

# Conservative Risk Benefit Analyses Decide Against COVID-19 Vaccination

College Students Harmed with Mandates

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Global Research, December 13, 2022

[Courageous Discourse](#)

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*To this day some US Colleges are mandating COVID-19 vaccination with the bivalent boosters for Omicron BA4/BA5 which are now obsolete since the predominant strains are BQ1 and BQ1.1.*

*To make matters worse, the bivalent boosters failed to stop Omicron in animal studies despite having an antibody rise—thus showing antibodies are invalid surrogates of vaccine efficacy.*

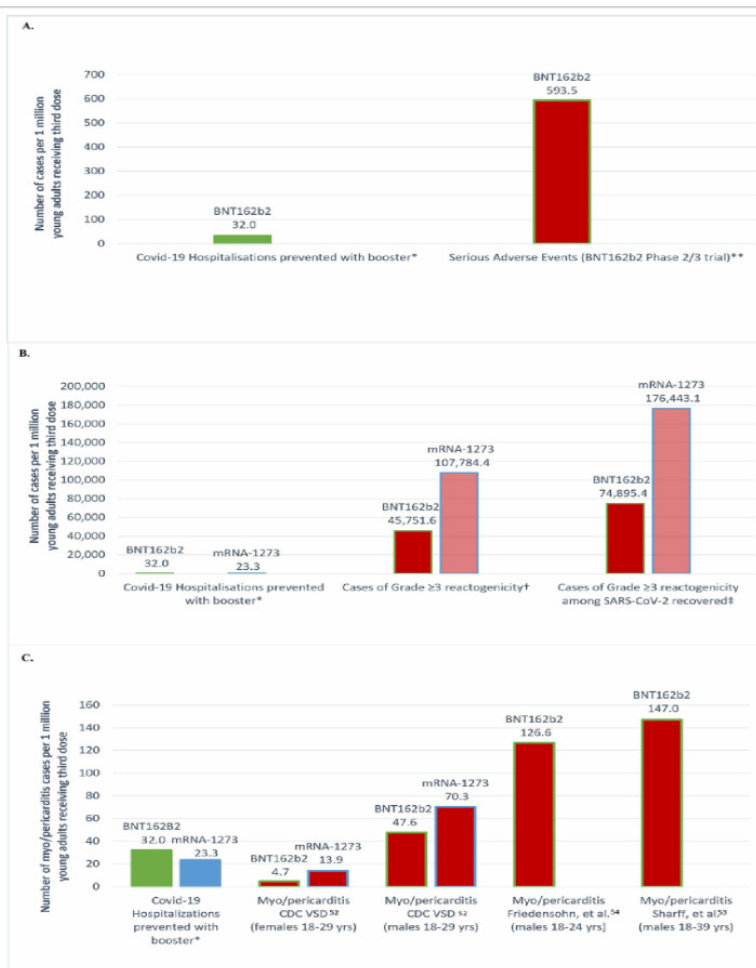
*Parents and students are becoming increasingly leery of additional COVID-19 vaccination based on the results of Bardosh et al.*



# COVID-19 vaccine boosters for young adults: a risk benefit assessment and ethical analysis of mandate policies at universities

Kevin Bardosh,<sup>1,2</sup> Allison Krug<sup>3</sup>,<sup>4</sup> Euzebiusz Jamrozik,<sup>4</sup> Trudo Lemmens,<sup>5</sup> Salmaan Keshavjee,<sup>6</sup> Vinay Prasad,<sup>7</sup> Marty A Makary,<sup>8</sup> Stefan Baral<sup>9</sup>, Tracy Beth Høeg<sup>10,11</sup>

Bardosh K, et al. *J Med Ethics* 2022;0:1–13. doi:10.1136/medethics-2022-108449



**Figure 1** (A, B, C) Expected hospitalisations prevented over six months and serious adverse events (SAEs), cases of grade  $\geq 3$  reactogenicity, and vaccine-associated myo/pericarditis among 18–29-year-olds per million BNT162b2 and mRNA-1273 booster vaccinations. \*CDC-estimated number needed to vaccinate (NNV) with a booster to prevent 1 hospitalisation over 6 months in 18–29-year-olds<sup>18</sup> was adjusted for reduced Omicron severity (aOR=0.28)<sup>47</sup> as follows: BNT162b2 (8738/0.28=31 207) and mRNA-1273 (11 994/0.28=42 836). Per million third doses, hospitalisations prevented for BNT162b2 were computed as follows:  $1/(8738/0.28) \times 10^6 = 1/31\ 207 \times 10^6 = 32.0$  and  $1/(11\ 994/0.28) \times 10^6 = 1/42\ 836 \times 10^6 = 23.3$  for mRNA-1273 \*\*SAEs: Three serious adverse events among BNT162b2 booster recipients were deemed by blinded investigators to be related to vaccination (3/5055). These included: moderate persistent tachycardia, moderate transient elevated hepatic enzymes, and mild elevated hepatic enzymes.<sup>18 50</sup> †Reactogenicity rates are BNT162b2 (14/306) and 45 751.6 per million third doses; mRNA-1273 (18/167) and 107 784.4 per million third doses.<sup>50</sup> ‡Estimated reactogenicity rates were computed assuming 63.7% seroprevalence<sup>13</sup> and at least 2x reactogenicity among those with prior SARS-CoV-2 infection.<sup>56 57</sup>

Bardosh K, Krug A, Jamrozik E, et al

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*Journal of Medical Ethics* Published Online First: 05 December 2022. doi: 10.1136/jme-2022-108449

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This group found the risks of COVID-19 vaccination including serious adverse events (life threatening, hospitalization, and death) and myocarditis far outweigh any theoretical benefits. If Bardosh would have considered the two prospective cohort studies by Mansanguan and Le Pessec, the myocarditis rates would have been sharply adjusted up to 25,000 cases per million.

Additionally, since no prospective randomized placebo controlled trial has demonstrated reductions in COVID-19 hospitalization and death as a primary or secondary endpoint, that theoretic benefit of vaccination could have been dropped to zero. Most of the colleges and universities mandating COVID-19 vaccination have platitudes in their mission statement like that of Yale University: "Yale is committed to improving the world today and for future generations through outstanding research and scholarship, education, preservation, and practice."

This leaves the world wondering about the ineptitude of Yale leadership on the application of scholarship to their policies. Next time you are in a discussion about college mandates, please feel free to share this Substack.

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*Featured image is from Mercola*

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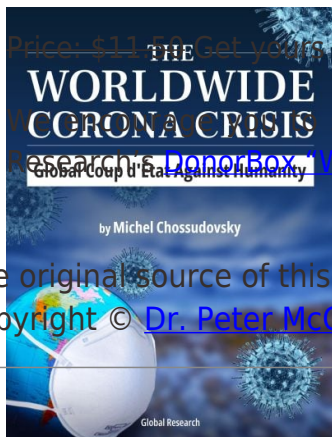
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