

Major Differences Between Effects of COVID and FLU Vaccines

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FLU vaccines were compared with COVID-19 vaccines by obtaining the frequency of every symptom, then calculating the PRR ratio for each symptom.

Method

VAERS was filtered by vaccine. The records for FLU vaccine were selected (FLU3, FLU4, FLUA3, FLUA4, FLUC, FLUC4, FLUN3, FLUN4, FLUR3, FLUR4, FLUX). The 5 symptoms columns for each record were concatenated, and the frequency of each symptom was counted.

This procedure was repeated for COVID-19 vaccines.

Each FLU vaccine (FV) symptom was then matched by with the COVID vaccine (CV) symptom having an identical name, and the frequencies were compared using Proportional Reporting Ratio.

Vaccine	Total Symptom Count
FLU	20390
COVID	2109354

Formula for PRR	
PRR =	(COV / 2109354) / (FLU / 20390)

Results

Significant safety signals (where PRR > 1) were found for symptoms of clotting, heart damage, and menstrual disorder.

SYMPTOM	FLU vax symptom count	COV vax symptom count	PRR
Thrombosis	3	2511	8.09
Acute myocardial infarction	1	764	7.39
Pulmonary embolism	3	1641	5.29
Myocardial infarction	2	923	4.46
Anticoagulant therapy	8	2064	2.49
Cerebellar infarction	1	29	0.28

SYMPTOM	FLU vax symptom count	COV vax symptom count	PRR
Menstruation irregular	1	2734	26.43
Menstrual disorder	2	2072	10.01
Vaginal haemorrhage	1	1034	10.00

SYMPTOM	FLU vax symptom count	COV vax symptom count	PRR
Cardiac flutter	1	1114	10.77
Chest pain	54	19741	3.53
Cardiac failure	1	350	3.38
Arrhythmia	3	868	2.80
Cardiac disorder	3	864	2.78
Pericarditis	3	702	2.26
Chest discomfort	61	13785	2.18
Bradycardia	3	602	1.94
Pericardial effusion	1	164	1.59
Cardiac arrest	6	921	1.48
Tachycardia	16	2334	1.41
Cardiac discomfort	2	275	1.33

The full CSV table can be downloaded here – <https://howbad.info/flu-cov-prr.csv>

Discussion

These safety signals are supported by prior investigations of causality that looked at

- temporal association
- challenge-rechallenge
- plausible mechanism

[naranjo.pdf \(howbad.info\)](#)

Given the recent campaign to coerce the global population into taking a COVID-19 vaccine, and given that this vaccine is associated with 3 x the frequency of cardiac arrest per 100 symptoms and 8 x the frequency of thrombosis per 100 symptoms compared to the flu vaccine, could this possibly account for the increase in “sudden death” by cardiac arrest and stroke amongst people of young, athletic age ?

