

# SIR CHRISTOPHER CHOPE, OBE, MP.



HOUSE OF COMMONS

LONDON SW1A 0AA

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By email and by post

Dear Sirs,

## **Suspected adverse effects following Covid-19 vaccinations**

I refer to your article entitled "*No evidence for MP's claims 'tens of thousands of people' have 'suffered severe damage' from vaccines*" and to your emails from Bethan Davies of your offices to me dated 1 April 2022 at 16:38 and 29 April 2022 at 17:58.

I am concerned that your article does not present a fair or accurate view of the underlying data (or my views), which is fundamentally inconsistent with Full Fact's expressed purposes. Neither does it provide the appropriate context which gives a contrary view to the one your article presents. As a result, it is fundamentally misleading in a number of important respects.

I provide further details below, and the action you are now required to take.

## **Number of suspected serious adverse reactions**

In my interview to GB News (to which your article relates), I stated "*approximately tens of thousands of people have suffered severe damage from Covid-19 vaccines*".

In response, your article states: "*There is no evidence for this. This claim is based on Yellow Card reporting, which is not a reliable indicator of proven side effects.*"

My comments were based on the data of the UK Medicines and Healthcare products Regulatory Agency (the "**MHRA**") Yellow Card reporting scheme. Whilst your article states the Yellow Card scheme is "*not a reliable indicator of proven side effects*", it does not point out that the scheme is in fact the primary official method by which the Government obtains evidence about vaccine harm. Contemporaneous written reports of harm are key points of evidence, regardless of whether causation at this stage is established.

As no payments for Covid-19 vaccine harm have yet been made under the Vaccine Damage Payments Scheme (as far as I am aware), the Yellow Card scheme provides the primary evidence for the public on this issue. Asserting that there is "*no evidence*" is therefore both wrong and contradicted by the balance of your article which presents an (albeit misconceived) analysis of that Yellow Card reporting evidence.



Perhaps the best data the public could use would be that derived from successful applications to the Vaccine Damage Payment Scheme as that scheme requires a claimant to demonstrate causation and meet a 60% disablement threshold. In lieu of that data at present, the Yellow Card reports are the key data the public must rely on.

The Minister said as much in response to my Vaccine Damage Payments Act 1979 debate when she stated:

*“The yellow card scheme, which we have for all medicines, helps us to gather information, and I encourage people, whether they have had severe or minor symptoms—whatever they are—to report them, because that is how we gather evidence on medicines.”*

Your article then seeks to undermine the Yellow Card data by quoting the MHRA’s comments that the data is “*highly variable*” and the MHRA’s view that “*The actual rate [of underreporting] is unknown*”.

The MHRA’s view must, however, be balanced against (or at least presented alongside) that of other official sources. I enclose a letter received from the Secretary of State for Health and Social Care which confirms that, for example, since 7 April 2021 it has been announced that the link between the AstraZeneca Covid-19 vaccine and certain serious adverse effects (thrombosis with thrombocytopenia syndrome) is “*likely*”, yet your article wrongly weakens this by referring to it as only “*a possible link*”.

The Minister then clearly accepts the risk of harm from Covid-19 vaccines: “*there is a growing international body of evidence supporting an association or link between the vaccines and certain adverse events*”, but your article fails to highlight these or similar official views.

Your article’s position on this issue therefore unduly distorts the validity of Yellow Card data and should be revised as soon as possible.

### **Statistics used**

You have requested an explanation as to why I stated that “*upwards of half a million*” of Yellow Card reports had been received. In the above interview, I gave a generalised figure and accept the specific figure was 450,029 as of 16 March 2022. Since then, up to 20 April 2022, the MHRA received 453,680 Yellow Card reports.

Your article presents a false picture of my claim that perhaps tens of thousands of people have been severely affected by Covid-19 vaccines. In making my comment, I was not providing an absolute picture to the journalists who asked me. Rather, I clearly stated that it was “*probably*” the figure and I said “*I think that’s the sort of ballpark figure we’re in*”. Your article crucially omits that I was asked to give my personal opinion based on my interpretation of the data, and I gave it.

Despite the unhelpful tone of your above emails, you admit privately that my view was not a fact but an “*estimation*”. Why then do you treat it as a fact? I am entitled to, and my constituents expect me to, express my opinions. By taking this view (and the tone you have) gives a false picture of both the interview and my comments, which is at odds with Full Fact’s purported purposes.



## 2.5% estimate

As I previously explained in my email to you of 28 March 2022 at 14:01, I stated that my opinion was based on the MHRA Yellow Card reports (i.e. the then 450,029 suspected reported adverse reactions), and that I had used an estimate of 2.5% to guess that tens of thousands had been severely affected.

As my 2.5% estimate was based on the MHRA Yellow Card data, I note that data lists the following number of reported serious adverse reactions:<sup>1</sup>

No.	Suspected serious adverse reaction	Amount
1.	"Severe allergic reactions" including "spontaneous adverse reactions associated with anaphylaxis or anaphylactoid reactions"	658 (Pfizer) 88 (Moderna) 883 (AZ)
2.	Transverse myelitis	122 (AZ) 37 (Pfizer) 4 (Moderna)
3.	Major thromboembolic events with concurrent thrombocytopenia	441 (AZ)
4.	Capillary leak syndrome	17 (AZ)
5.	Menstrual disorders and unexpected vaginal bleeding	51,015 ("after all three of the Covid-19 vaccines")
6.	"Myocarditis, pericarditis and other related terms"	1288 (Pfizer) 446 (AZ) 332 (Moderna)
7.	Guillain-Barré Syndrome and (if applicable) Miller Fisher syndrome	524 (AZ) 107 (Pfizer) 17 (Moderna)
8.	"Patient died shortly after vaccination" <sup>2</sup>	747 (Pfizer) 1263 (AZ) 45 (Moderna)
<b>Total</b>		<b>58,034</b>

On this basis, and even discounting the 2,055 fatalities on the basis that it is unclear whether they have been already included in the MHRA's reported suspected adverse reaction figures, the updated percentage of MHRA reports concerning suspected serious adverse reactions stands at 12.34% of total reports.

<sup>1</sup> Owing to the passage of time, I use the most recent statistics. The MHRA refers to other reactions but does not give a breakdown of figures for the number of reports, so the below can fairly be considered the minimum number of reports.

<sup>2</sup> The MHRA does not specify whether these fatalities are included in the figures for reactions presented above.



At the time, I stated "*it is surely not unreasonable to work on the basis that some 2.5% of [...] reports relate to the severe impacts set out above*", a comment which is entirely borne out by these statistics. In light of this, I may now need to revise my estimate upwards, contrary to the implication given in your article that the actual percentage is much lower.

### **Reports of deaths**

Your article also clarifies facts I referred to needlessly, and so implies I expressed views that I did not.

For example, it does not provide a frankly honest picture that people have died shortly after receiving a Covid-19 vaccine. Rather, it needlessly couches such fatalities in terms that they are "*extremely rare*" with the unreasonable implication that I expressed that they were not extremely rare. I did not and have never done so.

Where I used the generalised figure that "*at least 2,000 people*" had died shortly after receiving a vaccine, your article needlessly states that the figure was 2,061 and quotes the MHRA's statement that some events may have happened anyway.

The 'Reports of deaths' section in your article does not therefore add or correct me in any material way, but serves only to add needless context to my statements. This indicates that Full Fact is pursuing an agenda which seeks to cover over or undermine the established figures of suspected harm from Covid-19 vaccinations. Please explain why your article is framed in this way.

### **Next steps**

For the above reasons, I am concerned that your article is misleading. It states there is "*no evidence*" for claims relating to adverse harm from Covid-19 vaccines when there demonstrably is evidence, it treats as facts my opinions on official data, it makes misleading implications that suspected serious adverse impacts do not comprise even a small percentage of Yellow Card reports, and needlessly contextualises established facts to imply I gave indications as to the rarity or otherwise of fatalities where I did not.

I therefore ask that you substantively revise both the headline and body of your article to account for the points above and/or remove it entirely as the article serves no purpose now that updated statistics are available.

Yours faithfully,

**SIR CHRISTOPHER HOPE OBE MP**