

UK Hides World's Most Comprehensive Data on COVID After It Shows Vaccines Don't Work



The UK government's COVID-19 tracking dashboard – one of the world's most comprehensive data sources on COVID infections, mortality, hospitalizations and vaccinations – is ending as part of a supposed plan to “live with COVID.”

Several of the UK's data-collection programs are also ending, including [REACT-1](#) and ZOE. REACT-1 is the largest population surveillance study being undertaken in England examining the prevalence of SARS-CoV-2 in the general population to better understand the virus's transmission and risks.

ZOE, is a mobile app residents use to log their COVID symptoms. Both programs have been invaluable to research and [informing government policy](#).

One can only assume the UK government has decided it no longer

needs to track COVID data because it's showing COVID vaccines do not work.

According to [Alex Berenson](#), former New York Times reporter and author of *Pandemia*, the British government offered the "best source of raw data on the efficacy of the COVID vaccines," publishing the reported number of new infections, hospitalizations and deaths by vaccine status each week.

The British government was the "best source of data showing how well COVID vaccines were working," Berenson said. "We were getting data from a large country with a high vaccination rate and because the country utilizes national health insurance, it could be determined with near certainty who had been vaccinated."

Since Omicron became the dominant variant, the UK's data showed vaccine effectiveness was bleak at best. A report from the end of March showed nearly 90% of adults hospitalized for COVID were vaccinated and over 90% of COVID deaths occurred in the vaccinated.

Table 12. COVID-19 cases presenting to emergency care (within 28 days of a positive specimen) resulting in an overnight inpatient admission by vaccination status between week 9 2022 and week 12 2022

Please note that corresponding rates by vaccination status can be found in Table 14.

Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	Total	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	1,096	27	965	5	56	38	5
18 to 29	690	8	246	3	47	190	196
30 to 39	692	5	200	0	38	156	293
40 to 49	582	10	124	0	34	111	303
50 to 59	892	1	127	1	37	155	571
60 to 69	1,054	5	116	0	24	135	774
70 to 79	2,014	5	140	1	29	171	1,668
80 or over	3,369	2	147	1	55	224	2,940

* Individuals whose NHS numbers were unavailable to link to the NIMS.

¹ In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.**Table 13. COVID-19 deaths (a) within 28 days and (b) within 60 days of positive specimen or with COVID-19 reported on death certificate, by vaccination status between week 9 2022 and week 12 2022**

Please note that corresponding rates by vaccination status can be found in Table 14.

(a)

Death within 28 days of positive COVID-19 test by date of death between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	Total**	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	2	0	1	0	1	0	0
18 to 29	6	0	1	0	0	1	4
30 to 39	20	0	8	0	1	3	8
40 to 49	26	1	5	0	1	9	10
50 to 59	72	0	16	0	5	17	34
60 to 69	163	1	31	0	11	39	81
70 to 79	435	3	48	0	6	70	308
80 or over	1,420	5	104	1	23	175	1,112

* Individuals whose NHS numbers were unavailable to link to the NIMS.

** number of deaths of people who had had a positive test result for COVID-19 and either died within 60 days of the first positive test or have COVID-19 mentioned on their death certificate.

¹ In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective. This is especially true because vaccination has been prioritised in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalisation or death due to non-COVID-19 causes, and thus may be hospitalised or die with COVID-19 rather than because of COVID-19.

The government is no longer providing these charts or the data they contain, Berenson said. Their excuse is that they're no longer offering free universal testing and that somehow affects their ability to monitor COVID cases by vaccination status.

Berenson said:

“Even if the end of free testing somehow affected its ability to provide “robust” data about infections, it would make no

difference to the hospitalization or death figures, which are far more important. Unless COVID patients are going to be hospitalized anonymously, the Health Security Agency will still be able to match their names (and the names on death certificates) against vaccination records.

“In fact the British government would be derelict not to continue to collect the data, and it surely will. But the public will no longer see it.”

Berenson said the real reason the UK decided to hide its COVID data is that the charts reveal how poorly COVID vaccines work and it has become a “national embarrassment.”

The British government is not the only one who has hidden COVID data from the public that would make vaccines look ineffective. The Centers for Disease Control and Prevention has not provided tabulated data showing COVID hospitalizations and mortality by age or vaccination status. It has also withheld vast swaths of the information collected on COVID and vaccines, including data on booster effectiveness for 33 million Americans aged 18-49 over fears it might show COVID vaccines didn't work.