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PREMIUM HEALTH VIEWPOINTS

2022 Excess Deaths All Around the World Raise an Alarm

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PRINT 

Rab Wardell, the newly crowned Scottish MTB XC champion, **passed away in his sleep a few days after winning** the Scottish cycling title at the age of 37.

Katie Archibald, his partner and Olympic champion, tweeted that “he had suffered a cardiac arrest.” According to Archibald, although she tried her best to revive him, and the paramedics arrived within minutes, they still couldn’t save him.



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In a statement, British Cycling expressed its sorrow to lose a “brilliant rider, friend and ambassador for our sport.”

At the time of writing, the cause of Wardell’s cardiac arrest still remains unknown.

Inquiry Into Excess Deaths in Scotland Since the Start of COVID-19 Pandemic

The Scottish government has **started an inquiry** into the causes of excess **deaths** during the COVID-19 pandemic in Scotland.

Excess deaths refer to the total number of deaths in a week in 2022 minus the average number of deaths in the same week over the period from 2016 to 2021, while excluding 2020 to not inflate the previous years’ average, as there was a large number of deaths in spring 2020 (Excess Deaths = Total Number of Deaths – Average Number of Deaths in Previous Years).

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PREVIEW

Excess deaths include deaths caused by the pandemic and those from other causes.

According to the official website of the Scottish Parliament, the weekly numbers of deaths in Scotland between April 2020 and April 2022 (the latest available date) are larger than the average numbers of deaths in the same weeks of previous years, for most of the weeks during this period.

For instance, for the week beginning Jan. 4, 2021, there were 1,720 deaths, while the previous years’ average for the weeks beginning Jan. 4 (from 2016 to 2019)

the previous years' average for the weeks beginning Jan. 4 (from 2016 to 2019) was 1,276, so the number of excess deaths was 444 (34.80 percent).

However, what's unclear is the extent to which the excess deaths are caused by the COVID-19 pandemic, or if they are due to other reasons.

In June 2022, in an [article](#) published in the European Journal of Preventive Cardiology, a journal of the European Society of Cardiology, recommended gene testing athletes to prevent sudden cardiac death.

Sports cardiology is an advanced field of practice that evaluates athletes for genetically determined cardiac conditions which may lead to malignant arrhythmias, heart failure, and sudden cardiac death. Genetic testing is becoming more widely used in sports cardiology, and it is generally considered part of a comprehensive cardiac assessment in athletes.

According to the [statistics](#), up to 80 percent of athletes who die suddenly had no symptoms or family history of heart disease. Moreover, other than the case of Rab Wardell, a universal pattern of increased excess mortality has been reported all over the world.

However, genetic factors are rather stable factors that won't normally directly cause death unless there are significant external risk factors. As the saying goes, internal causes are like basic prerequisites, like a seed, while external factors are like sunlight or water. The seed will grow into a plant only with the suitable conditions of temperature, sunlight, and water.

We could not attribute a large number of excess death rates to genetic factors alone. There must be other external triggers to be found.

Excess Mortality in England and Wales

Beyond Scotland, [other areas of the UK](#) also experienced an [unexplained rise](#) in excess deaths. According to the latest data from the UK's Office for National Statistics (ONS), from June to late August 2022, around 1,000 excess deaths took place in England and Wales each week. However, [most of them are unrelated to the COVID-19 pandemic](#).

For instance, in the week ending Aug. 26, there were 1,556 cases of excess mortality, but only approximately 453 cases of them were caused by the

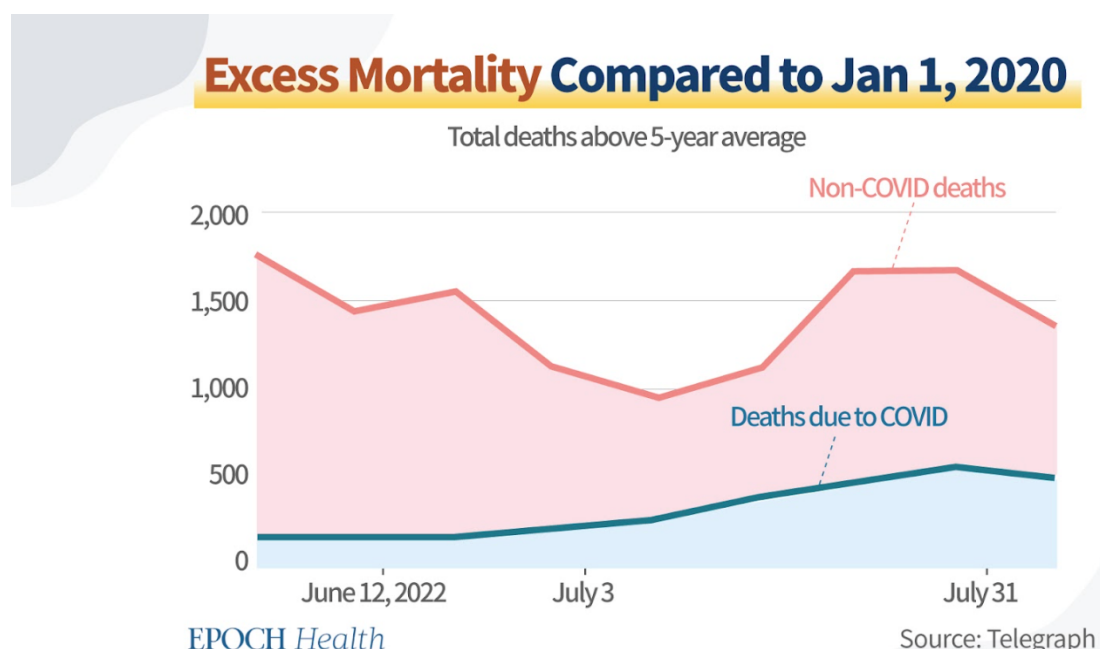
pandemic.

Before the end of March 2022, deaths in England and Wales were fewer than usual, although several **hundreds of people were still dying from the pandemic every week**. However, the situation changed subsequently, with the number of excess deaths rising or sometimes fluctuating, even though the numbers and percentages of COVID-19 deaths have been falling.

For example, during the following five weeks after the week ending July 29, the percentages of COVID-related deaths were 7.4 (810 cases out of a total of 11,013 deaths), 6.8 (723 cases out of 10,698), 5.7 (592 cases out of 10,355), 5.0 (551 cases out of 10,982), and 4.1 (453 cases out of 10,942), respectively, with declines on a weekly basis.

On the contrary, during the same time period, the weekly numbers of excess deaths were 1,678, 1,350, 950, 1,719, and 1,556, respectively, with declines in the first three weeks—but surprisingly an increase in the latter two weeks.

Currently, many **baffled and worried** health experts in the UK are calling for an urgent government investigation into these excess deaths. Among them, there is Dr. Charles Levinson, chief executive of the private general practice company DoctorCall. According to Levinson, the causes of these excess deaths are complicated and not fully understood by the medical professionals in the UK, thus there's an urgent need for a comprehensive government inquiry.



If the current trajectory continues, the number of non-COVID-related excess deaths will soon outstrip the number of COVID-related deaths in 2022 in the UK.

Excess All-cause Mortality in the United States

According to a [study](#) on the medRxiv preprint server, the U.S. official COVID-19 death counts have underestimated the pandemic's impact on mortality. An estimated 936,911 excess deaths occurred during 2020 and 2021. Among them, 171,168 cases (18.3 percent) were not assigned to COVID-19 on the death certificates as an underlying cause of death. The excess mortality in this case refers to the difference between the expected deaths before the pandemic and the actual deaths, which is a universal definition all over the world. (Excess Deaths = Actual Reported Deaths – Expected Deaths Prior to 2020. The expected number of deaths is derived from the numbers of deaths for the same time period in the previous years.)

Rising Excess Deaths All Over the World

The United States and the UK are not alone in this [trend of unexplained rising excess deaths](#). Similar phenomena have been taking place in many countries, as attested by statistics from the scientific online publication [Our World in Data](#). The site uses the same definition for excess mortality as defined above.

As different countries have vastly different populations, the number of excess deaths is not a useful measure for comparison purposes. To better enable comparisons across different countries, the P-score can be used.

P-score is calculated by dividing the difference between reported deaths and expected deaths by the expected deaths first and then times 100.

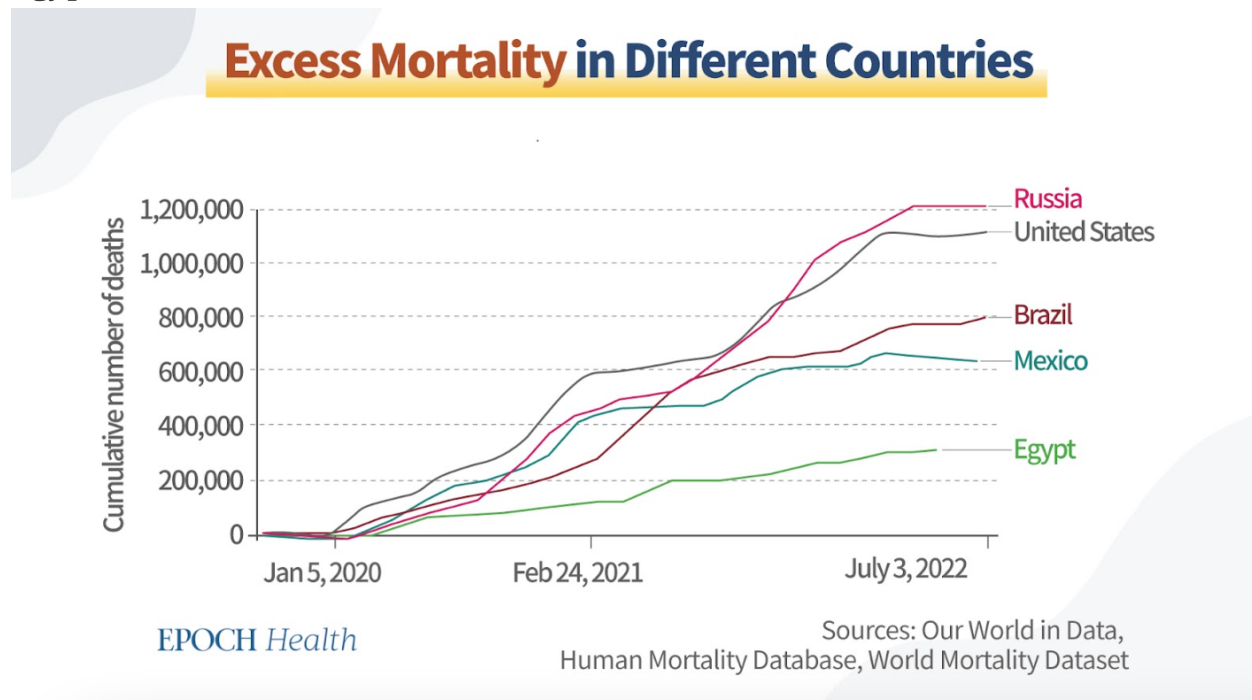
[P-score = (Reported Deaths – Expected Deaths) / Expected Deaths x 100] OR [P-score = Excess Deaths / Expected Deaths x 100]

For instance, if a P-score is 50 percent in a given week, it implies that the actual

number of deaths for that week is 50 percent higher than the expected (i.e. projected) number of deaths, had the COVID-19 pandemic never taken place.

Top 5 Countries With Cumulative Excess Deaths Since COVID Pandemic

As per the graph, from January 2020 to early July 2022, the **top five countries** with **cumulative excess deaths** are Russia, the United States, Brazil, Mexico, and Egypt.



Among these **countries**, the United States boasts of a population of over 338 million, Brazil has a population of over 215 million, and the other three countries all have a population of over 110 million.

As they are all countries with relatively large populations in the world, and given the fact that certain countries with larger populations such as **China**, **India**, and **Pakistan** might have grossly understated their numbers of COVID-related deaths, it's not surprising that these five countries are shown with the largest numbers of excess deaths. This phenomenon in fact logically indicates that the excess death is proportionally related to population toll in each country.

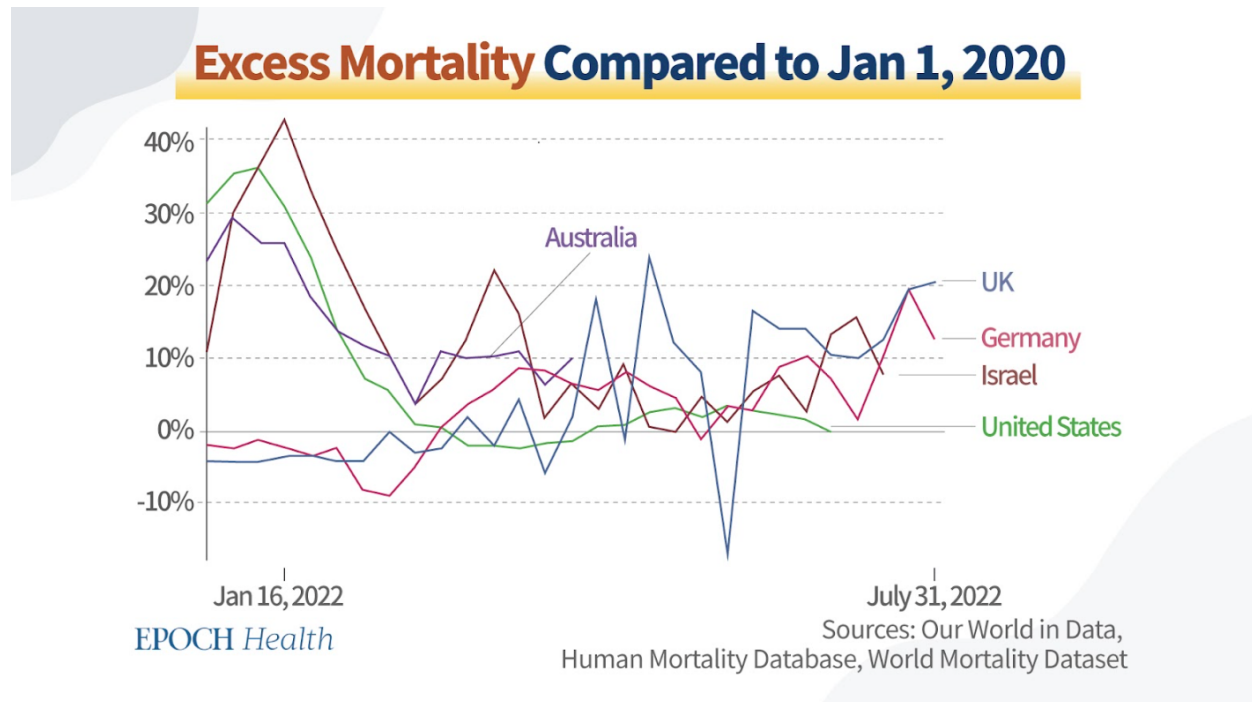
This is a clear signal that the above mentioned high excess death rates is not a country or local or geographic specific reason. It must have been caused by a certain type of health risk factor that has the power to influence the whole human world during 2021-2022.

But what event could possibly have such significant power? Even the global

But what event could possibly have such significant power? Even the global infection rate of COVID-19 is around 3 percent, which does not justify COVID-19 itself to be categorized as a global health risk factor.

What, then, *could* be classified as a global health risk factor with the power to influence the *majority* of the global population?

Unexplained Excess Death Rates in 2022 During Omicron Period



As per the [graph](#), from January 2022 to the end of July 2022, several countries experienced significant increases in their excess mortality rates, including the United Kingdom, Germany, Australia, Israel, and the United States. The excess mortality rates here are measured by the P-score.

During this time period, the COVID-19 [Omicron variant](#) was the most prevalent. Although highly transmissible, Omicron's infection fatality ratio is 78.7 percent lower than that of the previous strains. According to a [study](#) on the medRxiv preprint server, Omicron's death rate over the general population is 0.021 percent.

Accordingly, in theory, if the excess death rate had been directly caused by SARS-CoV-2, the absolute excess death number should be decreasing in 2022, after Omicron's spread.

Let's do a [simplified calculation](#) of the excess death rate that should have been

caused by Omicron in the UK.

During the five-year period from 2015 to 2019, before the COVID-19 pandemic started to wreak havoc in the UK, the crude death rate per 1,000 people was 9. Therefore, the mortality rate was 0.9 percent ($= 9/1,000 \times 100$). In 2022, the UK has a **population** of 67.58 million. The expected number of deaths would be 608,220 ($= 0.9\% \times 67.58$ million).

Assuming that all the excess deaths in the UK were caused by Omicron from January to July 2022, the number of excess deaths should be 14,192 ($= 0.021\% \times 67.58$ million), which was much lower than the expected number of 608,220.

On the other hand, if the Omicron-caused deaths explained the excess death rate in the UK, the excess death rate would be only 2.3 percent ($= 14,192/608,220 \times 100$), which was much lower than the excess death rate exhibited in the graph.

Therefore, the Omicron variant could not be the main cause of all the excess deaths in the UK.

This should also be the case in Germany, Australia, Israel, and the United States.

Investigation Into Potential Causes of Excess Deaths

Regardless of the diseases that directly cause their deaths, many people die from old age every year. Due to weakened immunity, the elderly are especially prone to COVID-19 infection. Therefore, as of August 24, 2022, 74.7 percent of the total **COVID-related deaths** in the United States were among people aged 65 or older.

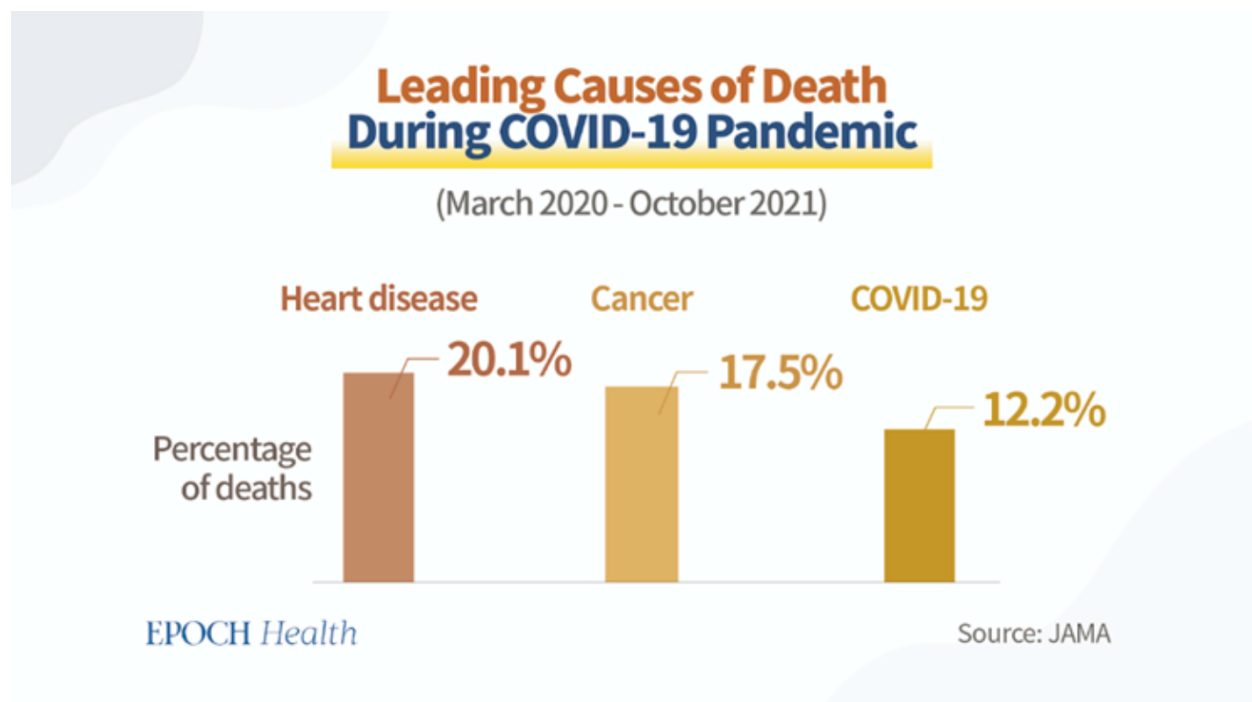
So, it can be inferred that many elderly people died of the more lethal viruses, such as alpha and delta, in 2021 from the COVID-19 pandemic. As a result, the number of excess deaths in 2022 should actually be below the number of expected deaths.

Apparently, the consistent pattern of unexpected high levels of excess deaths across the globe is abnormal. This issue warrants an investigation that may involve accessing the raw data on death certificates (i.e. causes of death), checking a random sample of medical records, analyzing autopsy reports, and transparently examining the deceased's COVID-19 vaccination status.

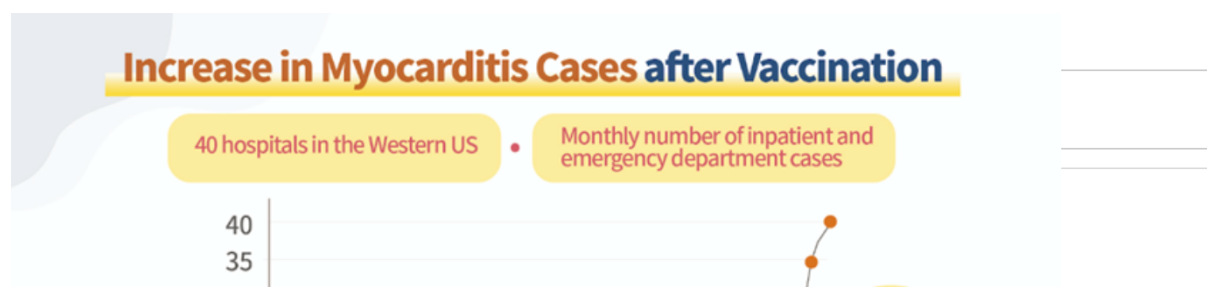
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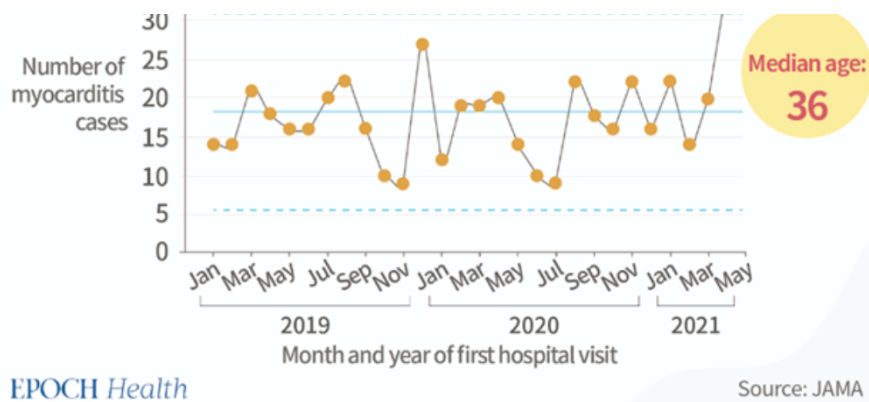
According to the UK's Office for Health Improvement and Disparities, from the week ending on June 24, 2000 to the week ending on June 24, 2022, the **leading causes** of excess deaths included ischemic heart diseases, cerebrovascular diseases, other circulatory diseases, heart failure, and cancer.

A **study** published in July 2022 in the journal JAMA Internal Medicine indicates that the major causes of death in the United States from March 2020 to October 2021 were heart disease and cancer. Specifically, 20.1 percent of deaths were due to heart disease, and 17.5 percent were caused by cancer. Together, they accounted for 1.29 million deaths, while, at the same time, COVID-19 infection was the cause of 350,000 deaths.

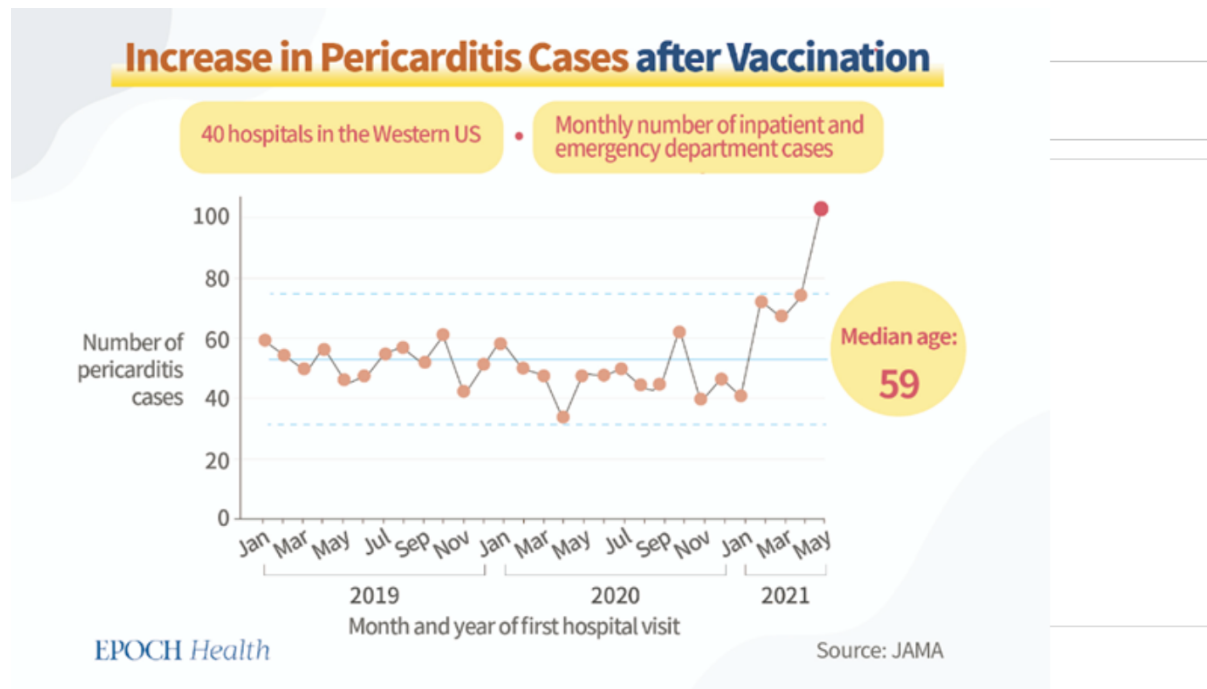


Another **study** published in the Journal of the American Medical Association (JAMA) in August 2021, by using data collected from more than 40 American medical institutions, shows that the number of myocarditis and pericarditis cases increased sharply after around 2 million people received the COVID-19 vaccines in the United States.





The median onset of myocarditis is around 3.5 days after vaccination, and there is a strong correlation between the time of onset and the time of vaccination. Among the myocarditis patients, 80 percent developed the symptoms after the second dose.



The median onset of pericarditis in patients is 20 days after receiving the COVID-19 vaccines; and in 60 percent of the cases, the onset of symptoms took place after the second dose.

Cardiovascular problems, including carditis, heart attack, and stroke can be caused by COVID-19 infection or mRNA COVID-19 vaccination.

According to an [article](#) published in the journal Nature, some studies have shown that the risk of heart problems remains high many months after a patient recovers from a COVID-19 infection.

Furthermore, on June 9, 2022, the Centers for Disease Control and Prevention (CDC) stated that **myocarditis** and pericarditis have been reported after mRNA COVID-19 vaccination (Pfizer or Moderna), especially among adolescents and **young adult males** within several days after their second dose of vaccination.

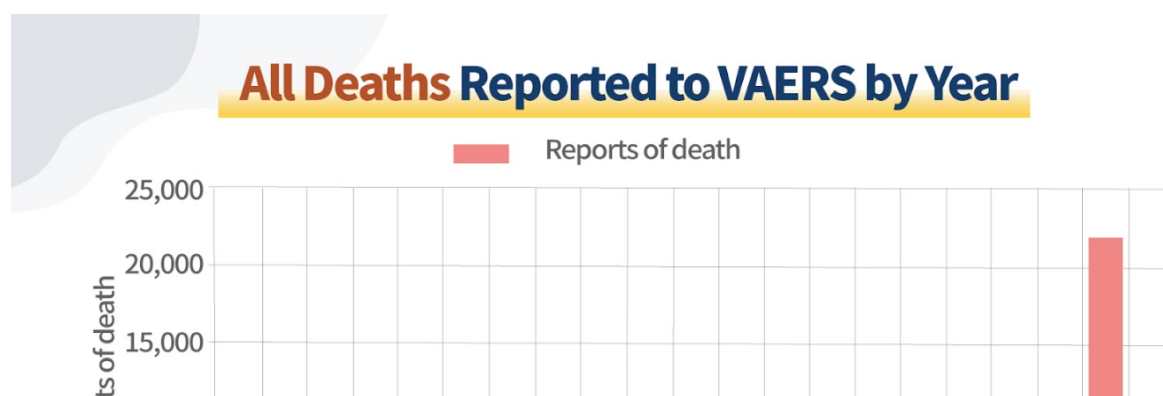
According to Dr. Tom Shimabukuro, deputy director of the CDC's Immunization Safety Office, as of June 9, 226 cases of myocarditis or pericarditis after vaccination in people younger than age 30 had been confirmed.

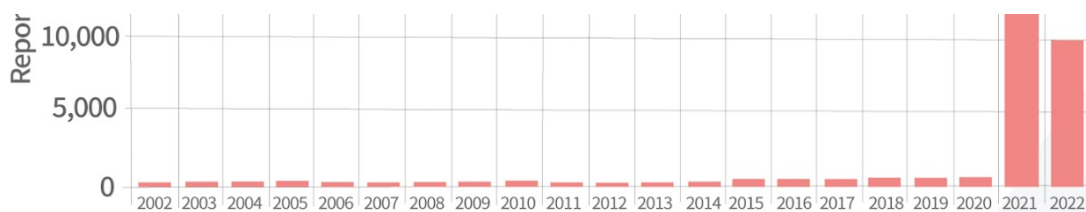
Both Pfizer and Moderna mRNA COVID-19 vaccines are based on mRNA-containing lipid nanoparticles (LNPs). According to a **study** published in December 2021 in the journal *iScience*, there is evidence that the LNPs used in preclinical mRNA vaccine studies have been found to be highly inflammatory in mice. Injection of these LNPs into the mice caused rapid and robust inflammatory responses. Maybe this can explain the underlying cause of post-vaccine carditis, which is the inflammation of the heart, including myocarditis and pericarditis.

VAERS Data Suggest a Large Number of Post-Vaccination Deaths and Rising Adverse Events

Not coincidentally, there are an **alarming number** of adverse events reportedly associated with COVID-19 vaccine jabs, including deaths.

The latest numbers of COVID-19 vaccine adverse events in the American Vaccine Adverse Event Reporting System (VAERS) as of August 26, 2022 were: 1,394,703 reports of vaccine adverse events, including 30,605 deaths, 175,020 hospitalizations, 134,530 cases of urgent care, and 204,343 doctor office visits. There were also 51,879 cases of myocarditis/pericarditis, 16,385 heart attacks, and 8,942 cases of thrombocytopenia/low platelets.



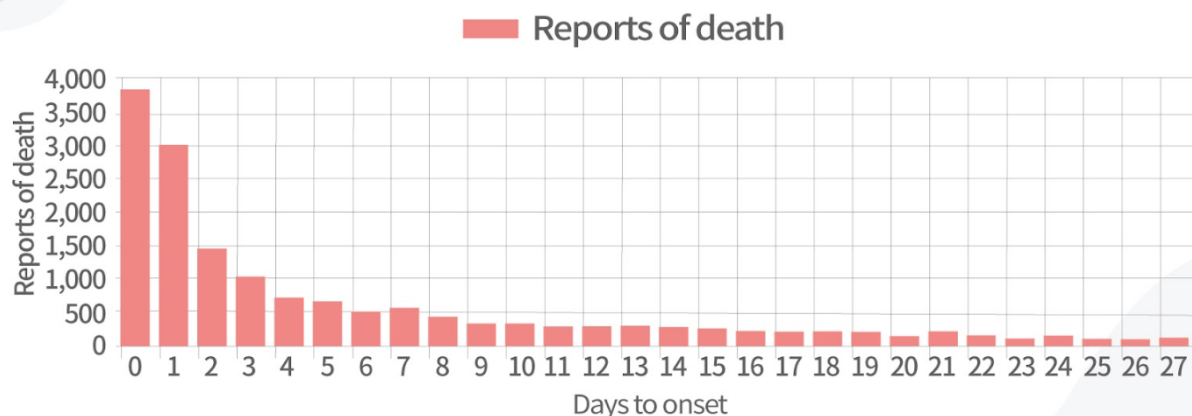


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Source: VAERS

The total number of reported deaths after COVID vaccination was extraordinarily large in 2021; so was the number shown by the incomplete data of 2022. In the majority of these cases, the patients passed away 0 to 7 days after COVID-19 vaccination; and in around half of the cases, deaths took place within 0 to 3 days after vaccination. Such short durations clearly indicate the causal relationship between COVID-19 vaccination and these deaths.

VAERS COVID Vaccine Reports of Deaths by Days to Onset



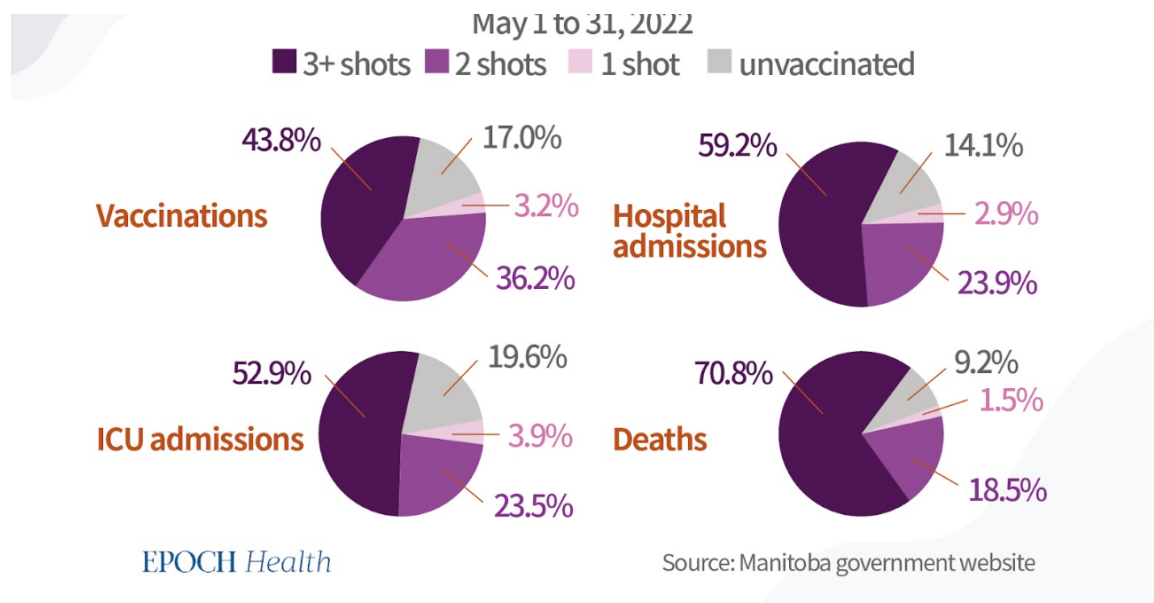
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Source: VAERS

Government Data: More Than 70 Percent COVID-related Deaths Occurred After Booster Doses

The provincial government of Manitoba in Canada reported in July 2022 that the vaccine booster shot administration rate in the province was 43.8 percent in May 2022. However, people who had received booster injections accounted for more than 70 percent of COVID-related deaths.

Cases of Critical Illness and Deaths in Manitoba



Furthermore, according to the UK Health Security Agency's COVID-19 vaccine surveillance report published on March 31, 2022, 73 percent of deaths within 28 days of infection were among people who had received their third vaccine doses, before their COVID-19 infection diagnosis was confirmed ([pdf](#)).

The fact that such a majority of people (over 70%) with 3 doses of COVID-19 vaccine contribute to the cause of death in two major countries with the world's most advanced medical system, is convincingly suggesting that COVID-19 jabs are a potential health risk factor. The impact of COVID-19 jabs are also dose-dependent.

Research Findings Point to Possible Injuries Due to Spike Protein

Many studies have shown that the SARS-CoV-2 virus's spike protein can potentially cause injuries to our [cardiac pericytes](#), [endothelial function](#), [mitochondria](#), [DNA self-repairing mechanisms](#), and immunity.

As COVID-19 vaccine injections also contain spike protein, the vaccines can cause injuries in our heart, nerves, brain, and vessels. All of these potential injuries can lead to cardiovascular problems or even sudden deaths.

We herein call for a transparent global investigation into this urgent issue of rising excess deaths as soon as possible. When it comes to people's health and well-being, there's no time to waste, and it's unacceptable to wait.

Based on the aforementioned evidence, there is a strong possibility that the ascending global trend of excess deaths is at least partially contributed to by the

According to global trends, excess deaths is at least partially contributed to by the COVID-19 vaccine jabs. Or, at least the that role COVID-19 vaccines might have played in this issue should be thoroughly investigated and the results should be publicly announced.

As the Chinese idiom goes, “After you lose a sheep, it’s not too late to fix the pen.” It’s never too late to take remedial action.

However, if we keep losing sheep without correcting the root causes, we would in one day lose all the sheep.

If no action is taken as these red flags become increasingly obvious, we fear the heavy burden of responsibility will become greater than any single person could possibly bear.

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Mercura Wang is a health reporter for The Epoch Times. Have a tip? Email her at: mercura.w@epochtimes.nyc



Dr. Yuhong Dong

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Dr. Yuhong Dong, a medical doctor who also holds a doctorate in infectious diseases, is the chief scientific officer and co-founder of a Swiss biotech company and former senior medical scientific expert for antiviral drug development at Novartis Pharma in Switzerland.