



<https://rotaryclubofmelbourne.org.au/event/43006/dr-john-skerritt-deputy-secretary-health-products-division-ntga-office-of-drug-control> (image Source)

<https://www.health.gov.au/news/therapeutic-goods-administration-adj-professor-john-skerritts-interview-on-2sm-on-8-june-2021> (interview with John Laws )

**“The really good news with this Delta variant, even though it seems to be very transmissible, is that it's able to be vaccinated against — but you do really need two doses to have protection”**

[Dr. John Skerritt](#) (head TGA)

<https://www.tga.gov.au/prof-john-skerritt>

We're certainly **not** implying Dr. Skerritt intentionally misled the Australian Senate, so perhaps he would kindly and publicly clarify the following contradictions to the statement above; all based on the UK vaccination program which is largely being emulated here in Australia.

1. In the UK between February and June 2021 for age group 50+, the **risk of death from the Delta variant is 2.5 times higher for a person fully vaccinated** than for a person who has received only one shot. ([Source](#))
2. In England, from 01 May to 31 July 2021 there have been **8,152 hospitalisations in age groups 65-84 and 85+ where 'full vaccination' levels are 96% and 92% respectively.** ([Source](#))
3. In England, from 01 May to 28 July 2021, **96% of all deaths (i.e. 1,469) have been in age groups 40-59, 60-79, and 80+ where 'full vaccination' levels are 92%, 98%, and 95% respectively.** ([Source](#))
4. In England, from 01 May to 01 August 2021, **daily hospital bed occupancy has increased by 375% (1,071 to 5,090) for all beds and by 360% (167 to 769) for 'ventilation' beds.** ([Source](#))
5. As of 04 August University College London (UCL) **is estimating vaccine efficacy (largely based on AstraZeneca and Pfizer products) at preventing infection in the UK at 8%.** ([Source](#))
6. **Given its large credible range, the risk of blood clots from the Pfizer (BNT162b2) gene therapy of 4.1 per million (credible range 1.1 to 14.9) may be no better than for the AstraZeneca (AZD1222) at 5.0 per million (credible range 4.3 to 5.8).** ([Source](#))

**We feel it would be disingenuous to claim these hospitalisations and deaths (an epidemic of the vaccinated) are entirely attributable to the delta variant; while still claiming that the current crop of vaccines remain efficacious against the delta variant.**

Perhaps what Dr. Skerritt, and the rest of medical bureaucracy, may wish to share with the Australian community (in addition to the 95% efficacy) are the **actual** reductions in risk of the Pfizer (BNT162b2) gene therapy and how they may be contributing to the results above, namely that on average:

1. The Pfizer (BNT162b2) gene therapy reduces the risk of symptomatic illness (most likely mild) by 0.46 percentage points (i.e. 4.6 in 1,000). ([Source](#)) And even this must now be questioned given the [UCL](#) estimates above.
2. The Pfizer (BNT162b2) gene therapy reduces the risk of contracting severe COVID-19 disease by 0.032 percentage points (i.e. 3.2 in 10,000). ([Source](#))
3. The Pfizer (BNT162b2) gene therapy reduces the risk of death from COVID-19 by 0.006 percentage points (i.e. 6 in 100,000). ([Source](#))

More importantly, they may also wish to share four risks at the core of the vaccination strategy:

1. Is **sustained** herd immunity even achievable (and at what human and other costs)?;
2. **Realistically**, can these and future vaccines ever stay ahead of virus mutations?;
3. What's the **likelihood** of vaccine selection pressure driving more virulent mutations? Is this already occurring?; and
4. What's the **likelihood** of Vaccine Enhanced Disease? And can this explain the breakthrough infections, hospitalisations and deaths evident across the globe?

All of these risks are considered probable by the UK Strategic Advisory Group for Emergencies (SAGE) ([Source](#)). **None** have been considered in the modelling used by the Federal government and National Cabinet.

**In addition, the health consequences of administering a vaccine optimised for the alpha variant when a different variant (delta) is circulating have also not been considered.**

As such, what we're being offered is not a path out of lockdowns, not a path out of repeated cycles of infection, disease, and mortality, and not a path that will crush this virus into extinction; or to even treat those who are affected by it. What we're being offered is a never-ending cycle of compounding risk that look like this:

**Vaccination >> Side Effects >> Learnings and Risk Mitigation >>  
Virus Mutation >> Booster Shots**

If we're going to jump into this abyss of risk, let's hope we are well informed (refer attachment) not well influenced; as according to SAGE ([Source](#))

**“An increase in morbidity and mortality would be expected even in the face of vaccination since vaccines do not provide absolute sterilising immunity i.e. they do not fully prevent infection in most individuals.”**

Kind regards,

A thoughtful and concerned citizen

Dedicated to my mother, to the 921 adults and young Australian victims of this disease, to those who suffered and continue to suffer; seemingly abandoned by our medical bureaucracy.