

Öffentliche Distanzierung: Folge 4

Auf Seite 9 der „Amtlichen Mitteilung“ der Tiroler Landesregierung vom Oktober 2021 steht folgende Aussage:

„Bei einer Covid-Impfung muss man sehr selten, bei 1 von 100.000 Impfungen mit schweren Nebenwirkungen rechnen. Bei einer Corona-Infektion viel häufiger: bei Jüngeren bei 1 von 100 Infektionen...“

Von dieser Aussage distanzieren mich und belege dies für „Jüngere“ (unter 50 Jahren, i.e., 0-49 Jahre) mit Daten aus Qatar:

1. "Qatar has a unique demographic and residential dwelling's structure that proved critical in understanding SARS-CoV-2 epidemiology. Of the total population, 89% are expatriates from over 150 countries, most of whom live in the capital city, Doha. About 60% of the population consists of CMW [craft and manual workers] typically working in mega-development projects. This "labor" population is predominantly young (20–49 years of age), male, and single, living generally in communal shared housing accommodations." (1)

2. "With a well-resourced public healthcare structure and a centralized and standardized data-capture system for all SARS-CoV-2 testing and COVID-19 care, Qatar has one of the most extensive databases to characterize this epidemic and its toll. In addition to large-scale polymerase chain reaction (PCR) and serological testing, multiple population-based PCR and serological surveys have been conducted to date. As of November 23, 2020, cumulative overall testing rates exceeded 638,000 per million population for PCR and 105,000 per million population for antibodies. A comprehensive clinical characterization has also been completed for the hospitalized COVID-19 cases through individual chart reviews by trained medical personnel, including infection severity classification as per the World Health Organization (WHO) guidelines." (2)

3. "Table 2. Estimated mean and 95% credible interval (CI) of the age-specific infection acute-care and ICU bed hospitalization rates, infection severity and criticality rates, and infection fatality rate [IFR]. Classification of infection severity and criticality was per WHO infection severity classification" ([LINK](#)). Die Table 2 aus (2) wurde vereinfacht. Daten für "Infection criticality rate" [ICR], wie von der WHO definiert: "Critical COVID-19: Defined by the criteria for acute respiratory distress syndrome (ARDS), sepsis, septic shock, or other conditions that would normally require the provision of life-sustaining therapies such as mechanical ventilation (invasive or non-invasive) or vasopressor therapy" und "Infection fatality rate" der Altersgruppen von 0 bis 49 Jahre werden gezeigt. In der Altersgruppe 0-19 Jahre war die IFR 0,00; die ICR lag zwischen 0,00 und 0,04.

	Infection criticality rate (per 1,000 infections)	Infection fatality rate (per 10,000 infections)
Age group (years)	Mean (95% CI)	Mean (95% CI)
0-9	0.00 (0.00-0.00)	0.00 (0.00-0.00)
10-19	0.04 (0.04-0.04)	0.00 (0.00-0.00)
20-29	0.08 (0.08-0.08)	0.12 (0.11-0.13)
30-39	0.21 (0.21-0.21)	0.09 (0.09-0.10)
40-49	0.73 (0.72-0.73)	0.75 (0.70-0.80)

Tabelle 1: Vereinfachte Table 2 aus Quelle (2)

Aus gegebenem Anlass (3): Injektion von transfizierenden, bedingt zugelassenen Arzneimitteln, die für das potentiell toxische Spike-Protein von SARS -CoV2 (Wuhan) kodieren, bei Kindern und Jugendlichen¹

4. Die Altersgruppe 0-18 Jahre wurde für das erste Jahr der „Pandemie“ in England untersucht:

4.1. "Data Collection: The NCMD [National Child Mortality Database] is a mandatory system that records all deaths in CYP <18 years of age in England, since it began in April 2019 and includes demographic and clinical data of the events leading up to death." (4)

4.2. "Methods:

During the pandemic, the mandatory National Child Mortality Database (NCMD) was linked to Public Health England (PHE) testing data to identify CYP [Children and Young Adults] (<18 years) who died with a positive SARS-CoV-2 test. A clinical review of all deaths from March 2020 to February 2021 was undertaken to differentiate between those who died of SARS-CoV-2 infection and those who died of an alternative cause but coincidentally tested positive."

4.3. "Findings, Comorbidities, Discussion [Statistical Data left out]

3105 CYP died from all causes during the first pandemic year in England. 61 of these deaths occurred in CYP who tested positive for SARS-CoV-2. 25 CYP died of SARS-CoV-2 infection; 22 from acute infection and three from PIMS-TS. 99.995% of CYP with a positive SARS-CoV-2 test survived. The 25 CYP who died of SARS-CoV-2 equates to a mortality rate of 2/million for the 12,023,568 CYP living in England. CYP >10 years, of Asian and Black ethnic backgrounds, and with comorbidities were over-represented compared to other children."

"A similar proportion of the 25 CYP who died of SARS-CoV-2 (n=19, 76%) and the 3,080 deaths from all other causes (n=2,267, 74%) had a chronic underlying health condition. Significantly more CYP who died of SARS-CoV-2 had a life-limiting condition (n=15, 60%) compared to deaths from all other causes (n=988, 32%) 64% (n=16) of the 25 CYP who died of SARS-CoV-2 had comorbidities in two or more body systems compared to 45% (n=1,373) of the CYP who

¹ Die Bewertung des Nutzen -Risikos für Myokarditis in (3) erfolgte ohne Berücksichtigung möglicher Langzeitfolgen (Spitze des Eisbergs: Teil 1, 2). Außer Myokarditis tauchen noch andere „Signale“ für Nebenwirkungen in den Pharmakovigilanz Datenbanken auf, die im zeitlichen Zusammenhang mit der Injektion von mRNA Arzneimitteln stehen. Diese könnten ggf. zur Übersterblichkeit / Morbidität von „Spike“ Injizierten beitragen. Dies kann durch Vergleich der NCMD „Pandemie“ Daten (Punkt 4) mit denen von Februar 2021 bis März 2022 ausgeschlossen werden.

died from all other causes .Six (24%) of the 25 CYP who died of SARS-CoV-2 appeared to have no underlying health conditions similar to 24% (729 of the 3,080 CYP) who died of all other causes."

"During the same time period studied there were 124 deaths from suicide and 268 deaths from trauma, emphasizing COVID-19 is rarely fatal in CYP."

5. In Referenz (5) werden in Table 1 [ohne USA] Mortalitätsraten für Kinder 0-19 Jahre, 20-29 Jahre und Erwachsene >29 Jahre aufgeführt:

Country	England and Wales (8/13/2021)	Italy (8/18/2021)	Portugal (8/25/2021)	Sweden (8/26/2021)	Switzerland (8/23/2021)	the Netherlands (8/3/2021)
Number of COVID-19 deaths						
Children 0–19 years ^c	46	31	5	15	3	3
Young adults 20–29 years	210	70	13	22	3	12
Adults >29 years	140,833	127,604	17,651	14,645	10,449	17,817
COVID-19 mortality per million population						
Children 0–19 years ^c	3	3	3	4	2	0.8
Young adults 20–29 years	27	11	12	17	3	5
Adults >29 years	3762	2947	2441	2220	1802	1578

Tabelle 2: Vereinfachte Table 2 aus Quelle (5)

Referenzen:

1. Abu-Raddad LJ, Chemaitelly H, Ayoub HH, Al Kanaani Z, Al Khal A, Al Kuwari E, et al. Characterizing the Qatar advanced-phase SARS-CoV-2 epidemic. Sci Rep [Internet]. 2021;11(1):1–15. [\[LINK\]](#)
2. Seedat S, Chemaitelly H, Ayoub HH, Makhoul M, Mumtaz GR, Al Kanaani Z, et al. SARS-CoV-2 infection hospitalization, severity, criticality, and fatality rates in Qatar. Sci Rep [Internet]. 2021;11(1):1–10. [\[LINK\]](#)
3. Naik R. Summary Basis for Regulatory Action. 2021 [\[LINK\]](#)
4. Smith C, Odd D, Harwood R, Ward J, Linney M, Clark M, et al. Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data. medRxiv [Internet]. 2021;2021.07.07.21259779 [\[LINK\]](#)
5. Ioannidis JPA. COVID-19 vaccination in children and university students. Eur J Clin Invest. 2021;(August):1–8. [\[LINK\]](#)

Innsbruck, am 20.November 2021.Em. o. Univ.Prof.Dr.med. Hartmut Glossmann