

Universal Health Organisation (UHO)

Weekly Newsletter – 14 Jul 2023



The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.

Pandemics make strange bedfellows – Politics and Pharma on the science and “business” of vaccines.

UK politician and the Indian Pharma lord, Adar Poonawallah, [discussed](#) the science and “business” of vaccines during the former’s visit to India last week. George Foreman the UK minister met Adar Poonawallah and they talked about the great potential of vaccines and their distribution in future health emergencies. They discussed vaccine against dengue, and Poonawallah made a special mention of including HPV vaccine in Universal Immunisation Program (UIP) of India by next year. UHO has serious reservations on including the HPV vaccine in the UIP without [robust scientific evidence](#). But of course politics, corruption and commerce have [overruled science](#) in recent years.

Poonawallah also had plans for a malaria vaccine in India. Both commended the role of Covishield manufactured in Serum Institute in saving 30 million lives globally. Such exaggerated figures based on mathematical models have been [rebutted](#) with hard data. None of them mentioned that Astrazeneca/Covishield was [banned](#) in many European countries. The report from Australia on AEFI following Astrazeneca/Covishield administration is not very encouraging as described below.

Astronomical rise in Adverse Events Following Immunization (AEFI) reveals Australian Government data

Western Australian Vaccine Safety Surveillance [Annual Report 2021](#), shows a dramatic [rise](#) in AEFI following mass roll out of the Covid-19 vaccines in February 2021. The rates of AEFI following Covid-19 vaccines were almost 24 times higher compared to other vaccines. While AEFI following non-Covid-19 vaccines occurred in 11.1/100,000 doses administered, in case of Covid-19 vaccines AEFI occurred in 264.1/100,000 doses. This by no stretch of imagination can be called acceptable.

The rate of AEFI was highest for Astrazeneca (Covishield) at 306/100,000 doses. This is of particular relevance for India where Covishield was the main vaccine administered. Due to our poor vaccine adverse events reporting system we do not have similar figures for our country. This absence of evidence will tend to be taken as evidence of absence of AEFI. Perhaps this might be the reason why use of Astrazeneca/Covishield was suspended in many European countries which had better reporting systems for AEFI.

Urgent warning over deadly virus spreading across Europe: “biggest threat to public health.”

A health [alert](#) has been sounded in Europe after a deadly disease, “Crimean-Congo-Hemorrhagic Fever (CCHF) occurred in some parts of Iraq and Namibia. There have been two deaths recently in Pakistan. The disease is caused by the Nairovirus that is spread by ticks and has a death rate of 10%-40%. This allegedly biggest threat to public health is believed to be accelerated by [climate change](#), without any scientific evidence.

CCHF is not a novel virus and has been known for decades. The high mortality while tragic for the victims, who succumb, is low on pandemic potential as such lethal infections lead to a dead end with the virus dying with the victim. Similarly, last year the alert of monkey pox as an infection of public health concern fizzled out over time.

UHO is concerned that such false alarms will prepare the ground for people across the globe accepting the proposed WHO pandemic treaty which will spell the end of democracy.