# Worldwide Big Data Analysis Suggests COVID Vaccination Increases Excess Mortality Of Countries Months After Initiation

# Contribution

- Proved causal relation between vaccination and increasing excess mortality
- Big data analysis using data of 55 countries representing 1.7 billion population

## Outline

- Concerns on COVID Vaccines
- Excess Mortality Around The World
- Vaccine Side Effects, Post-COVID Sequelae Affecting Excess Mortality? An Analysis Using Big Data Analysis

# Concerns on COVID vaccines

- Insufficient development time, long-term side effects unknown.
- Major component is spike protein, proven cytotoxicity alone [1], able to reproduce important aspects of pathogenesis after SARS-CoV-2 infection [2].
- Causes cardiovascular disease (myocarditis risk equivalent to infection among young people [3])
- Long-term immunization effect turns negative, the more vaccinated, the more likely to be infected[4]. (More in the paper ...)

[1] https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/

- [2] Oldfield PR et al. How Does Severe Acute Respiratory Syndrome-Coronavirus-2 Affect the Brain and Its Implications for the Vaccines Currently in Use. *Vaccines*. 2022; 10(1):1. <a href="https://doi.org/10.3390/vaccines10010001">https://doi.org/10.3390/vaccines10010001</a>
- [3] Patone M et al. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection. Nat Med. 2022 Feb;28(2):410-422. doi: 10.1038/s41591-021-01630-0. Epub 2021 Dec 14. PMID: 34907393; PMCID: PMC8863574.
- [4] Nabin K Shrestha and others, Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine, Open Forum Infectious Diseases, Volume 10, Issue 6, June 2023, ofad209, https://doi.org/10.1093/ofad209

# Concerns on COVID vaccines

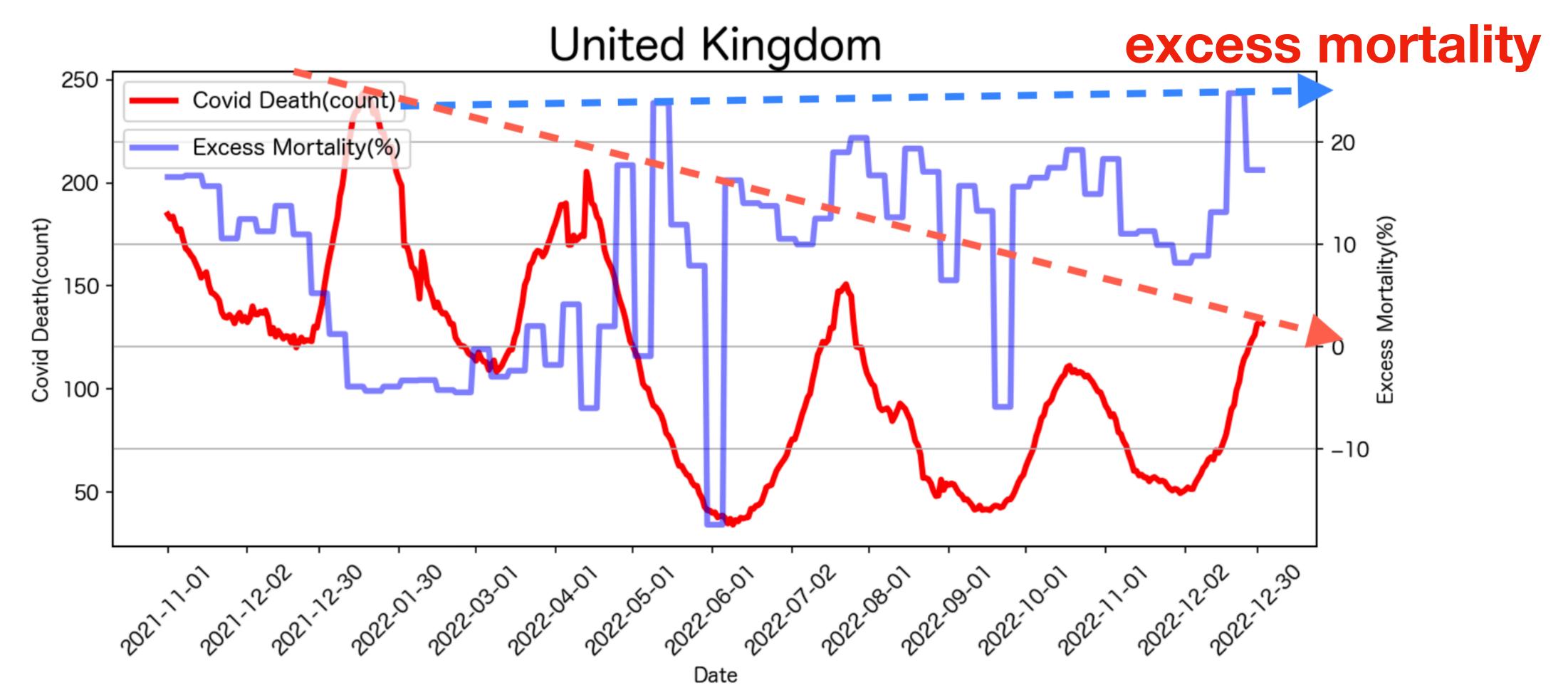
- The vaccinated more susceptible to infection in long-term → increased COVID mortality
- Vaccine long-term side effects → increased side effect mortality
  - -> Increase Long-term excess mortality?

# Outline

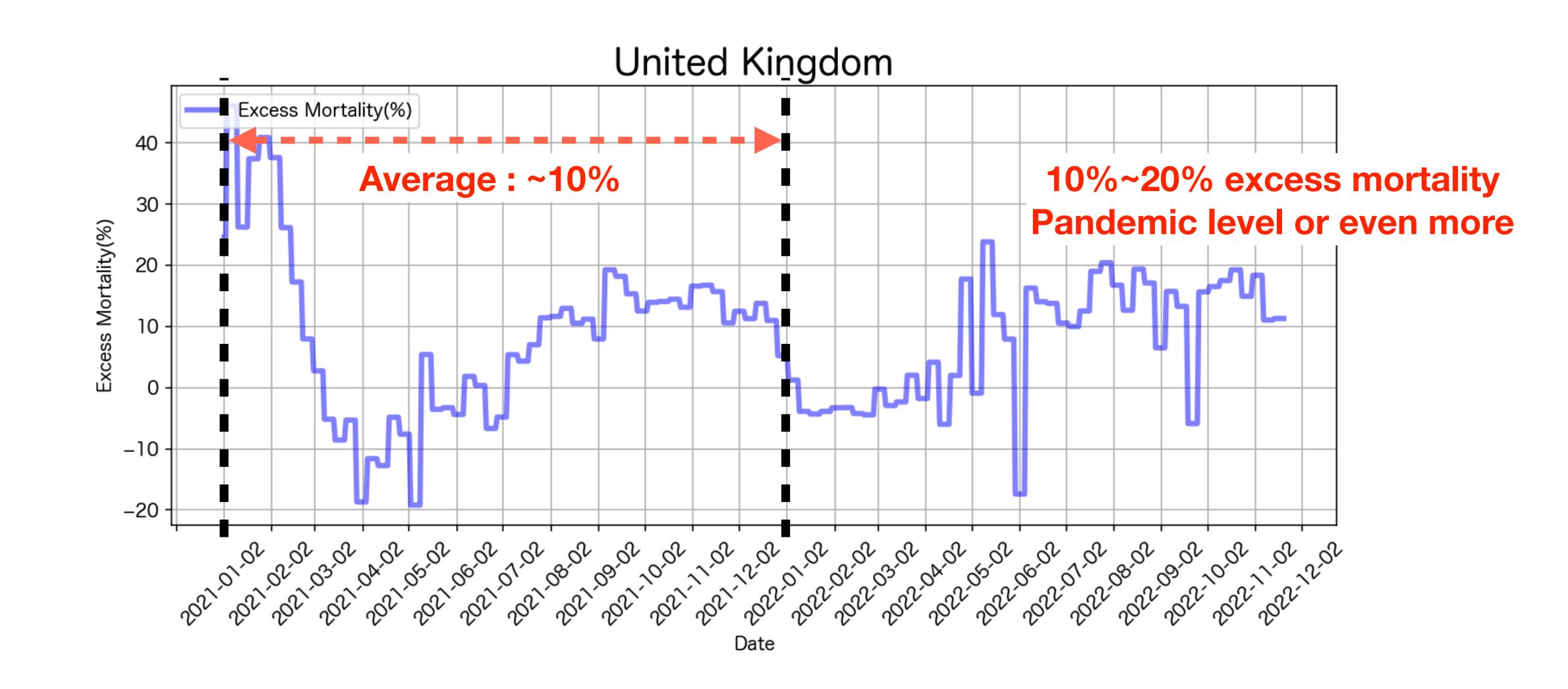
- Concerns on COVID Vaccines
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# **Excess Mortality Around the World - UK**

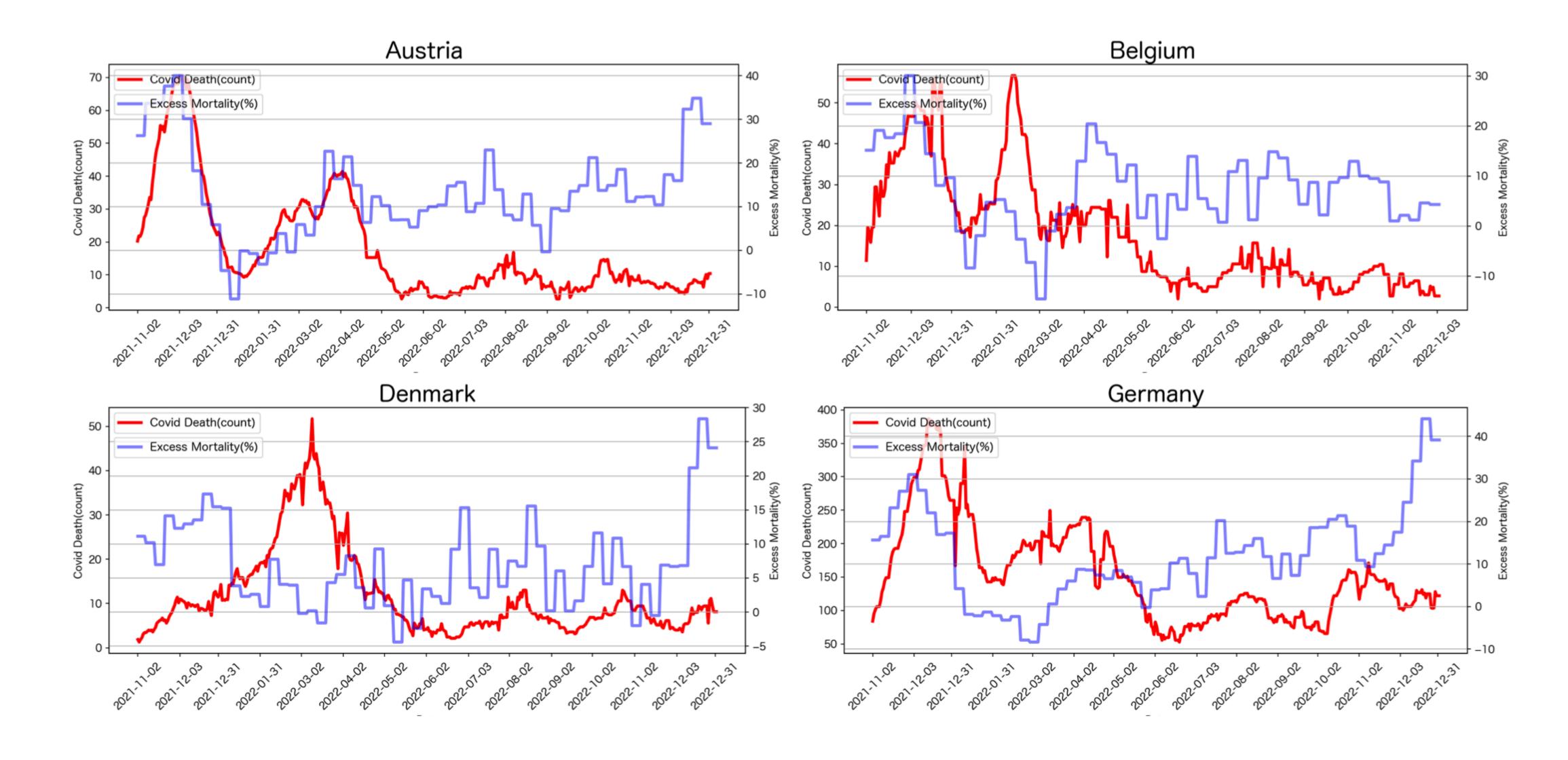
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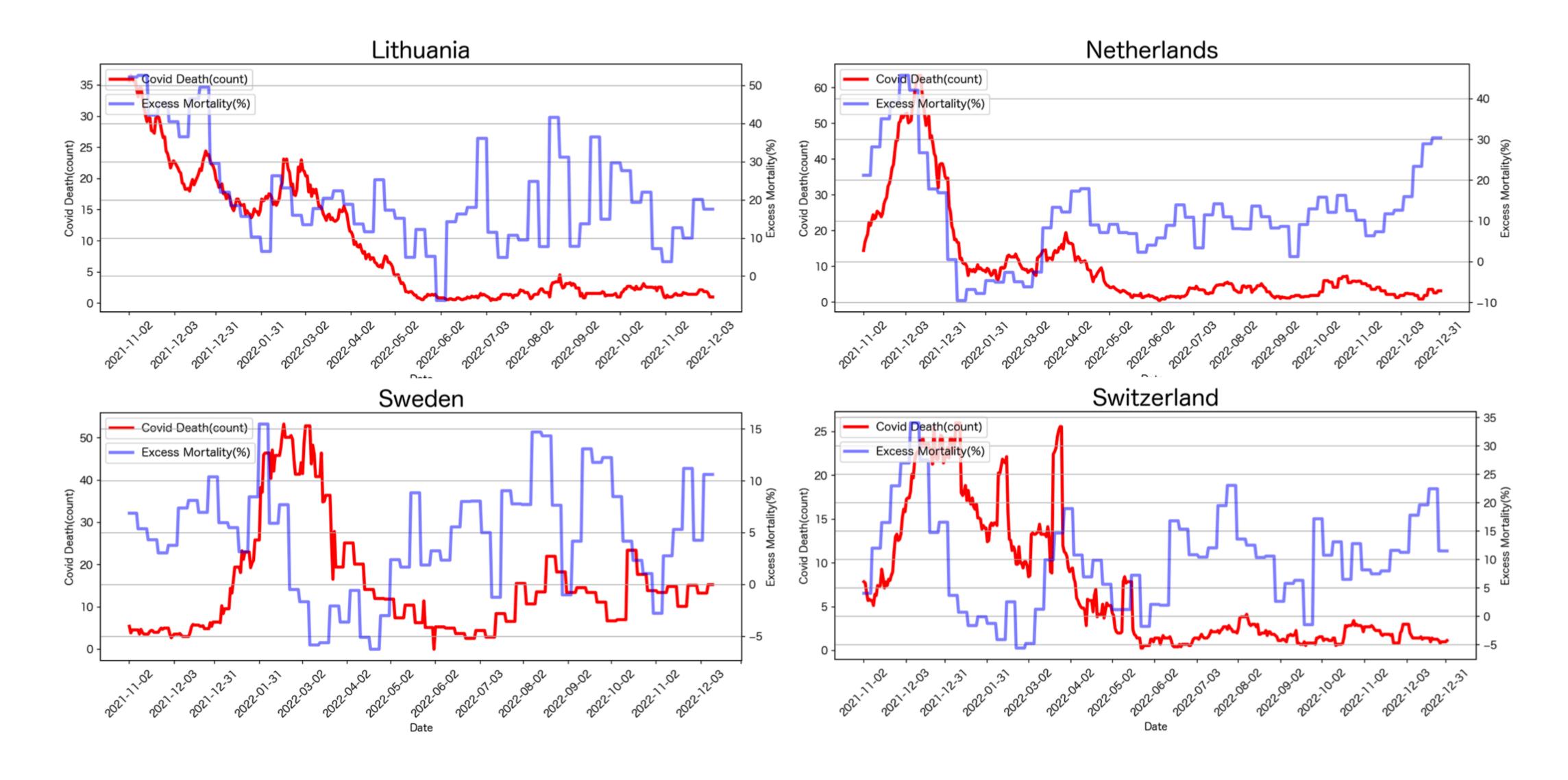
# Excess Mortality Around the World - UK (2021,2022)



# **Excess Mortality Around the World - Other Countries (1)**



# **Excess Mortality Around the World - Other Countries (2)**



# Outline

- Concerns on COVID Vaccines
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# Variables Related To Excess Mortality

- Corona deaths (7-day average)
- Vaccine-related variables (which can express time elapsed since vaccination)
- Variables related to "lethal post-COVID sequelae effect" (pre-existing infection rate, N-antibody possession rate)



# Vaccine-related Variables

**TPAVI: Time Period After Vaccination Initiation** 

 Different time periods after countries started Xdose vaccinations (Coding time periods into categorical variables)

| TPAVI<br>Variables | Definition                         | TPAVI<br>Variables | Definition                         |  |
|--------------------|------------------------------------|--------------------|------------------------------------|--|
| 1dose_1_3m         | After 1st dose, 1-3 months         | 2dose_10_12m       | After 2nd dose, 10-12 months       |  |
| 1dose_4_6m         | After 1st dose, 4-6 months         | 2dose_13+m         | After 2nd dose, 13 months and more |  |
| 1dose_7_9m         | After 1st dose, 7-9 months         | 3dose_1_3m         | After 3rd dose, 1-3 months         |  |
| 1dose_10_12m       | After 1st dose, 10-12 months       | 3dose_4_6m         | After 3rd dose, 4-6 months         |  |
| 1dose_13m+         | After 1st dose, 13 months and more | 3dose_7_9m         | After 3rd dose, 7-9 months         |  |
| 2dose_1_3m         | After 2nd dose, 1-3 months         | 3dose_10_12m       | After 3rd dose, 10-12 months       |  |
| 2dose_4_6m         | After 2nd dose, 4-6 months         | 3dose_13m+         | After 3rd dose, 13 months and more |  |
| 2dose_7_9m         | After 2nd dose, 7-9 months         |                    |                                    |  |

# Vaccine-related Variables (example) TPAVI

- Variable of different time periods after 1st dose vaccination initiation(e.g. Japan)
- Date of 1st dose vaccination initiation: 2021-02-22 (coding date into one-hot values)

|            | 1dose_1_3m |   |   | 1dose_10_12m |   |
|------------|------------|---|---|--------------|---|
| 2021.05.01 | 1          | 0 | 0 | 0            | 0 |
| 2021.06.01 | 0          | 1 | 0 | 0            | 0 |

# **Ever-infected Rate Related Variables**

#### 1. Lethal Post-COVID Sequelae Effect

 High ever-infected rate → more lethal post-COVID sequelae → increase excess mortality

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# Identification of deaths with post-acute sequelae of COVID-19 from death certificate literal text: United States, January 1, 2020–June 30, 2022



December, 2022

By Ahmad, Farida B.; Anderson, Robert N.; Cisewski, Jodi A.; ... https://dx.doi.org/10.15620/cdc:121968



Series: NVSS vital statistics rapid release; report no. 25

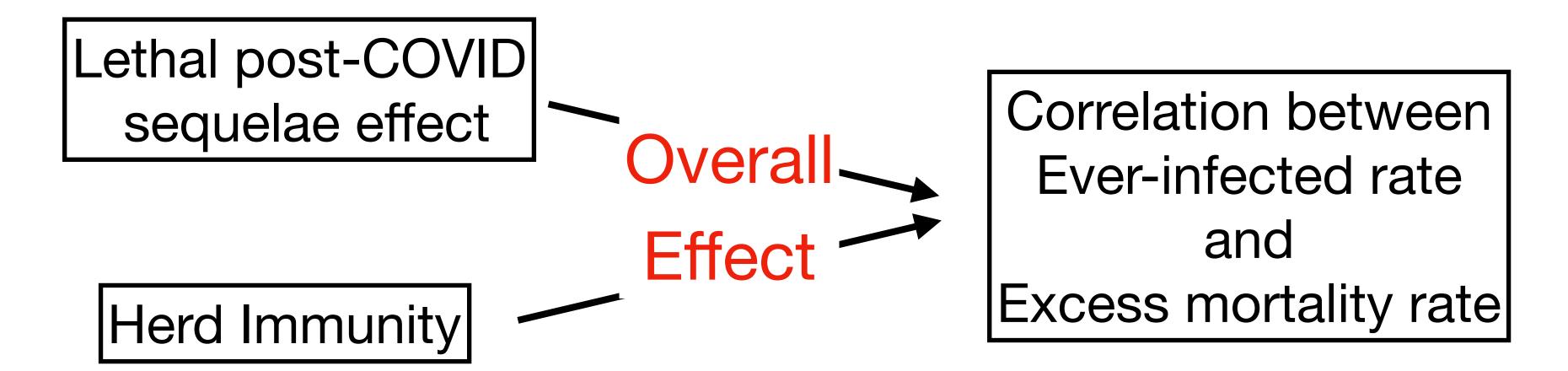
3544 deaths from post-COVID sequelae until June 2022

[1] https://stacks.cdc.gov/view/cdc/121968

# **Ever-infected Rate Related Variables**

#### 2. Herd Immunity Effect

 High ever-infected rate → Herd Immunity formed → decrease excess mortality rate



# Ever-infected Rate Related Variables(Design)

- High ever-infected rate
  - Data not available
  - Positively correlates with elapsed time (months) → can be expressed in terms of elapsed months
  - Seasonal effects → variables with 3-month interval
  - COVID deaths 2-8 weeks after infection → Reference date set to 2021.01.01 (1 month after 2020.12 winter)

# **Ever-infected Rate Related Variables**

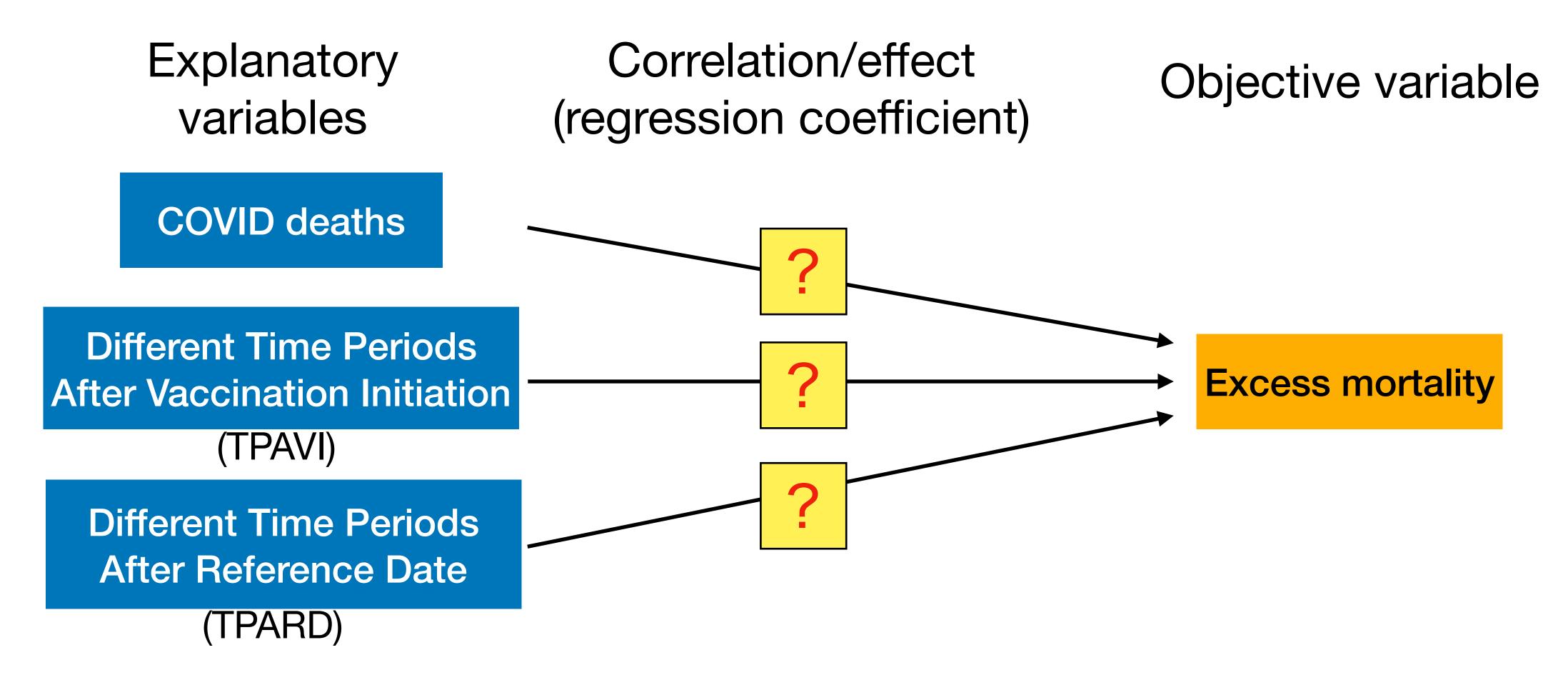
**TPARD: Time Periods After Reference Date** 

• Different time periods after reference date(e.g., 1-3 months after the reference date of 2021.01.01)

| TPARD<br>Variables | Definition                        | TPARD<br>Variables | Definition                              |  |
|--------------------|-----------------------------------|--------------------|-----------------------------------------|--|
| overall_1_3m       | After Jan. 1st 2021, 1-3 months   | overall_13_15m     | After Jan. 1st 2021, 13-15 months       |  |
| overall_4_6m       | After Jan. 1st 2021, 4-6 months   | overall_16_18m     | After Jan. 1st 2021, 16-18 months       |  |
| overall_7_9m       | After Jan. 1st 2021, 7-9 months   | overall_19_21m     | After Jan. 1st 2021, 19-21 months       |  |
| overall_10_12m     | After Jan. 1st 2021, 10-12 months | overall_22m+       | After Jan. 1st 2021, 22 months and more |  |

# **Analysis Method - Multiple Regression Analysis**

Predicting excess mortality



# Data Processing - Selection

Data of countries excluded



- Insufficient COVID death data (less than 10 updates)
- Insufficient excess mortality data (less than 5 updates)
- 3rd dose rate lower than median value (need high value to see effect of 3rd dose vaccination)
- Dropped data before 2020.12
  - Bias in excess mortality rate due to early stage of the pandemic, disorder in each country, insufficient medical care, etc.
  - Vaccination rolled out in 2020.12
- Data of 55 countries representing 1.7 billion population

# Results - Model performance R-square

| Models                           | R-Square          | Confidence Interval |  |  |
|----------------------------------|-------------------|---------------------|--|--|
| COVID death +<br>TPAVIs + TPARDs | $0.355 \pm 0.107$ | (0.145, 0.569)      |  |  |

# Regression Coefficients

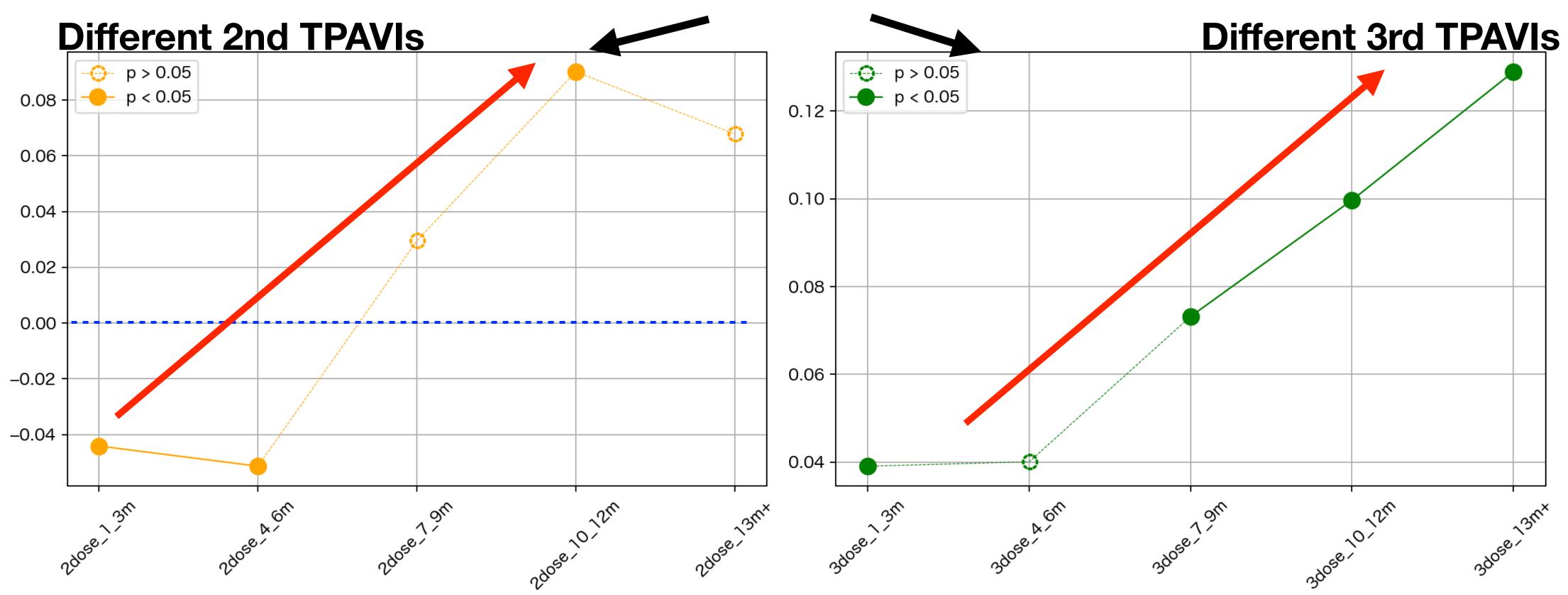
P<0.05 → statistically significant (plotted as figures in next slides)

|   | Explanatory<br>Variable(s)    | Regression<br>Coefficients | p value      | Explanatory<br>Variable(s) | Regression<br>Coefficients | p value |          |
|---|-------------------------------|----------------------------|--------------|----------------------------|----------------------------|---------|----------|
|   | 7 days average<br>COVID death | 0.674                      | 0.000        | 3dose_4_6m                 | 0.040                      | 0.055   | 3rd dose |
|   | 1dose_1_3m                    | 0.010                      | 0.599        | 3dose_7_9m                 | 0.073                      | 0.003   | TPAVIs   |
|   | 1dose_4_6m                    | 0.010                      | 0.725        | 3dose_10_12m               | 0.100                      | 0.000   |          |
|   | 1dose_7_9m                    | -0.007                     | 0.841        | 3dose_13m+                 | 0.129                      | 0.000   |          |
|   | 1dose_10_12m                  | 0.089                      | 0.026        | overall_1_3m(W)            | -0.085                     | 0.000   |          |
|   | 1dose_13m+                    | 0.023                      | 0.610        | overall_4_6m(SP)           | 0.019                      | 0.429   |          |
|   | 2dose_1_3m                    | -0.044                     | 0.008        | overall_7_9m(SU)           | 0.023                      | 0.397   |          |
| 9 | <b>2dose_4_6m</b>             | -0.051                     | 0.029        | overall_10_12m(F)          | -0.108                     | 0.001   | TPARDs   |
|   | 2dose_7_9m                    | 0.030                      | 0.308        | overall_13_15m(W)          | -0.214                     | 0.000   |          |
|   | 2dose_10_12m                  | 0.090                      | 0.008        | overall_16_18m(SP)         | -0.153                     | 0.000   |          |
|   | 2dose_13m+                    | 0.068                      | 0.081        | overall_19_21m(SU)         | -0.144                     | 0.000   |          |
|   | 3dose_1_3m                    | 0.039                      | <u>0.010</u> | overall_22m+ (F)           | -0.147                     | 0.001   |          |

2nd dose **TPAVIs** 

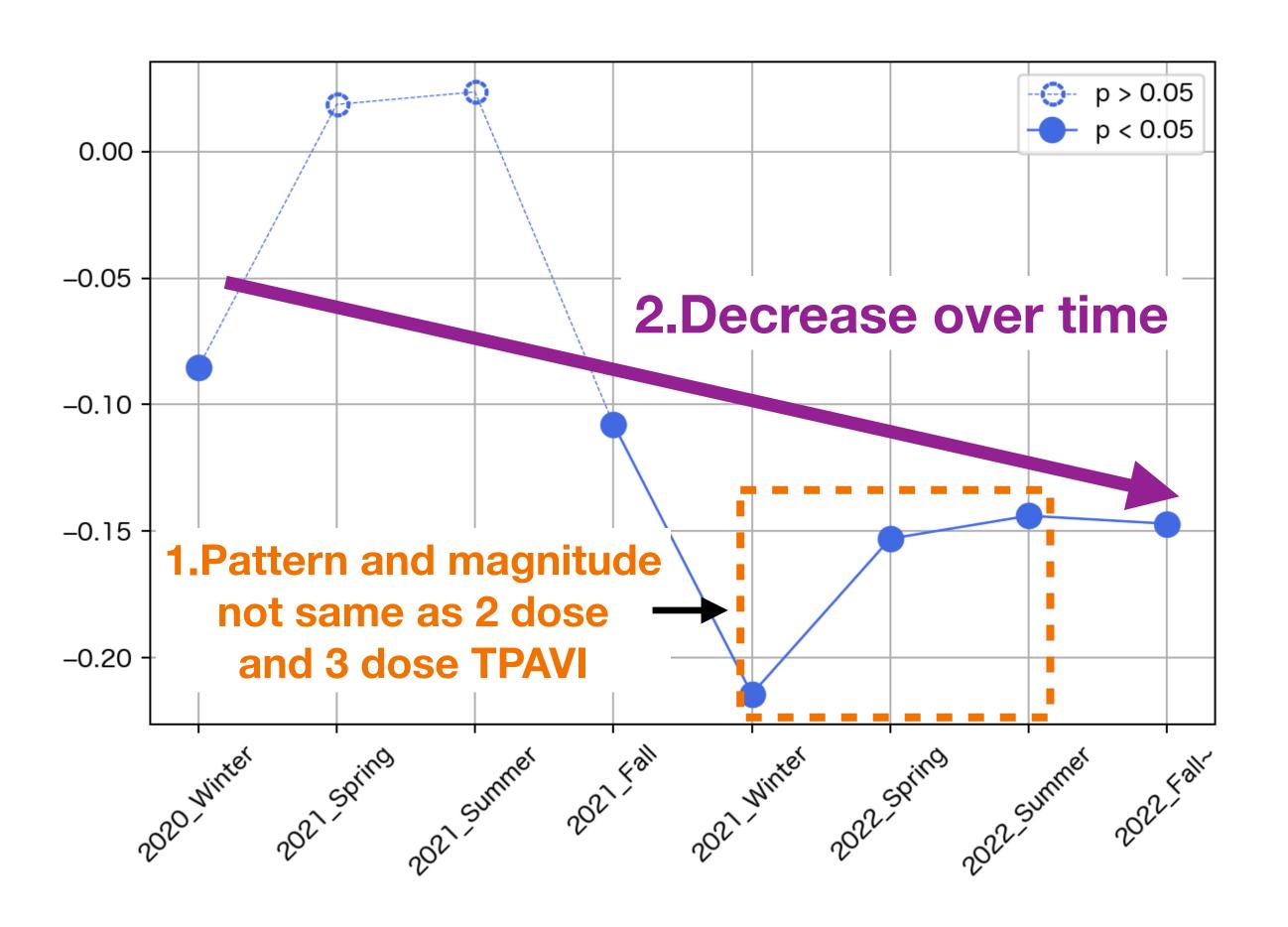
# Correlation Between TPAVIs and Excess Mortality





# Correlation Between TPARDs And Excess Mortality

(Ever-infected rate related)



- 1.Increase pattern and magnitude between 2021\_Winter and 2022\_Summer not same as that of 2 dose and 3 dose TPAVIs
- 2.In decreasing trend over time.
  - → Decreasing excess mortality.
  - → Herd Immunity effect dominates.
  - → Lethal post-COVID sequelae effect not obvious.
- 3.Increase between 2021\_Winter and 2022\_Summer should be seasonal. (Taking 2021\_Spring and 2021\_Summer into consideration)

# Discussion

- No other factors meets the conditions except TPAVIs
  - Global factor
  - Positive correlation with excess mortality in the long run
  - Positive effect on excess mortality keeps increasing gradually



# Conclusion

- Causal relation between TPAVIs and excess mortality
- Vaccination increase excess mortality at least from 10 months after 2nd dose vaccination initiation and 3rd dose vaccination initiation.

# Vaccine increasing excess mortality is unacceptable. Should be stopped immediately.

# More Details

Paper: https://osf.io/rczfu/

Open source code: <a href="https://github.com/SakuraDataAnalyst/00vaccine-">https://github.com/SakuraDataAnalyst/00vaccine-</a>

data-analysis.git

# Appendix

# Why 3dose\_1\_3m Is Positive?

#### **Different 3rd TPAVIs**

