

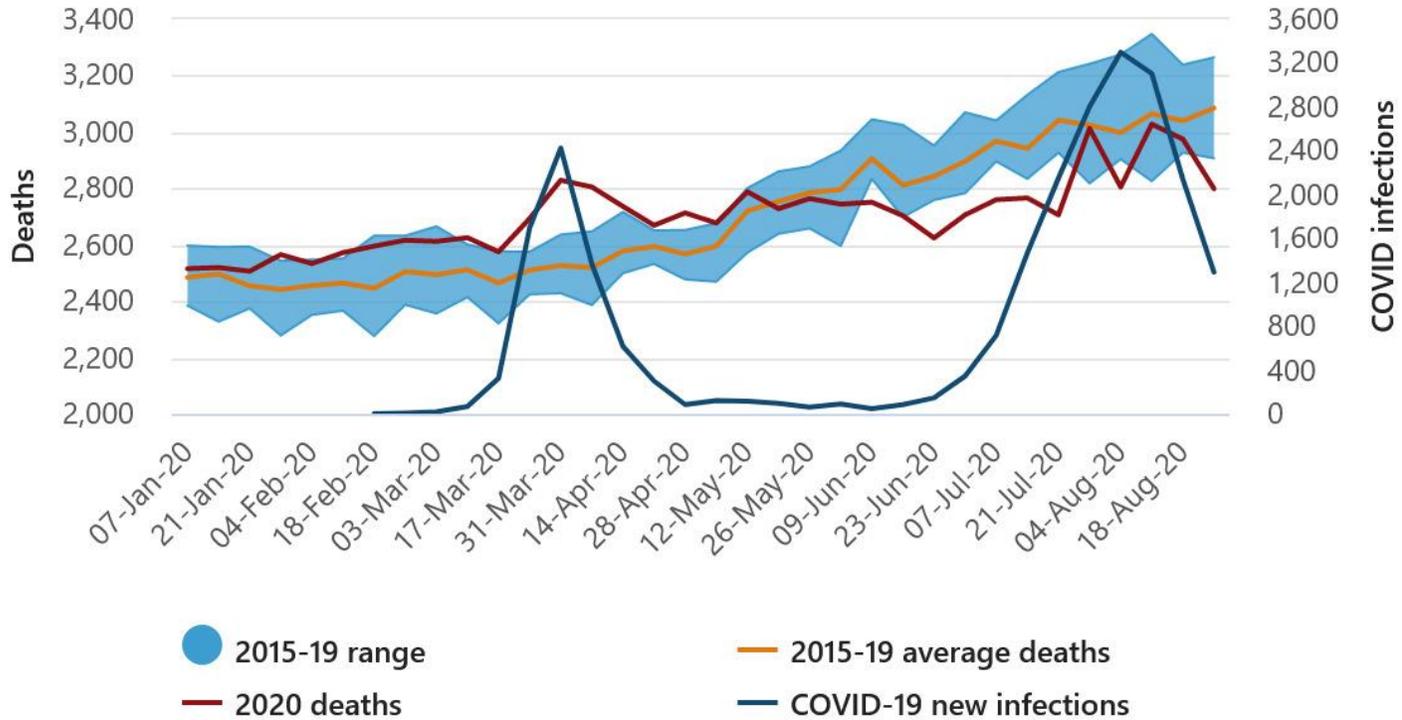
Covid-19 in Australia

Are claims substantiated by data?

Covid-19 in Australia

- National mortality data (death statistics) have been used in this presentation for an objective analysis of the Covid-19 impact on Australia. These have been compared with other forms of data (e.g. Covid-19 cases)
- Data sources: mainly Australian Bureau of Statistics (ABS) and Australian Institute of Health & Welfare (AIHW).
- Early months of the Covid-19 'pandemic' is particularly important as it is claimed to be caused by a novel coronavirus SARS-Cov-2 that originated from Wuhan, China. With a very high level of people traffic between Wuhan and major cities of Australia, with no restrictions in place for the first couple of months of the outbreak, unrestrained spread of the virus is expected in this period. Infections and deaths are expected to rapidly increase in Australia if there was a highly infectious new killer virus in the form of SARS-Cov-2.

Doctor certified deaths, COVID-19 infections, Australia, 1 Jan - 25 Aug 2020 vs 2015-2019 benchmarks



No excess mortality in Australia.

An increase in deaths in Mar –Apr seen but not due to Covid-19.

Deaths were lower than last 5 year levels from May to end of Aug (winter).

“New infections” were based on community PCR testing.

Mar-April blip (representing excess 934 deaths) will be investigated later

This graph is compiled by the date the death occurred.

This data is considered to be provisional and subject to change as additional data is received.

Weeks in this graph always have 7 days. Leap years result in slightly different dates being included in each week from week 9 on, with week 53 containing two days in a leap year but only one day in other years.

Refer to explanatory notes on the Methodology page of this publication for more information regarding the data in this graph.

Data for the number of COVID-19 infections has been sourced from the COVID-19 daily infections graph published on the Australian Government Department of Health website. Data extracted 1 November 2020.

Source: Australian Bureau of Statistics, Provisional Mortality Statistics Jan - Aug 2020

Experts Demonstrate Covid-19 PCR Test Protocol is Faulty and Unreliable

The published RT-qPCR protocol for detection and diagnostics of 2019-nCoV and the manuscript suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned. Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws.

On 27 Nov 2020, a group of 22 experts published a critically important peer review of the Corman-Drosten et al. paper that validated the RT-PCR test for SARS-Cov-2 virus detection.

Review report Corman-Drosten et al. Eurosurveillance 2020

📅 [November 27, 2020](#)

This extensive review report has been officially submitted to Eurosurveillance editorial board on 27th November 2020 via their submission-portal, enclosed to this review report is a [retraction request letter](#), signed by all the main & co-authors. First and last listed names are the first and second main authors. All names in between are co-authors.

External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.

Pieter Borger⁽¹⁾, Bobby Rajesh Malhotra⁽²⁾, Michael Yeadon⁽³⁾, Clare Craig⁽⁴⁾, Kevin McKernan⁽⁵⁾, Klaus Steger⁽⁶⁾, Paul McSheehy⁽⁷⁾, Lidiya Angelova⁽⁸⁾, Fabio Franchi⁽⁹⁾, Thomas Binder⁽¹⁰⁾, Henrik Ullrich⁽¹¹⁾, Makoto Ohashi⁽¹²⁾, Stefano Scoglio⁽¹³⁾, Marjolein Doesburg-van Kleffens⁽¹⁴⁾, Dorothea Gilbert⁽¹⁵⁾, Rainer Klement⁽¹⁶⁾, Ruth Schruefer⁽¹⁷⁾, Berber W. Pieksma⁽¹⁸⁾, Jan Bonte⁽¹⁹⁾, Bruno H. Dalle Carbonare⁽²⁰⁾, Kevin P. Corbett⁽²¹⁾, Ulrike Kämmerer⁽²²⁾

This expert report demonstrates that PCR test for Covid-19 is fundamentally flawed and cannot be relied on.

<https://cormandrostenreview.com/report/>

Prof. Carl Hengehan (Oxford) explains how the PCR test can give largely false positives. Another doctor clarifies the unreliability of the PCR test

Flu Viruses Falsely Detected as Covid-19?



[Link to video](#)

This expert claim MUST immediately be investigated

Professor Delores Cahill (immunology and cell biology expert – University of Dublin, ex- Max Planck Institute, Germany) recently claimed that when they tested 1500 Covid-19 PCR amplification products (of positive cases) in Ireland and UK with DNA sequencing, all of them matched to influenza A or B instead of SARS-Cov-2. This is a crucial exercise and if this claim is true, it proves that Covid-19 PCR test is falsely picking up flu. Prof. Cahill urged every country to do DNA sequencing of Covid-19 PCR amplification products to verify the manufacturer's claims. They plan to take legal action in UK.

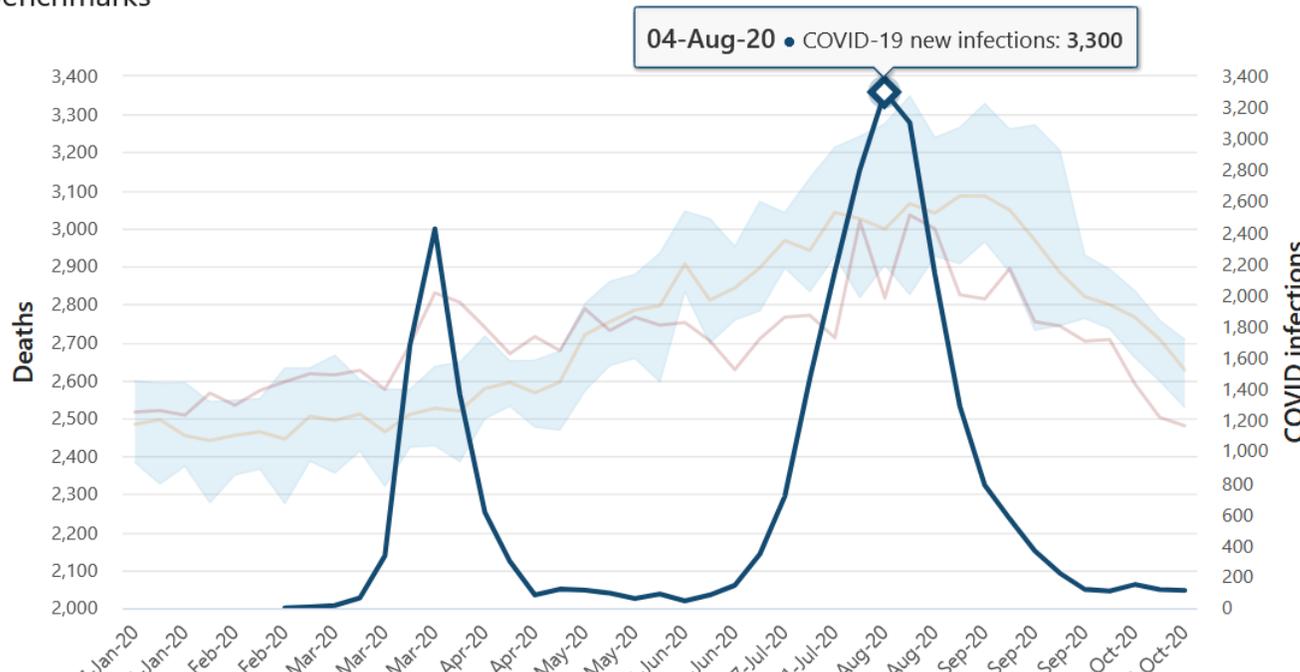
When Covid-19 Cases Peaked in Australia, Total Deaths Plummeted to Historic Low Levels

During the larger peak of “Covid-19 new infections” in Jul-Aug (tip 4th Aug) deaths plummeted to historic lowest levels (not seen for at least the last 6 years).

This indicates that “Covid-19 infections” did not impact deaths.

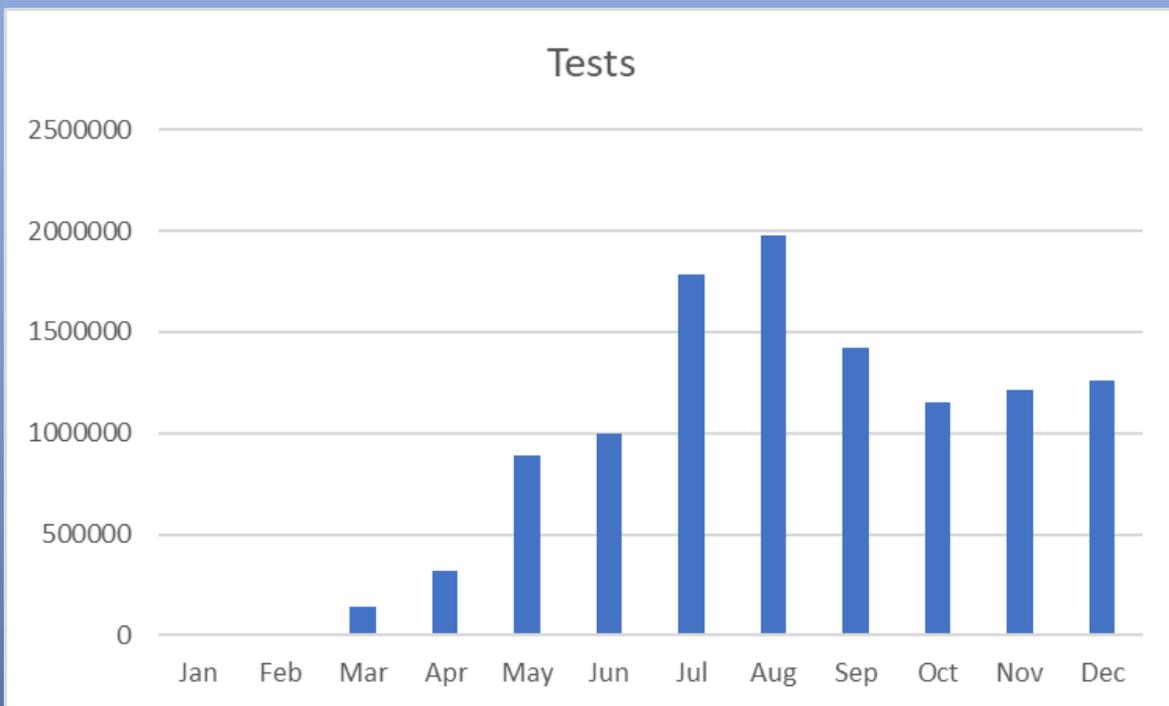
This refutes the claim of a novel killer virus spreading.

Doctor certified deaths, COVID-19 infections, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks



Australia reported 28,407 total Covid-19 cases during 2020. There were 6,944 cases by 30 May 2020 and 25,746 by 31 Aug .

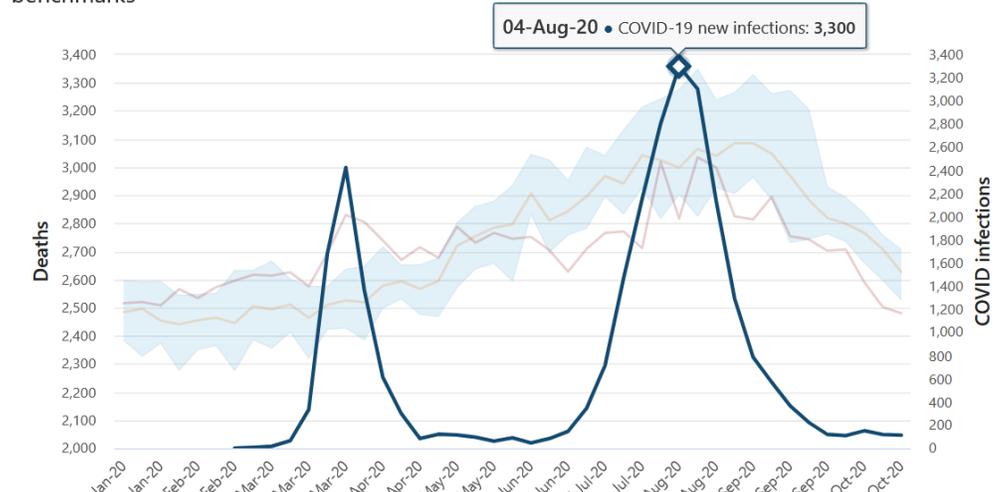
Covid-19 Tests Conducted in Australia - 11,160,636 in Total



The larger peak of “Covid-19 new infections” in Jul-Aug corresponds with the highest number of tests conducted. This is expected with the nature of the PCR test with a high sensitivity and low specificity giving largely [false positives](#) when done in a low prevalence community setting – see explanation by Prof. Carl Heneghan, Director, Centre for Evidence-based Medicine at Oxford. Additionally, reports exist of odd situations – e.g. a clusters of false positives in nursing home residents in [USA](#) , in a private [lab](#) are worth noting.

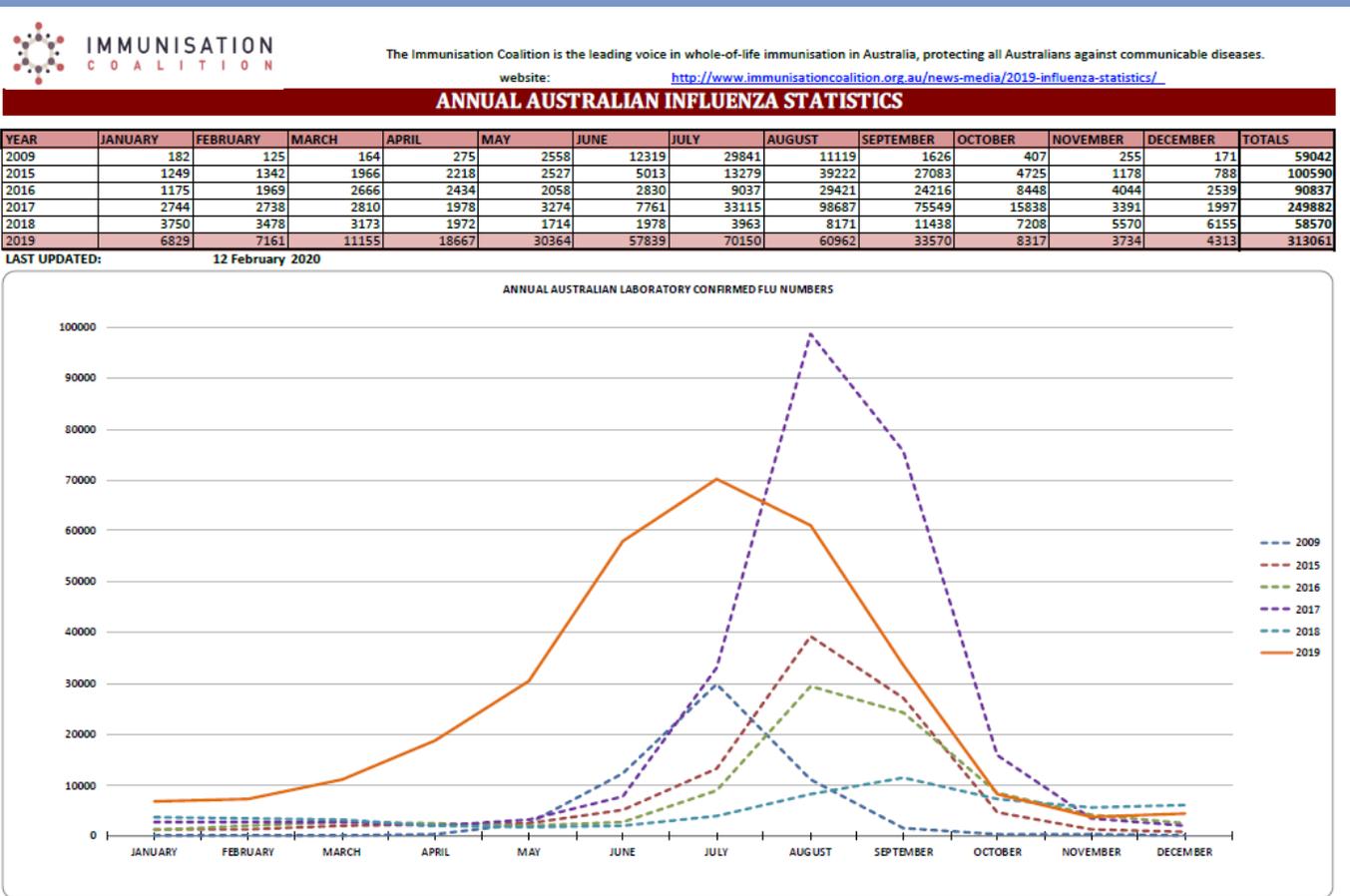
The small peak of ‘new cases’ in March which resulted despite low number of tests conducted. There was high level of influenza in March. This suggests that the PCR test may have picked up flu viruses as SARS-Cov-2. July Aug is period is the usual peak flu season. New “Covid-19” cases dropped dramatically during the warm months from Sept likely because this is the low flu season.

Doctor certified deaths, COVID-19 infections, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks



Record Low Influenza in Australia in 2020

Only 21,266 flu cases were reported for 2020 which is markedly lower (13%) than the previous 5 year's average of 162,650/year. Similarly, flu deaths were down to 37 from 1566 in 2019 (death rate 0.17% of cases). In 2019, it was 0.4%. **We need to find out if usual numbers of flu tests were conducted in Aust because lack of testing could be the cause of low numbers** (author awaiting this info)



Year	Flu cases in Aust
2015	100590
2016	90837
2017	249882
2018	58570
2019	313371

**Confirmed Flu Cases
2015-2019 average 162,650**

2020

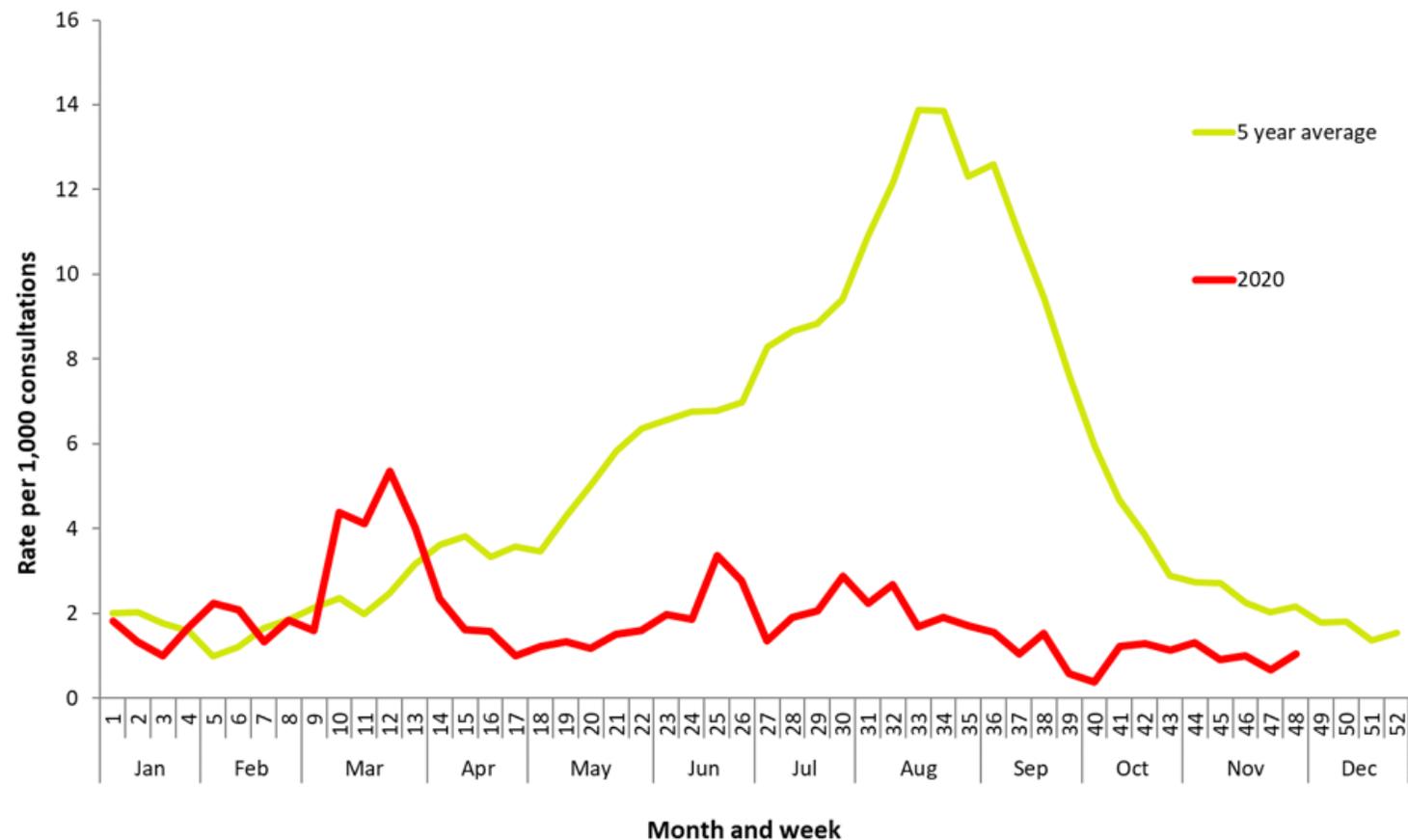
21,266

Unusually Low Levels of Flu in 2020 Season But High in March

Australian Influenza Surveillance Report – 2020 National Influenza Season Summary.

[Link](#)

Figure 1. ILI presentations to sentinel general practitioners, by week, 2020, 2015-2020 Australia¶



• → **Activity** — Following a high start to the 2020 interseasonal period, influenza and influenza-like illness (ILI) activity levels were lower than average across all systems. At the national level, notifications of laboratory-confirmed influenza substantially decreased in mid-March and remained low to the end of the 2020 season.

Markedly higher flu cases in March likely to have contributed to the small increase in total deaths seen in Mar – Apr (flu increases non respiratory deaths too).

Covid-19 Vs. Influenza in Australia in 2020

There were **11,160,636** Covid-19 tests conducted in Australia during 2020 which found 28,407 cases. In comparison **?** tests were done for flu and 21,266 cases were reported as per Australian Influenza Surveillance Report ([AISR](#)).

The flu season in Australia is May-Oct (colder months). There was an unusually high flu activity in Mar-Apr 2020 prior to the season but flu dropped to historic low levels during the season. **There was a notable drop in flu reported in older Australians over 65y.** This could be due to lower levels of flu testing, high Covid-19 testing which led to falsely identified cases which were in fact flu cases. Strict measures taken to prevent SARS-Cov-2 likely to have prevented flu spread as well.

At-risk Populations¶

- → Compared to other age groups, influenza notification rates were highest in children aged under 10 years. In previous years, the notification rate in adults aged 65 years or older has been higher than the rate in younger adults aged 20–64 years. However, in 2020, the notification rate in adults aged 65 years or older was lower than the rate in younger adults.^{4¶}
- → **Severity**— Given low case number of laboratory-confirmed notifications for influenza, it is difficult to determine the potential severity during the 2020 season. In the year to the end of the 2020 season, of the 21,266 notifications of laboratory-confirmed influenza, 37 (0.17%) laboratory-confirmed influenza-associated deaths were notified to the National Notifiable Diseases Surveillance System (NNDSS), the lowest rate reported in the last five years. However, the proportion of patients with confirmed influenza admitted to ICU in sentinel hospitals was similar to recent years.¶

Low Levels of Flu & Pneumonia Deaths in 2020

Provisional Mortality Statistics, Jan - Oct 2020 ...

 <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/l...>

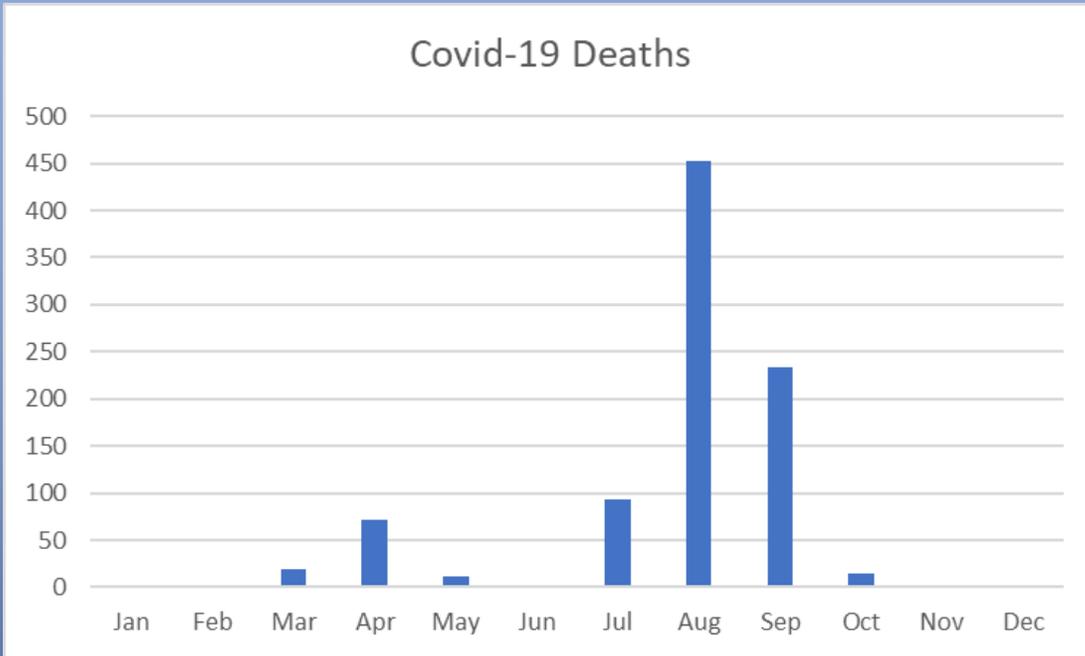
There were 1,846 deaths due to influenza and pneumonia recorded from 1 January to 27 October 2020. The average number of deaths recorded over the same period from 2015 to 2019 was 2,885.

2020 had only 64% of the average flu and pneumonia deaths of last 5 years in this period

- → **Severity**—Given low case number of laboratory-confirmed notifications for influenza, it is difficult to determine the potential severity during the 2020 season. In the year to the end of the 2020 season, of the 21,266 notifications of laboratory-confirmed influenza, 37 (0.17%) laboratory-confirmed influenza-associated deaths were notified to the National Notifiable Diseases Surveillance System (NNDSS), the lowest rate reported in the last five years. However, the proportion of patients with confirmed influenza admitted to ICU in sentinel hospitals was similar to recent years. ¶

Only 37 flu deaths in 2020 compared to 1,566 in 2019.

Covid-19 Deaths in Australia - 2020



- The peak of Covid-19 deaths occurred in Jul-Sep during the larger peak of new infections and tests conducted. This is also the typical peak flu season.
- Note the increased level in April compared to adjacent months. This corresponds to the unusual increase in flu seen in Mar-Apr.
- Death rate (case fatality) $909/28,407 = 3.19\%$
- **Most Covid-19 deaths were in Victoria (90.2% of 909)** where the strictest social regulations/lockdowns were imposed. This disproportionate Covid-19 impact in Vic could be due to a problem in the health system rather than real (possibly misclassification of flu deaths as Covid-19). NSW with a much larger population and low level restrictions was markedly less impacted. Vic did more Covid-19 tests than any other state: 22,993 tests/100,000 people in Vic compared to 20,062 in NSW. **Note the high population death rate below (deaths/million) in Vic**

DEATHS	
Total Deaths	
STATE	DEATHS
Victoria	820
NSW	54
Queensland	6
WA	9
SA	4
Tasmania	13
ACT	3
NT	0
Australia	909

State	Covid-19 deaths	% deaths	population	Deaths/million
Vic	820	90.21	6,694,900	122
NSW	54	5.94	8,164,100	7
Aust	909	100	25,687,000	35

Covid-19 Deaths were loosely defined

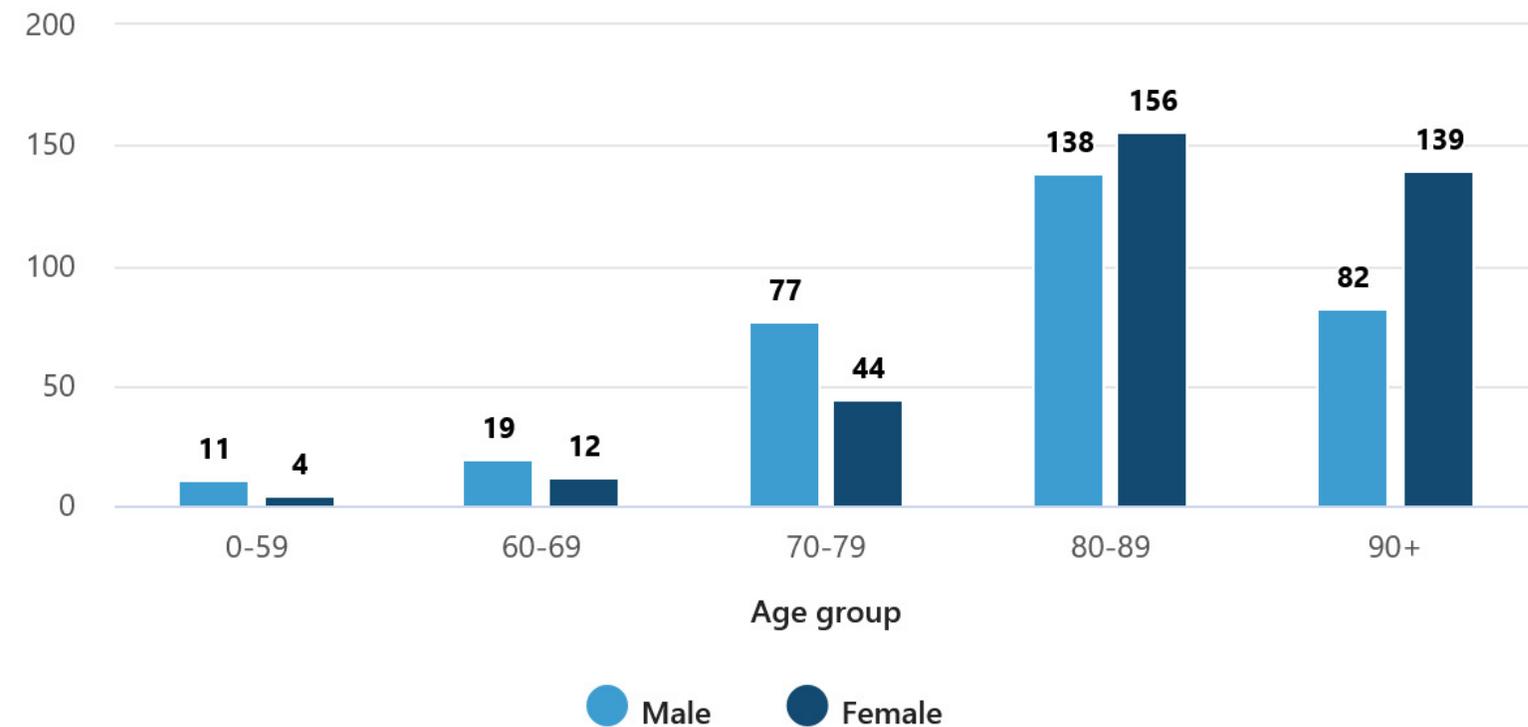
As per the [COVID-19 national guidelines](#), a COVID-19 death is defined for surveillance purposes as a death in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID19 (e.g. trauma). There should be no

Even in 'confirmed' cases, the presence of a positive test (PCR test largely, if not entirely) was the requirement. Pathological investigations to confirm if the virus caused the death were not sought. Misdiagnosis of flu could have easily happened.

Government info link:

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#at-a-glance>

COVID-19 registered deaths by age and sex



Most Covid-19 deaths (76%) were in 80+ y age group ([by 31 Aug 2020](#))

This age group is the most vulnerable group with existing comorbidities

93.3% of deaths were in those aged over 70 years – a vulnerable group

Given the flawed testing*, all these deaths could be false positive Covid-19 tests and those died had other causes of mortality.

*(slides 4 & 5)

(a) This graph only includes information on registered deaths due to COVID-19. Numbers of deaths will differ to disease surveillance systems.

(b) Information on deaths due to COVID-19 include all deaths due to the disease that occurred by 31 August 2020 and were received by the ABS by September 30. This scope differs to the doctor certified deaths included in Provisional Mortality Statistics where deaths are those that occurred by July 28 and were registered by 31 August 2020.

(c) Deaths due to COVID-19 in this report have been coded to either ICD-10 code U07.1, COVID-19, virus identified or U07.2 COVID-19, virus not identified.

(d) This data is considered to be provisional and subject to change as additional data is received.

(e) Refer to methodology for more information regarding the data in this graph.

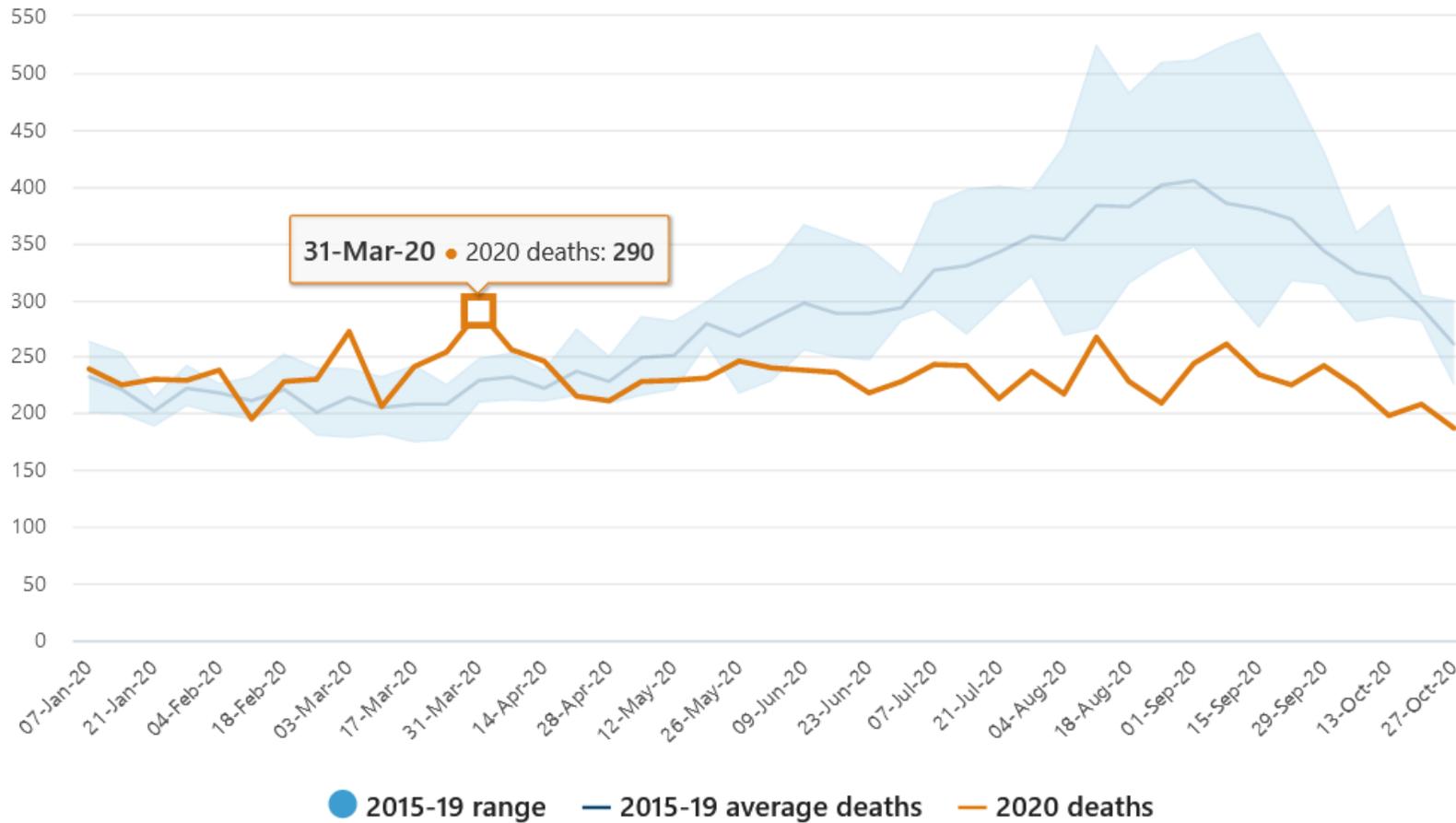
Source: Australian Bureau of Statistics, COVID-19 Mortality

Covid-19 Deaths Don't Justify Lockdowns in Australia

- 93.3% of the 909 Covid-19 deaths were in those aged over 70 years – a vulnerable group with comorbidities. Only 57 (6.7%) deaths occurred in people under 70y.
- Locking down entire populations, destroying the livelihood of millions of people and restricting children in educational and other activities are not justified. An increase in suicide with excess 1500 cases per year was expected. This is a greater toll than Covid-19.
- **If Covid-19 testing is flawed and positive cases were flu cases as per the recent expert investigations (slides 4-6), then Australian health authorities have done a major injustice to the population by imposing destructive measures.**
- **All Covid-19 PCR positive tests MUST be urgently subjected to DNA sequencing to investigate if they match to influenza viral sequences.** This must happen under the supervision of an expert panel completely independent of the health bureaucrats who managed the Covid-19 'pandemic' (this does not match the definition of a pandemic).
- Other serious claims of malfeasance around Covid-19, including suppression of doctors, who found effective existing treatments, the introduction of an experimental genetic agent in the form of mRNA preparations as vaccination which do not meet the requirements of a vaccine must be investigated by lawyers.
- Allegations of Industry malfeasance by pharma and technology sectors must be investigated.

A Small Increase in Respiratory Deaths in March- April 2020 Followed by Historic Low Levels

Deaths due to respiratory diseases, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks

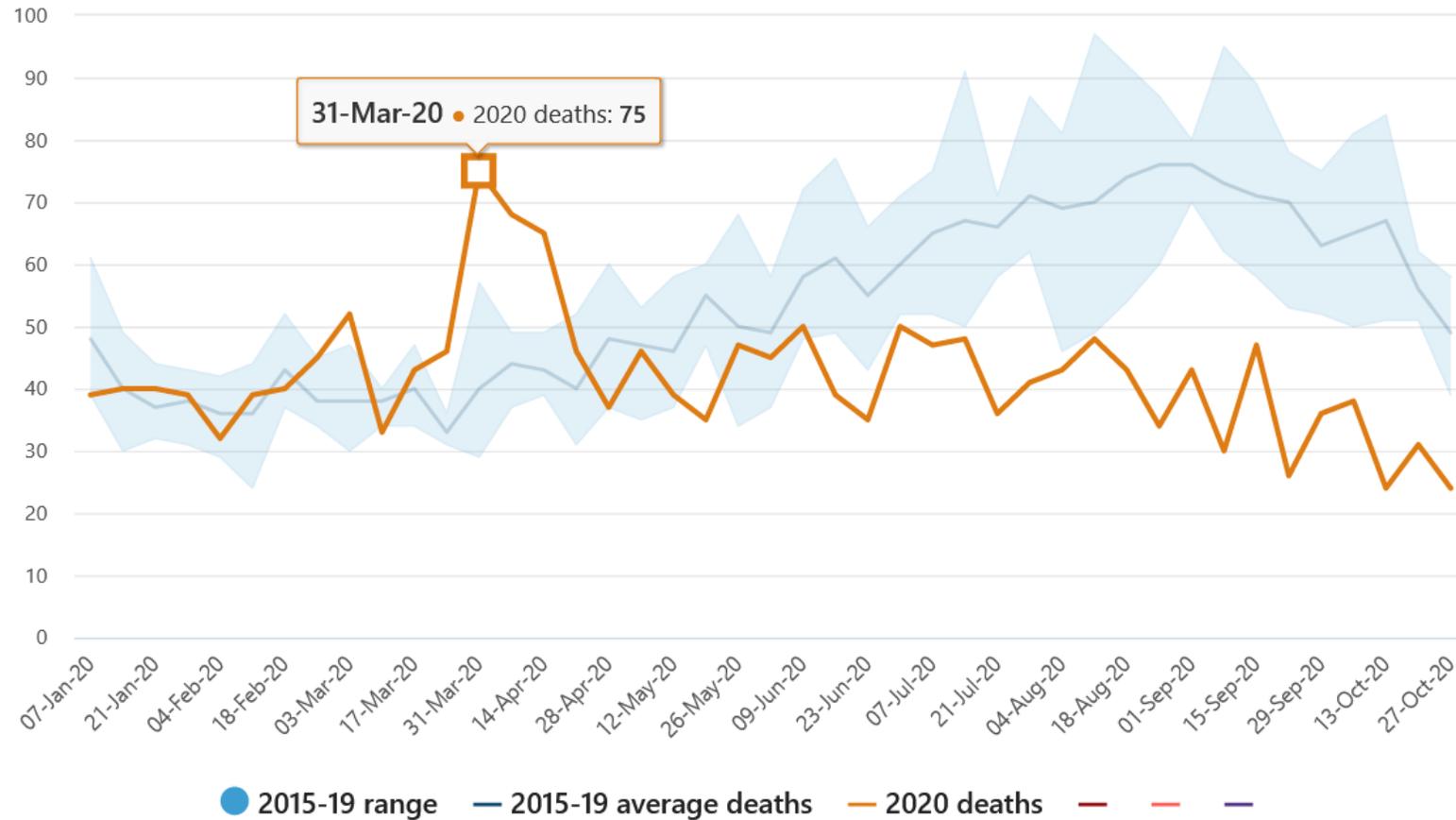


The increase in [Mar-April](#) corresponds with unusually high flu activity prior to the flu season (see slide 10). Historic low levels of respiratory deaths after 21 April despite the usual high season of winter (compare with the average of 2015-2019 shown in the blue line, and the range in light blue shaded area).

The respiratory death data for 2020 refutes the circulation of a killer coronavirus in the society

An Increase in Pneumonia Deaths in March- April 2020

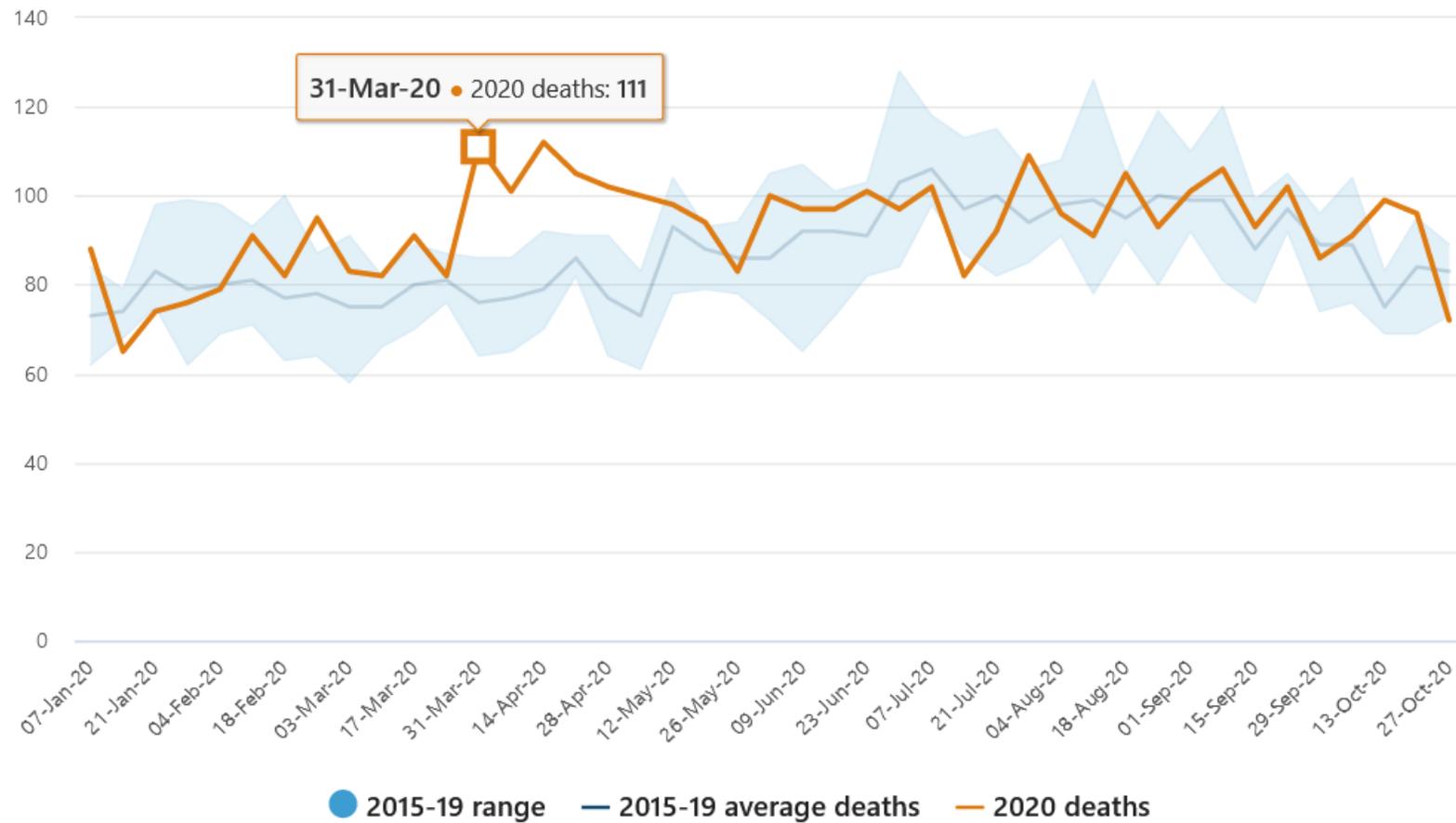
Deaths due to pneumonia, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks



The unusual increase in pneumonia in [Mar-April](#) corresponds with higher than usual flu activity in March (see slide10). However, historic low levels of pneumonia deaths followed despite the usual high season of winter (compare with the average of 2015-2019 shown in the blue line, and the range in light blue shaded area).

An Increase in Diabetes Deaths in Mar-Apr 2020

Deaths due to diabetes, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks

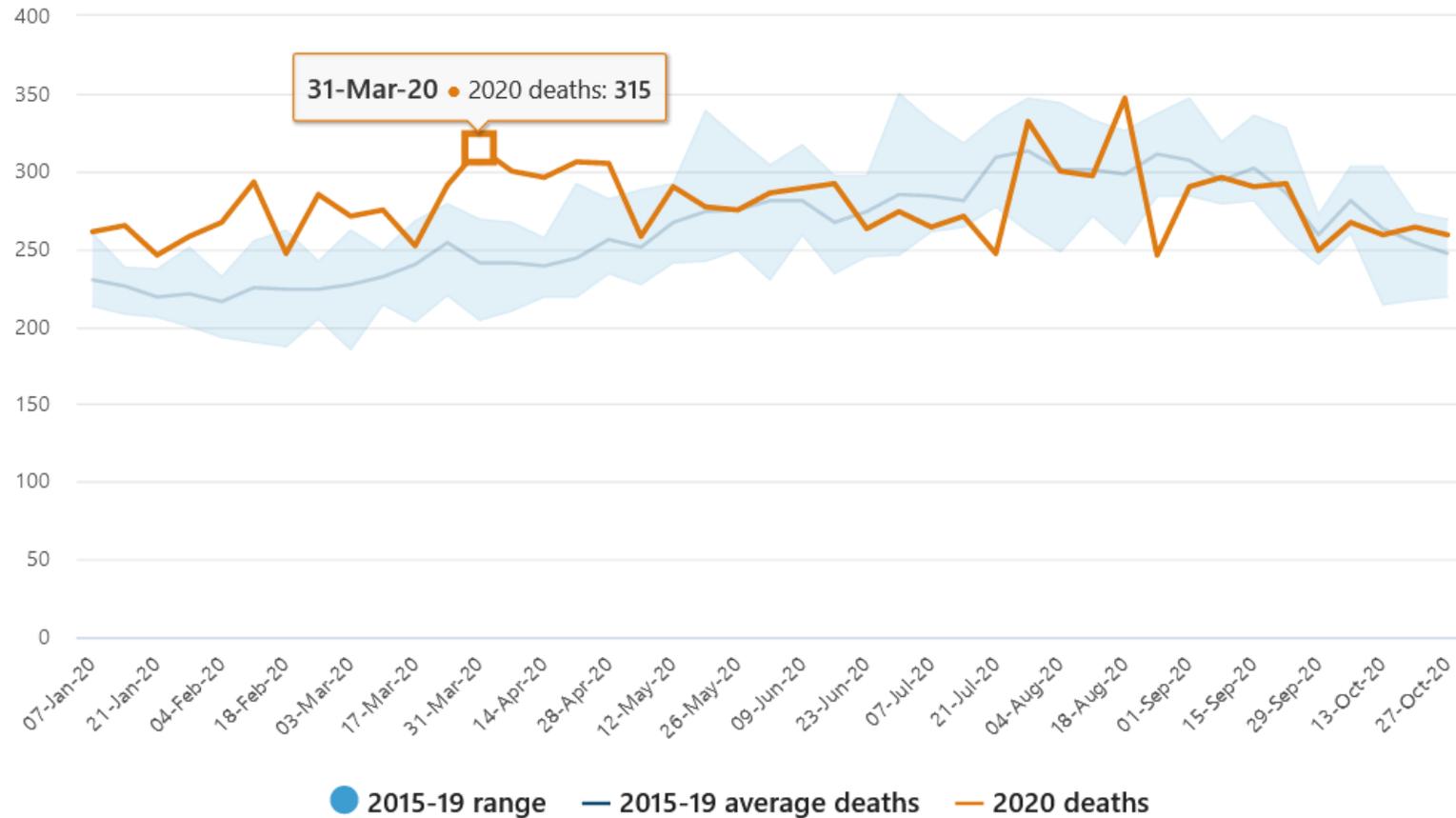


This increase in diabetes deaths also added to the blip seen in mortality data in Mar-Apr 2020

For the rest of the year diabetes deaths were mostly within normal levels

An Increase in Dementia Deaths in Early 2020

Deaths due to dementia, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks

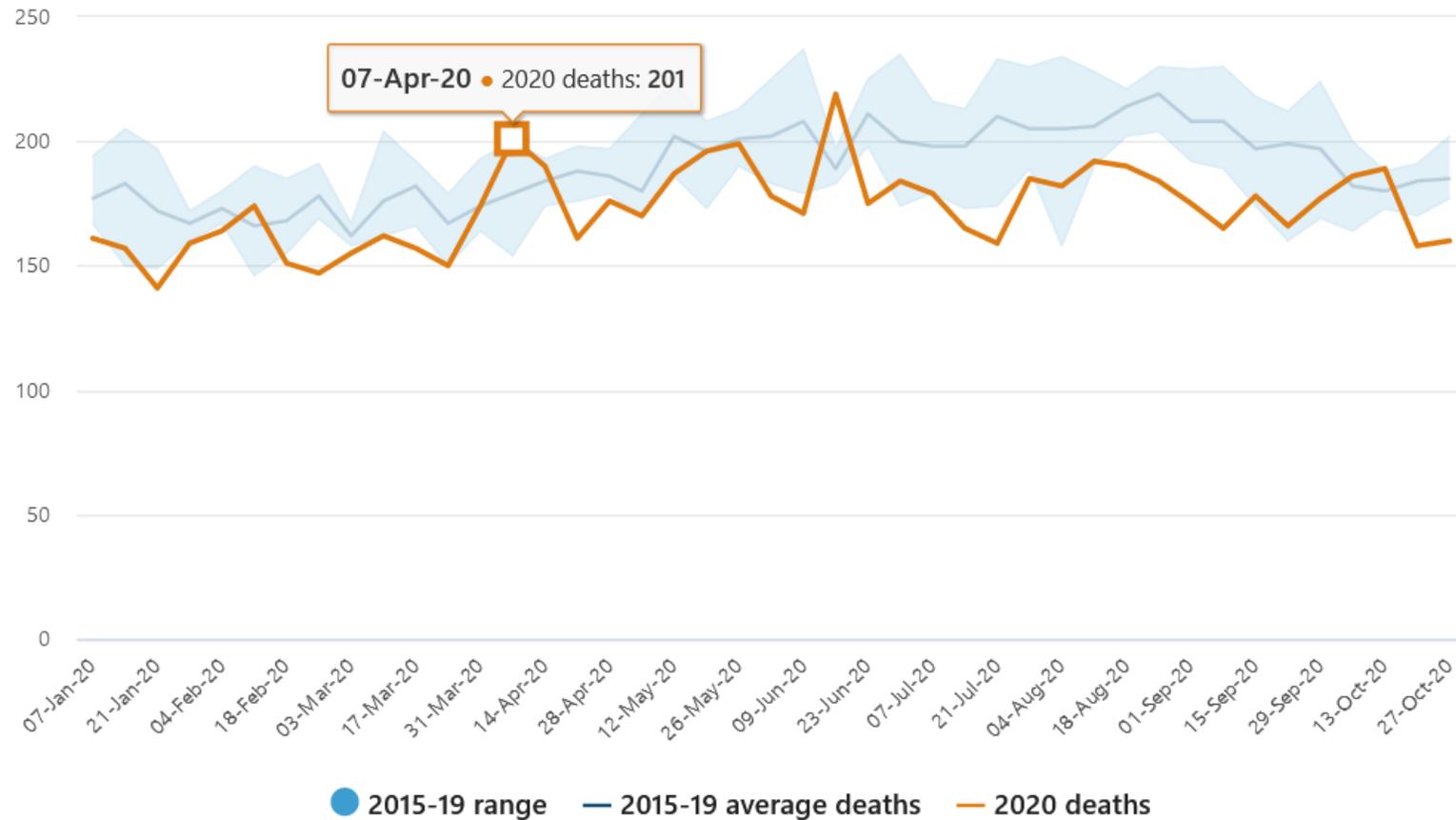


This increase in dementia deaths also added to the blip seen in mortality data in Mar-Apr 2020

For the rest of the year dementia deaths were mostly within normal levels. However, early months of the year had higher levels compared to last 5 years.

A Small Increase in Stroke Deaths in April

Deaths due to cerebrovascular diseases, Australia, 1 Jan - 27 Oct 2020 vs 2015-2019 benchmarks



This minor increase in stroke deaths also added to the blip seen in mortality data in Mar-Apr but levels remained within the range for the last 5 years

Low Deaths in Australia during 2020

Key statistics

- 116,345 doctor certified deaths occurred before 27 October.
- Deaths have been lower than average during the winter months in 2020.
- Respiratory disease deaths have been lower than historical minimums since June.

Remarkably Australia had **lower than historical minimums** of respiratory deaths from May-Aug 2020 (Winter months)

It is not possible for a new killer respiratory virus (SARS-Cov-2) to spread without causing excess respiratory deaths. The opposite result (lower respiratory deaths) reject the existence of a new killer virus.

Summary on Australian Mortality Data

- There was no impact on Australian deaths (all cause mortality) in 2020 except for a minor increase in March-April (934 excess deaths for a population of 25 million) after which deaths decreased to lower than levels in recent years.
- The increases in deaths in Mar-Apr corresponded to respiratory (flu and pneumonia) deaths which was associated with an unusually high flu activity in March well before the usual peak season, and an increase in diabetes and dementia deaths. Cardiovascular and cancer deaths remained within the range observed in the last 5 years (not shown here).
- Following April, the deaths were below the historic levels.
- **Australian mortality data do not indicate that a new killer virus in the form of SARS-Cov-2 circulated in the country**

Covid-19 deaths were likely caused by other causes rather than a new killer virus

Almost all deaths due to COVID-19 have other conditions listed on the death certificate (87.2%). The table below shows that almost two-fifths of all certificates had both a causal sequence and pre-existing conditions listed on the certificate.

On average, deaths due to COVID-19 had 2.4 other diseases and conditions certified alongside the virus.

Australian Bureau of Statistics (ABS) data (above) along with the expert review of the Covid-19 PCR test collectively indicate that Covid-19 assigned deaths in Australia were likely died of other causes with a false positive PCR test.

Covid-19 deaths caused by other causes rather than a new virus?

Jul 2, 2020  838

“No one has died from the coronavirus”

Important revelations shared by Dr Stoian Alexov,
President of the Bulgarian Pathology Association

Rosemary Frei and Patrick Corbett

A high profile European pathologist claimed in July 2020 that Covid-19 deaths could not be attributed to a new virus.

Large numbers of Australian and international medical professionals are objecting to the destructive new policies of health bureaucrats without supporting evidence

“Thereby, we Australian Doctors and Health Professionals, in solidarity with thousands of international doctors, call for the cessation of all disproportionate measures that contravene the International Siracusa Principles.”

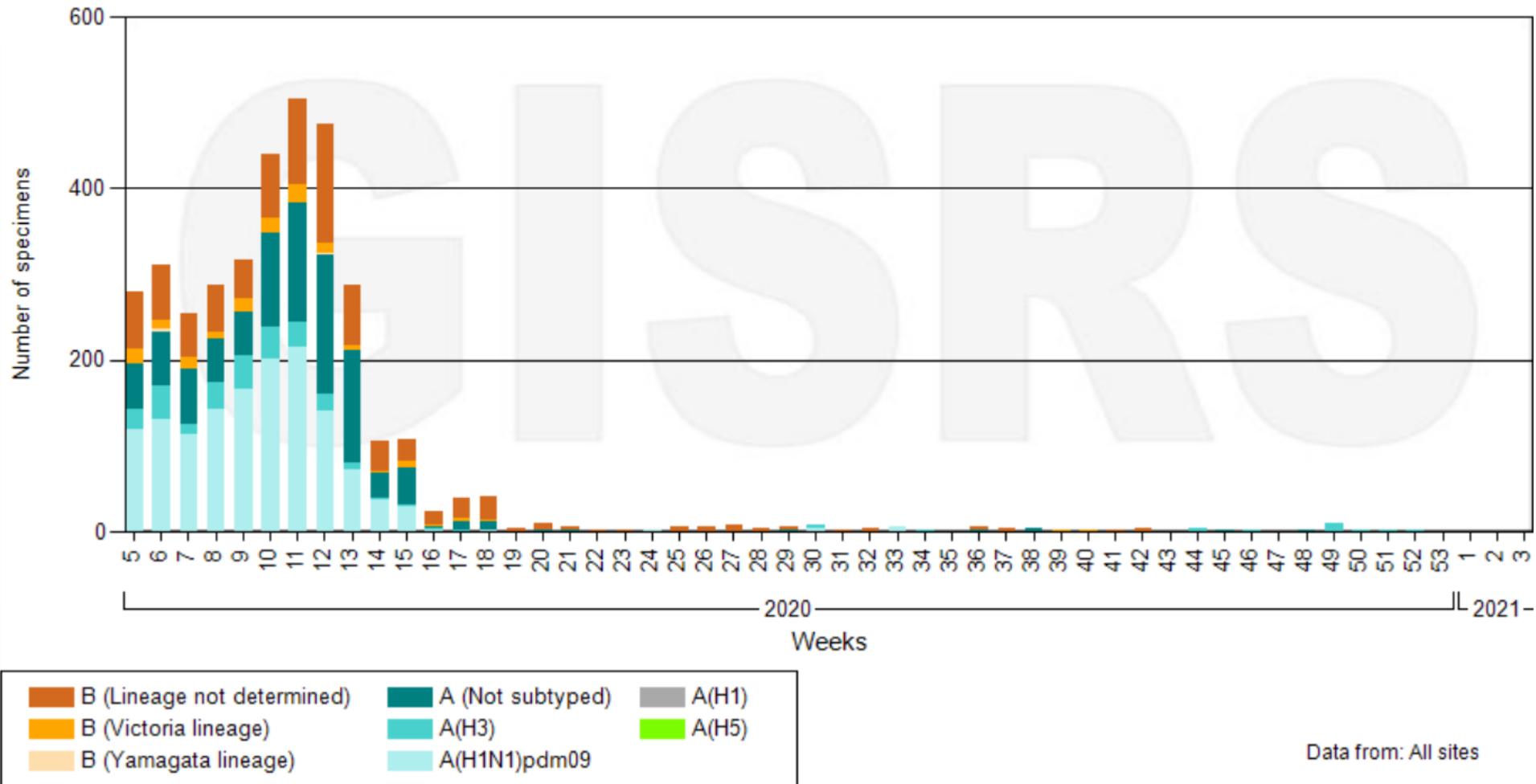
Certification of COVID-19 on the MCCD in Australia

There were 724 deaths that occurred by 31 August 2020 and were registered and lodged with the ABS by 30 September that had COVID-19 as a term on the death certificate. Of these 724 deaths:

- 674 were directly due to COVID-19 with the virus being laboratory confirmed.
- 8 were certified as being due to suspected COVID-19 with the virus not confirmed in a laboratory.
- 18 deaths were COVID-19 related. This is where the person died with COVID-19 (confirmed or suspected) or shortly after recovery from the virus but it was not the underlying cause of death.
- 29 deaths had a negative COVID-19 result recorded on the death certificate. When a negative COVID-19 test result is recorded on a death certificate an ICD-10 code of 'Z03.8 Examination and observation for other specified reasons' is assigned to capture the information communicated by the doctor. Deaths where COVID-19 has returned a negative test result are not assigned as being a death due to the virus.
- 5 deaths had both a mention of COVID-19 and a mention of a negative COVID-19 test result recorded on the death certificate. These included cases where a positive test had been received and a negative test was recorded to indicate a recovery period. These 5 deaths are included in both the counts of COVID-19 related mortality and COVID-19 negative results. Deaths where COVID-19 has returned a negative test result are not assigned as being a death due to the virus.

Flu Vanished during 2020 – Southern Hemisphere

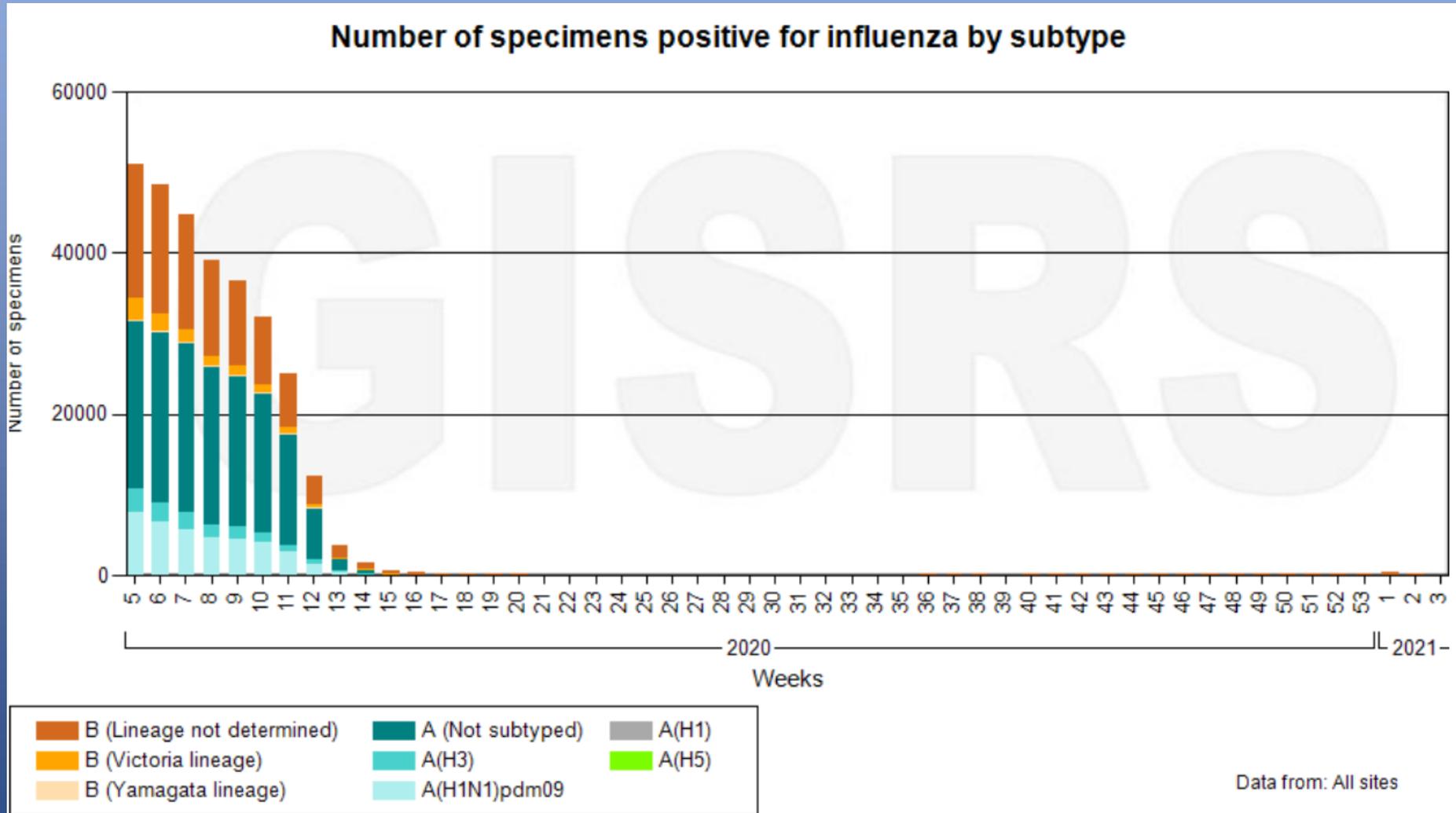
Number of specimens positive for influenza by subtype



Data from: All sites

Or did the flu cases get misclassified as Covid-19? It is not possible for one respiratory virus (SARS-Cov-2) to spread and others (flu viruses) not to.

Flu Vanished in 2020 – Northern Hemisphere



Data source: FluNet (www.who.int/fluNet), GISRS

© World Health Organization 2021

Or did the flu cases get misclassified as Covid-19?

It is not possible for one respiratory virus (SARS-Cov-2) to spread and others (flu viruses) not to.

Pattern of Spread Doesn't Support a Deadly Virus from China

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
	World	104,867,809	+469,361	2,276,071	+13,610	76,747,208	25,844,530	106,644	13,454	292.0		
1	USA	27,141,569	+105,326	461,562	+3,631	16,904,889	9,775,118	23,438	81,713	1,390	317,026,792	954,451
72	Ethiopia	139,408	+547	2,122	+6	123,988	13,298	215	1,195	18	1,980,005	16,976
75	Nigeria	134,690	+1,138	1,618	+5	108,657	24,415	10	644	8	1,302,410	6,227
83	China	89,619	+25	4,636		83,467	1,516	66	62	3	160,000,000	111,163
93	Singapore	59,602	+18	29		59,320	253		10,140	5	6,557,144	1,115,605
108	Australia	28,829	+5	909		26,071	1,849		1,123	35	13,071,080	509,095
184	Taiwan	917	+2	8		834	75		38	0.3	160,437	6,729

The pattern of spread of a deadly viral pandemic is like what Bill Gates demonstrated in 2018 – more impact should be closest to the origin and in also in areas of high population density. What is observed is very different. Something else is killing 1390 people per million Americans while only 3 per million Chinese and 0.3 per million Taiwanese have died. Highly populated countries with poor healthcare systems such as Nigeria and Ethiopia are good comparisons too.

Misclassification of flu as Covid-19 may have happened in 2020 world wide. This cannot be accidental.

Further, excess mortality is expected with the serious disruptions to the health services under Covid-19 regulations (downgraded cancer services, people postponing surgeries, diagnostic tests etc.)

Every country MUST conduct independent investigations.

Australia must do a special investigation into why a very effective antimicrobial treatment regimen against Covid-19 by renowned Prof. Thomas Borody was suppressed by health officials and the TGA.

A Peruvian Court of Law has already ruled that the Covid-19 pandemic was orchestrated by a group of billionaires including Bill Gates driving the US\$ 47 Billion per year vaccine business (projected to increase to US\$105 Bil/y by 2027). Senior lawyers in Europe and US are taking legal action. Lawyers in Australia must investigate this.

Victoria must be especially investigated for possible collusion with other parties in orchestrating this pandemic ignoring medical protest. Doctors have complained that they have been sidelined and a group of people are driving an agenda. At least one senior treasury official resigned in protest. A top health bureaucrat also resigned. The State Government of Vic behaved differently to the Federal Government of Australia and imposed Chinese Community Party-style draconian measures to restrict people and implement 24/7 surveillance.

Premier Dan Andrews rushed in surveillance systems and justified such action: [Link](#)

Countless incidences of inhumane behaviour was exhibited by Victorian police and security personnel:

e.g. rough handling and arresting pregnant women for sharing a Facebook message about a protest rally or being 5km from home!

Brutal treatment of elderly and young for not wearing a mask: [here](#)



Suppression of medical professionals and effective existing treatments during this 'pandemic' must be investigated. This was done to make a novel vaccine the sole treatment option.



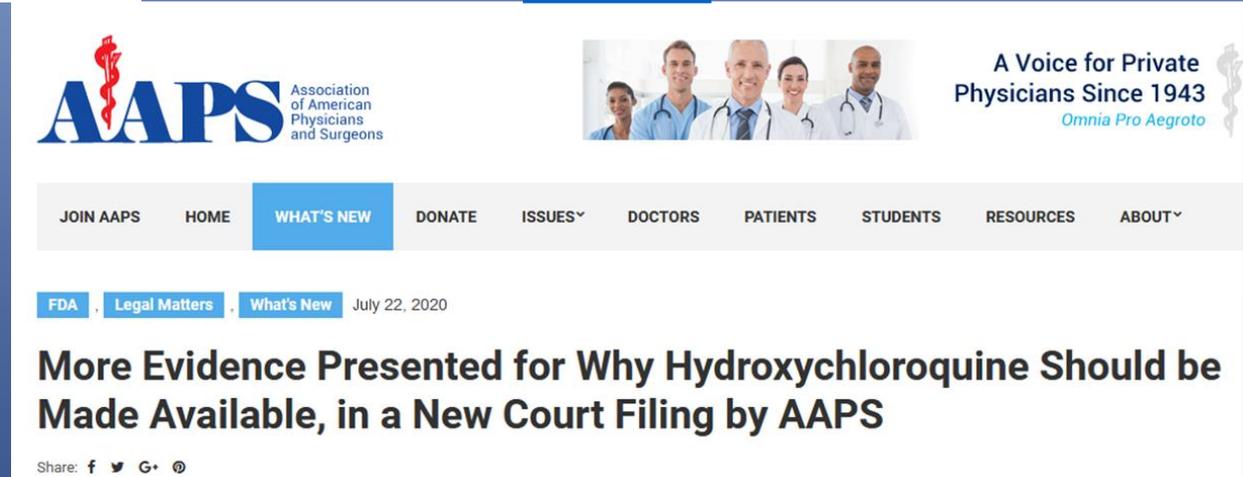
Dr. Pierre Kory at US Senate



[AFD link](#)

Dr. Scott Jensen's [compelling story](#)

[AAPS link](#)



This presentation was made by Dr. P.G. who is compelled to remain anonymous due to unfair attacks on people who criticize the Covid-19 mainstream narrative and destructive social policies around it.