandemic deaths from other infectious diseases have increased, with Thompson going to far as to boldly state that "although the diversion of routine immunisation resources to deliver COVID-19 vaccines saved many lives, we can now appreciate that it did so with mortality trade-offs" [1]. This is akin to the realisation that while lockdowns might have slowed the spread of the virus, they might also have accentuated other health problems via increased poverty, and delays to medical diagnoses and treatments. But it is Thompson's unquantified and unreferenced claim of 'many lives saved' that merits serious consideration.

Recent research on the mRNA COVID-19 vaccine clinical trials (and later observational studies) indicates that the effectiveness and safety of the vaccines have been exaggerated, on account of the inadequate counting windows employed [2]. For example, effectiveness can be overestimated by ignoring COVID-19 infections in the 'partially vaccinated', and safety can be overestimated via adverse effect counting windows that start too late and/or finish too early. Even overlooking this, Benn et al. reveals that there was not a decrease but an increase (though not statistically significant) in all-cause mortality in the vaccinated groups of the clinical trials [3], and Fraiman et al. reveals an excess of serious adverse events of special interest in the vaccinated compared with the unvaccinated [4].

Even overlooking the trials in favour of real-world research, Raethke et al. recently discovered a rate of serious adverse drug reactions of 0.24% for the primary series and 0.26% for boosters, approximating to 1 per 400 people [5]. This ostensibly appears to contrast unfavourably with UK government estimates of numbers needed to vaccinate to prevent a severe COVID hospitalisation being in the hundreds of thousands for young 'no risk' groups [6].

With all these recent revelations, unknown when the COVID-19 vaccines were first rolled out, and with the pandemic generally being considered over with far less deadly strains now dominant, it is an opportune time to reconsider the "mortality trade-offs", to reconsider if the benefits of the COVID-19 vaccines continue to outweigh the known risks, particularly in the young and healthy, and to what extent.

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