

HART response to The Times article

A full review of COVID-19 evidence was published by HART last week, which included analysis of mortality data. In this section, we noted that the January peak in COVID cases and deaths correlated both in time and geographically with the mass roll-out of the novel vaccines.

Today, Tom Whipple, science editor of The Times, has [published an article](#) about our report which misrepresents our work. The headline suggests that our report is ‘claiming vaccines caused second wave deaths’. It is not. HART’s report points out a temporal association (the characteristics of which we cannot explain using conventional epidemic modelling) but clearly states that ‘we cannot infer causation from correlation’.

While scientists quoted in the article have dismissed HART’s suggestion that there is a possible link between vaccination and COVID-19 infections, it is worth highlighting that earlier this month, [a study led by Public Health England](#) found a “notable” rise in COVID-19 infections in the over 70s immediately after receiving a vaccine.

We are not asserting that vaccines are the only possible cause of “second wave” cases and deaths. We are not asserting that the vaccines are, in and of themselves, dangerous or deadly. There are many factors at play here. For example, the increased contact from the vaccination programme or from [possible relaxation of social distancing](#) following vaccination have been suggested as possible causes for the correlation. It has also been shown that [lymphocyte](#) levels fall in the first three days after Pfizer-BioNTech vaccination (see Supplementary Appendix of paper). The phase 2 trial of [AstraZeneca](#) showed a transient neutropenia in 46% of patients in the vaccine arm (compared to 7% in the control arm). Whether this suppressed immunity sufficiently accounts for increased susceptibility is uncertain. These observations have no bearing on the efficacy of the vaccines which is a separate issue.

We would like to acknowledge an error in our original document, which has now been corrected. A reference to vaccine testing mentioned mRNA vaccines from which it has been inferred that we were referring specifically to the Pfizer vaccine. This has now been updated to include DNA vaccines too.

New data is emerging all the time and it is vital that we keep asking difficult questions and having difficult conversations - after all, good science relies on robust debate. Science without questions is not science.

We believe that it is important to continue to be open to alternative explanations for the data as they come in and maintain a position of healthy scientific skepticism.

Additional information:

A number of papers have been published, linking vaccination and infection:

-The FDA Pfizer report demonstrated a statistically significant [40% increase](#), with 409 'suspected COVID' cases in the vaccination arm in the first week of the trial, compared with 287 in the placebo arm.

-An Israeli [study](#) reported a doubling in daily incidence until about day 8 post Pfizer vaccine.

-A Danish paper showed a [40% increase](#) of COVID-19 in the vaccinated in the first two weeks despite the bias created from not vaccinating homes that had outbreaks.

-A Public Health England study noted a [48% increase](#) in COVID in the first 9 days after vaccination.

On the topic of false positive rates:

- The claim of a 0.8-4% false positive rate is the [Government's](#) current estimate based on a review of similar PCR tests. The Government has not carried out testing to estimate the current operational false positive rate and has admitted that it is [unaware](#) of what that rate is.