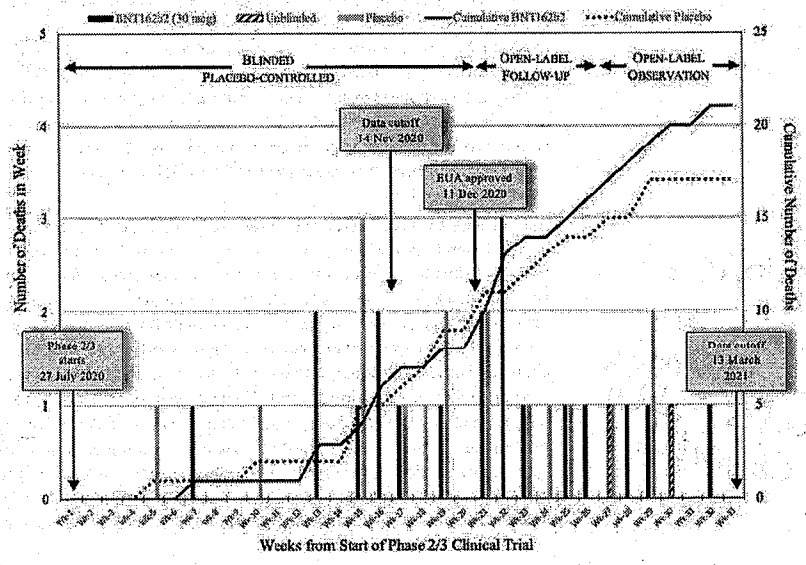

FIGURE 1: Analysis of Pfizer trial's weekly mortality over a 33-week period

This representation of the Pfizer trial by Michels et al. [54] showcases the weekly count of subject deaths from July 27, 2020, to March 13, 2021. Solid bars denote BNT162b2 recipients, gray bars signify the placebo group, and hatched bars represent previously unblinded placebo subjects who later received BNT162b2. The solid line represents the cumulative death count for the BNT162b2 group and the dotted line for the placebo group.

Image Source: Michels et al., 2023 [54]; Published with permission by authors under CC BY-NC-ND 4.0 Deed (Attribution-NonCommercial-NoDerivs 4.0 International)

Notably, the unblinded placebo recipients who later received BNT162b2 are combined with the BNT162b2 "vaccine group" for this analysis [54]. To provide context, the registrational trial can be divided into three distinct periods. The first is the "Blinded placebo-controlled period," which spanned from July 27, 2020, to December 10, 2020. The second phase is the "Open-label follow-up period," encompassing the timeframe from December 11, 2020, to January 24, 2021. The final period is the "Open-label observation period," which extended from January 25, 2021, to May 13, 2021 [35,78]. The initial placebo subject death was recorded in Week 5, while the first death among BNT162b2 subjects occurred in Week 7.

The first 12 weeks of the trial saw very few deaths, likely due to ongoing enrollment of new subjects. The plots illustrating the cumulative number of deaths in both arms appear to closely align until around Week 20, after which they diverge (Figure *1*). Beyond Week 20, the rate of deaths in the placebo arm decreased and eventually stabilized by Week 30. In contrast, the number of deaths among BNT162b2 subjects continued to rise at a consistent rate. This reduced rate in the placebo arm was likely a result of the diminishing number of unvaccinated placebo subjects remaining in the trial, stemming from the unblinding and vaccination process initiated after December 11. Despite the low overall death count, it is likely that the general public's perception of the vaccines would have been far less favorable had they known that the mortality rate had continued to increase among the mRNA-vaccinated participants [54]. The data for Figure *1* by Michels et al. [54] were obtained directly from Pfizer's Six-Month Interim Report [35]. Moreover, Michels et al. [54] compared the reported number of deaths to an age-stratified estimated number based on US data from 2019 [79] and determined that Pfizer's reported number of 38 deaths is about 17% of what would be expected for the US population.

Alarmingly, drawing from Pfizer's Six-Month Interim Report, Michels and colleagues found evidence of a substantial increase in the number of deaths due to cardiovascular events in BNT162b2 vaccinated subjects that the vaccine manufacturer did not report [54]. For their published peer-reviewed analysis, the researchers were able to access the narrative reports on a few critical subjects that provided explicit notification of the subject's date of death prior to November 14, 2020 [54]. Protocol C4591001 required immediate reporting of SAEs, including death or hospitalization, within a 24-hour window, a guideline likely followed by the trial site staff. Nevertheless, Pfizer used the dates that the death was recorded in the subject's Case Report Forms, which Pfizer maintained. The Michels et al. investigation uncovered a consistent pattern of reporting delays of the date of death on subjects' Case Report Forms across the entire trial [54]. These delays were greatest in vaccinated subjects who died prior to November 14, 2020. If Pfizer