4 things to consider regarding the situation in Portugal
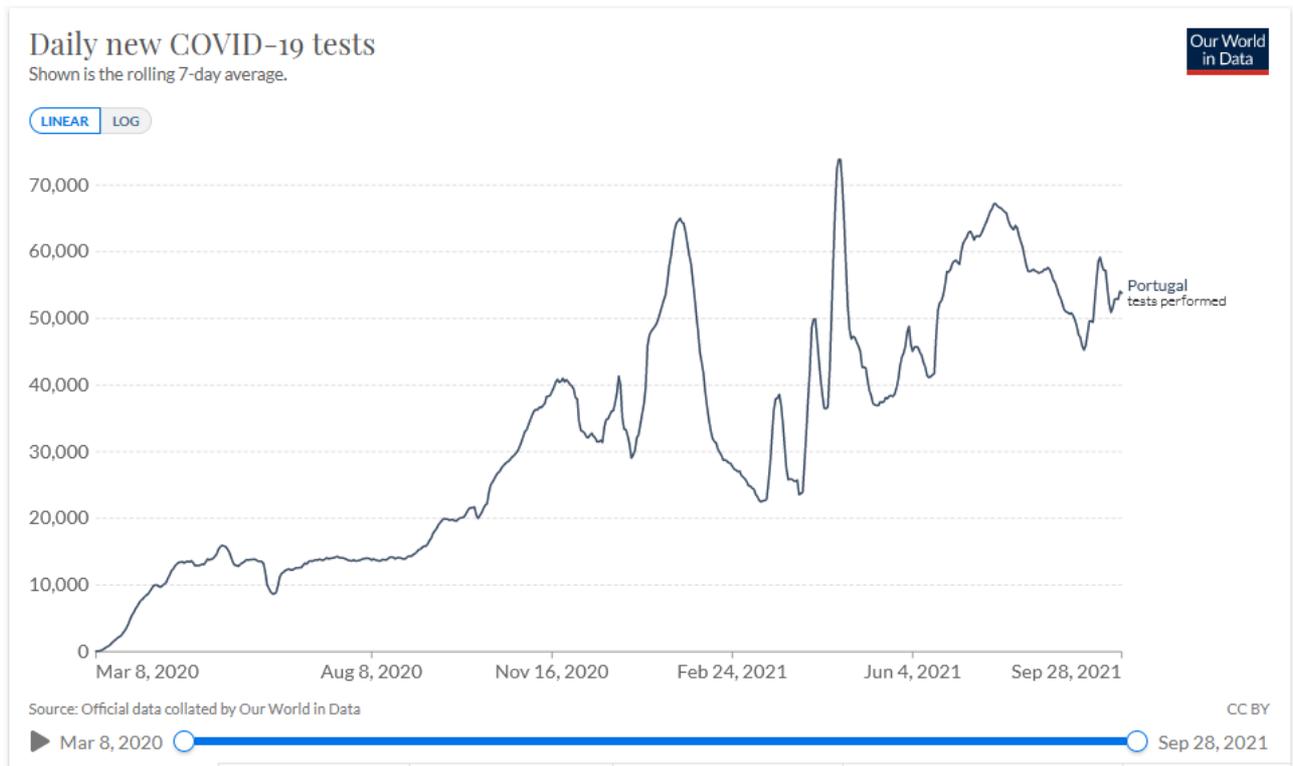
First of all, to be clear:

This is merely a very brief explanation on why claims Portugal is a success case when it comes to COVID vaccination may be wrong, due to lack of context when analyzing the data. It's a brief exposition of facts and ideas to further debate, NOT a comprehensive scientific analysis.

1. "The case fatality rate (CFR) is the ratio between confirmed deaths and confirmed cases."[1]

The PCR tests are unreliable and there are false positive results.[2,3] The first graph on the next page shows the number of daily tests was much higher in the Summer of 2021 than in the Summer of 2020 (the reason why I'm focusing on that period of time will become obvious later). The next two graphs are zoom ins of this first one, to better visualize the data for every Summer month.
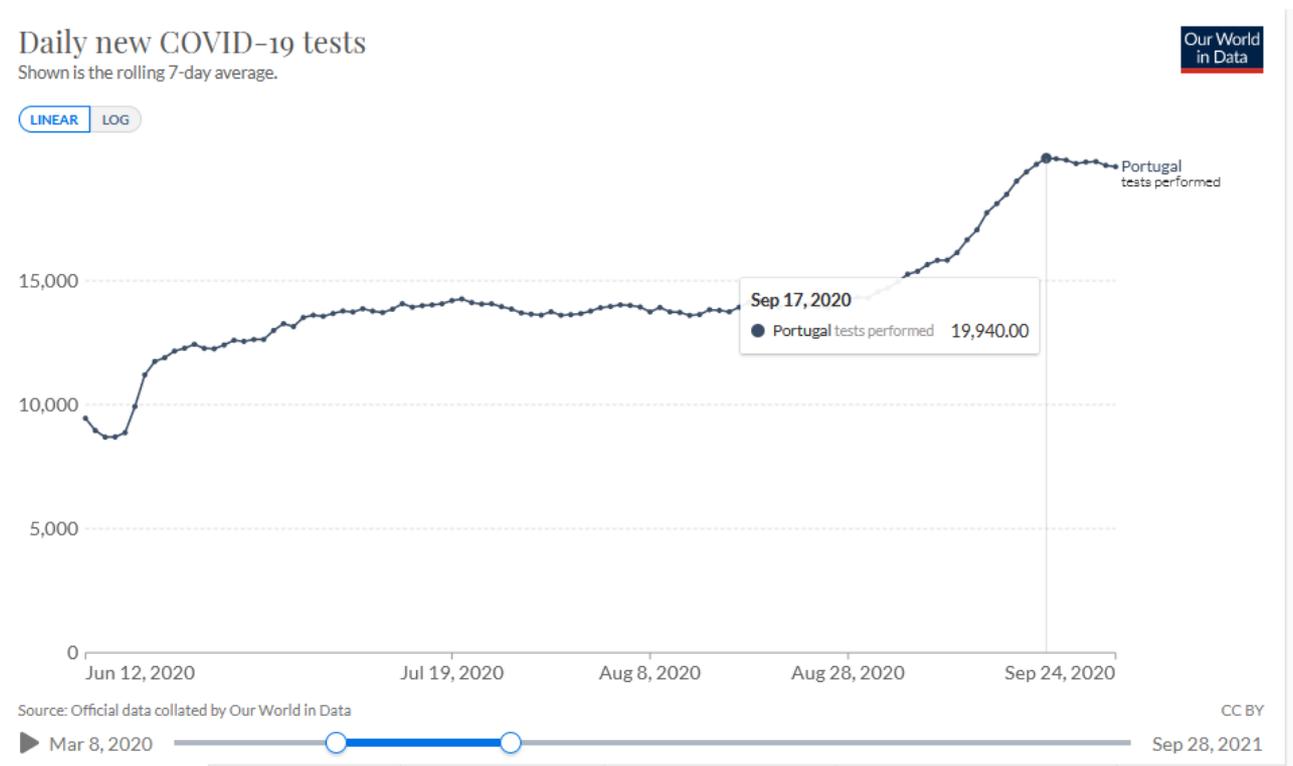
What changed? With new restrictions in the Summer of 2021 to travel to foreign countries, go to restaurants and tourist spots within the country on weekends, go to bars and discos at night among other situations, people were required to have a COVID vaccination certificate or a negative test.[4] This made it so that more people got tested, even if they had no symptoms; and a number of these people were bound to be false positives. There was also fear due to the Delta variant, which was said to be deadlier and much more dangerous. Some people probably also tested themselves despite having no symptoms, to make sure they weren't infected when they got the vaccine. All of this makes it likely that there was a higher rate of false positives in the Summer of 2021, compared to the Summer of 2020; which would mean there were more confirmed cases overall, artificially lowering the Case Fatality Rate for the Summer of 2021. Therefore, CFR is not a reliable measurement[5] to assess the efficacy of the vaccines.

Also, the criteria on who counts as a COVID death may have changed from Summer of 2020 to the Summer of 2021. While in the Summer of 2020 there seemed to have been a higher likelihood that a pneumonia-related death be classed as a COVID death; such doesn't seem to have happened this year, with an increase of "non-COVID related pneumonia" deaths. However, this is merely based on anecdotal observation of newspaper articles and other media, and may not reflect the actual situation. I found no official information regarding this matter.

Graph 1. Daily new COVID tests. [6]

The following is the Summer of 2020, the average of daily tests was below 15,000, with the maximum at 19,040 on 17th of September.
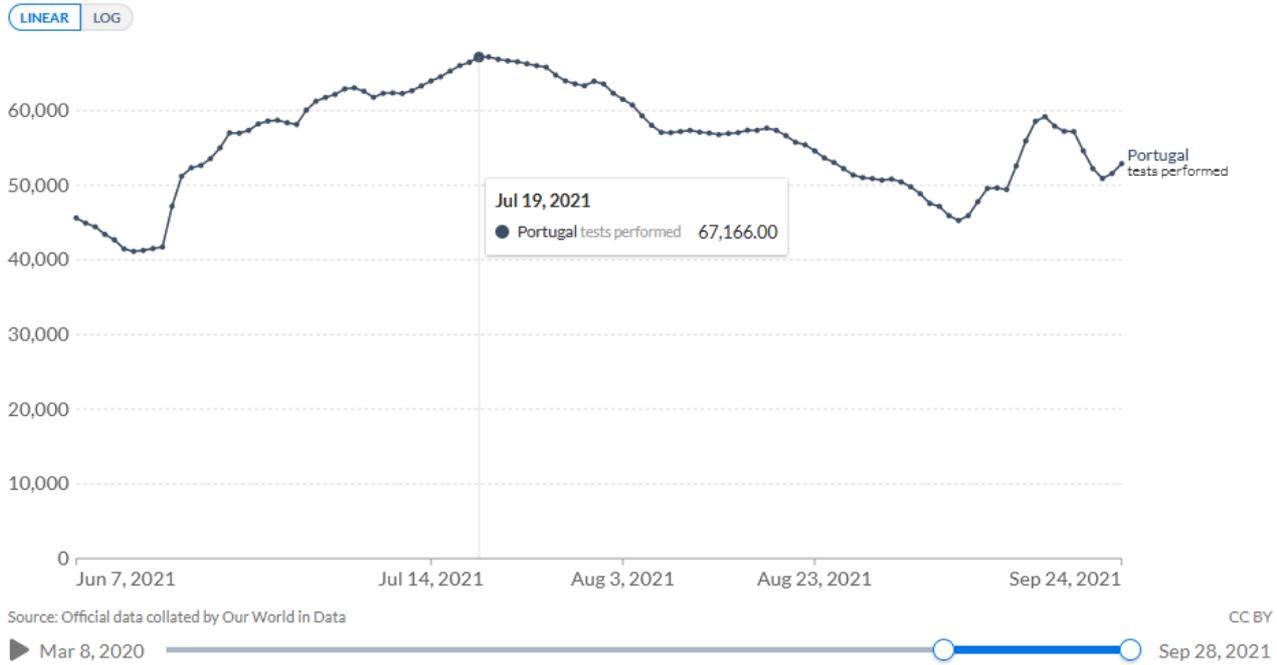

Graph 1a. Daily new COVID tests, Summer of 2020.

Daily new COVID-19 tests
Shown is the rolling 7-day average.

LINEAR LOG

Our World in Data

Jul 19, 2021	
● Portugal tests performed	67,166.00

Portugal
tests performed

60,000
50,000
40,000
30,000
20,000
10,000
0

Jun 7, 2021   Jul 14, 2021   Aug 3, 2021   Aug 23, 2021   Sep 24, 2021

Source: Official data collated by Our World in Data

CC BY

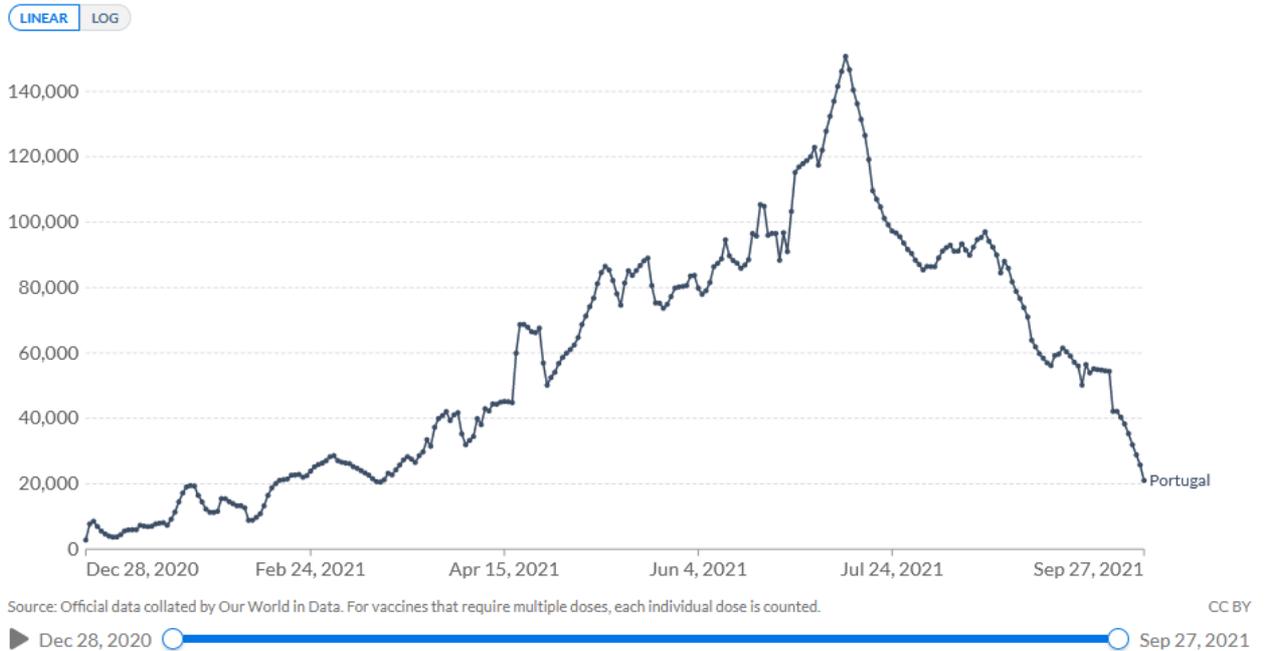▶ Mar 8, 2020   Sep 28, 2021

Graph 1b. Daily new COVID tests, Summer of 2021.

2. Now, we'll see why I focused on the Summer.

Daily COVID-19 vaccine doses administered
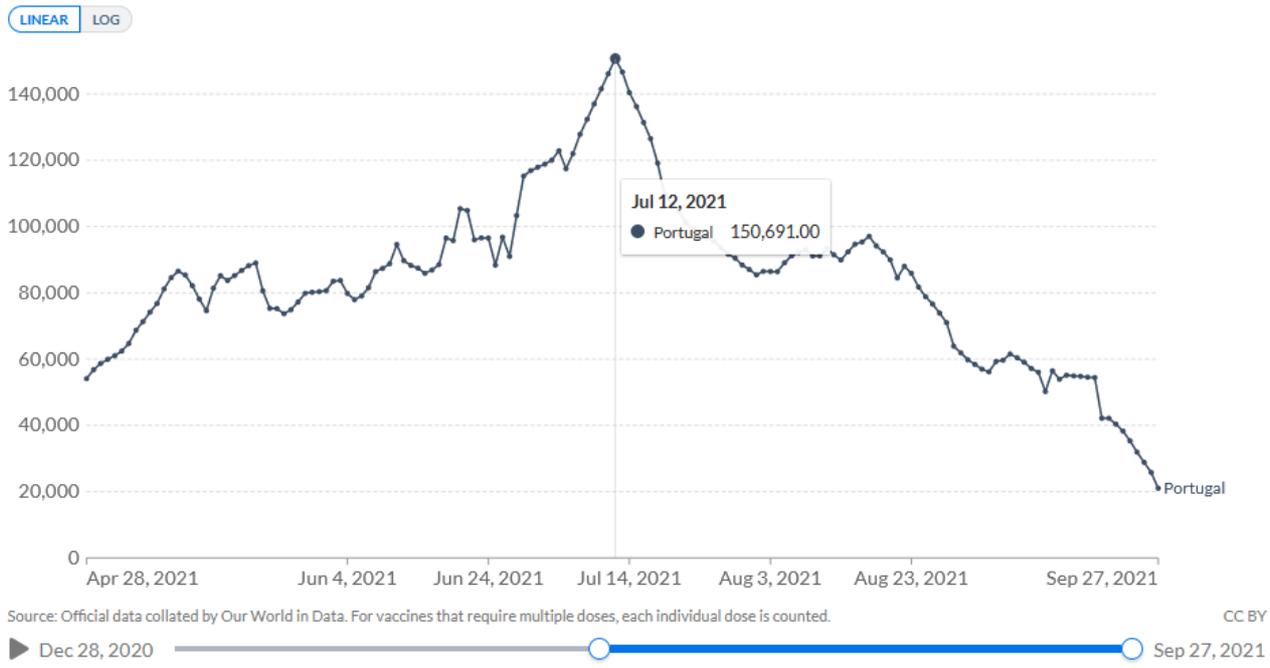Number of daily doses administered (rolling 7-day average).

LINEAR LOG

Our World in Data

140,000
120,000
100,000
80,000
60,000
40,000
20,000
0

Portugal

Dec 28, 2020   Feb 24, 2021   Apr 15, 2021   Jun 4, 2021   Jul 24, 2021   Sep 27, 2021

Source: Official data collated by Our World in Data. For vaccines that require multiple doses, each individual dose is counted.

CC BY

▶ Dec 28, 2020   Sep 27, 2021

Graph 2. Daily vaccine doses administered. [7]

Graph 2a. Daily vaccine doses administered, Summer of 2021.

Most people were vaccinated in the late Spring and Summer of 2021, with a peak on July 12th. Now, let's compare the above two graphs with the following ones:

Graph 3. Daily new confirmed COVID deaths, Summer of 2021. [8]

The new daily confirmed deaths seem to follow a very similar trajectory to the number of

vaccines administered, having a peak on the 9th of August, approximately 1 month after the day when the largest number of doses of the vaccines were administered.

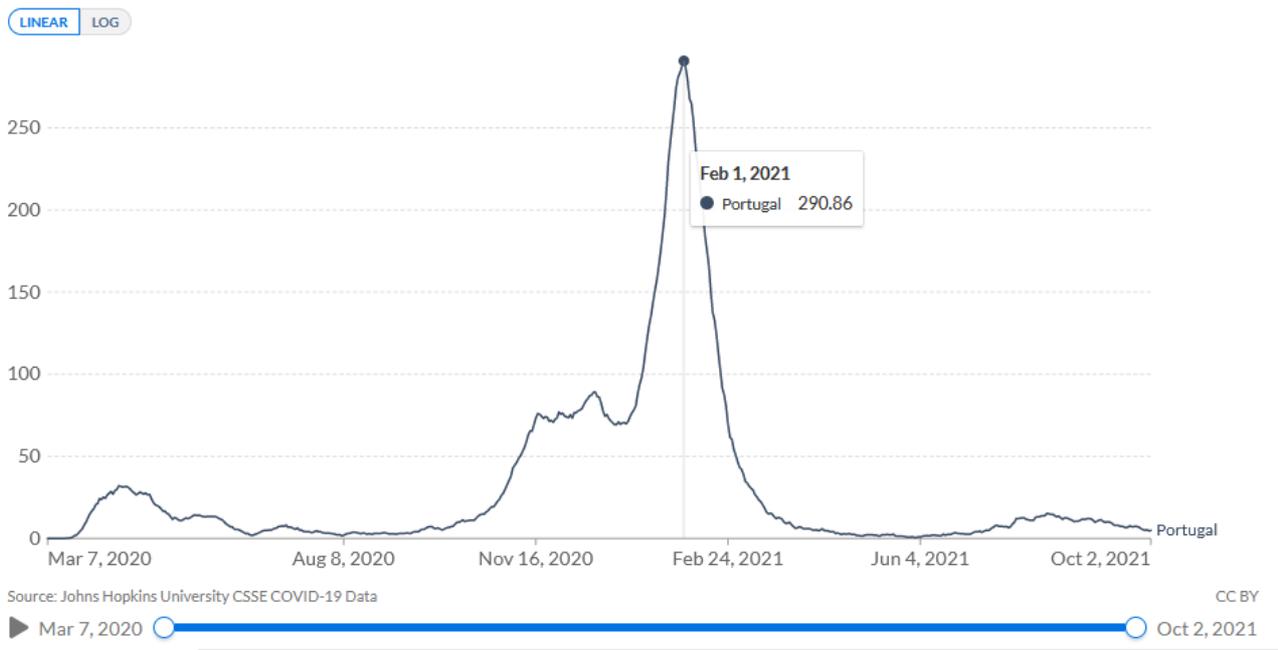This is what I meant by lack of context when analyzing the data:

a) people unfamiliar with Portugal's situation seem to assume the number of doses of vaccines administered daily was a constant, which was not the case. It's important to analyze the number of vaccine doses administered by date, because it was not a constant number.

b) Due to the high peak of deaths on the 1st of February of 2021 (290 deaths), the rest of the graph seems to be more or less a constant line that doesn't change much. It's important to zoom in on the graph in order to have a better context on the fluctuation of deaths, which seems to accompany the number of doses of the vaccine given.
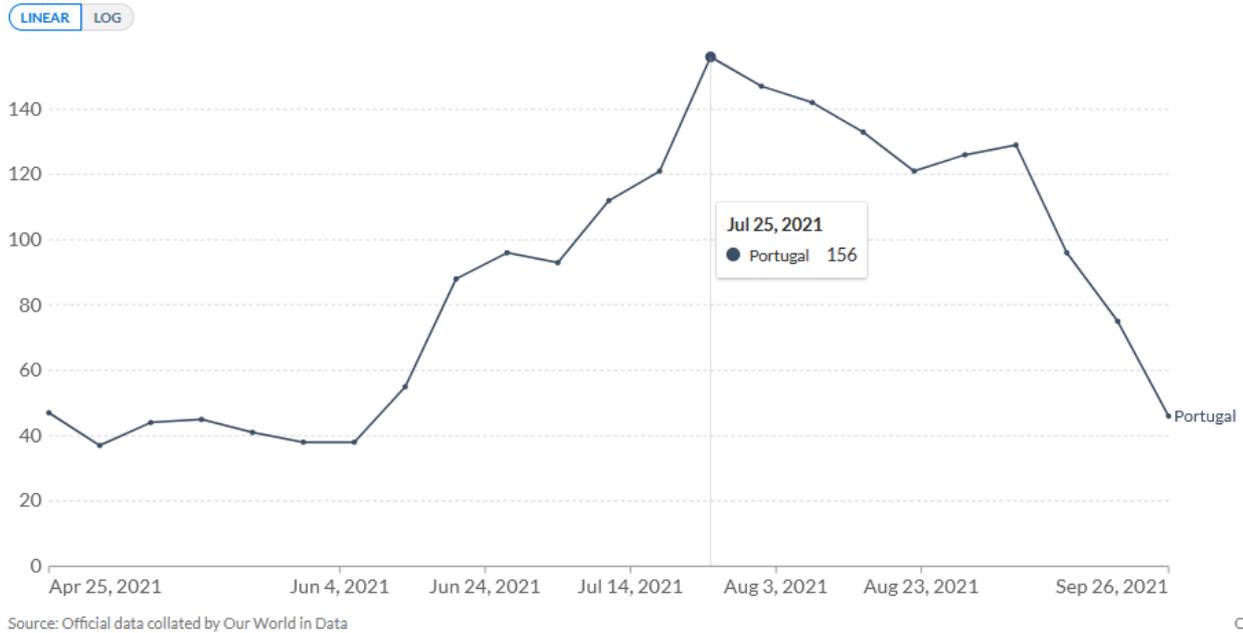

Graph 3a

This graph shows the daily new deaths overall, since the beginning of the pandemic, having a peak on February 1st. With such an accentuated peak in the Winter, the other parts of the graph pale in comparison and seem to be more or less constant. It's necessary to zoom in, in order to get a better look at the data.

Let's also take a look at the number of hospital admissions, and compare the graph with the number of vaccine doses administered:

Graph 4. Weekly new hospital admissions for COVID, Summer of 2021. [9]

As we can see, for the Summer of 2021, the number of hospital admissions also seems to follow a similar trajectory to the curve of vaccine doses administered, with the highest value being approximately 2 weeks after the largest number of vaccine doses were administered.

Let's also compare the curve of vaccine doses administered with the curve of the number of COVID patients in the Intensive Care Unit:
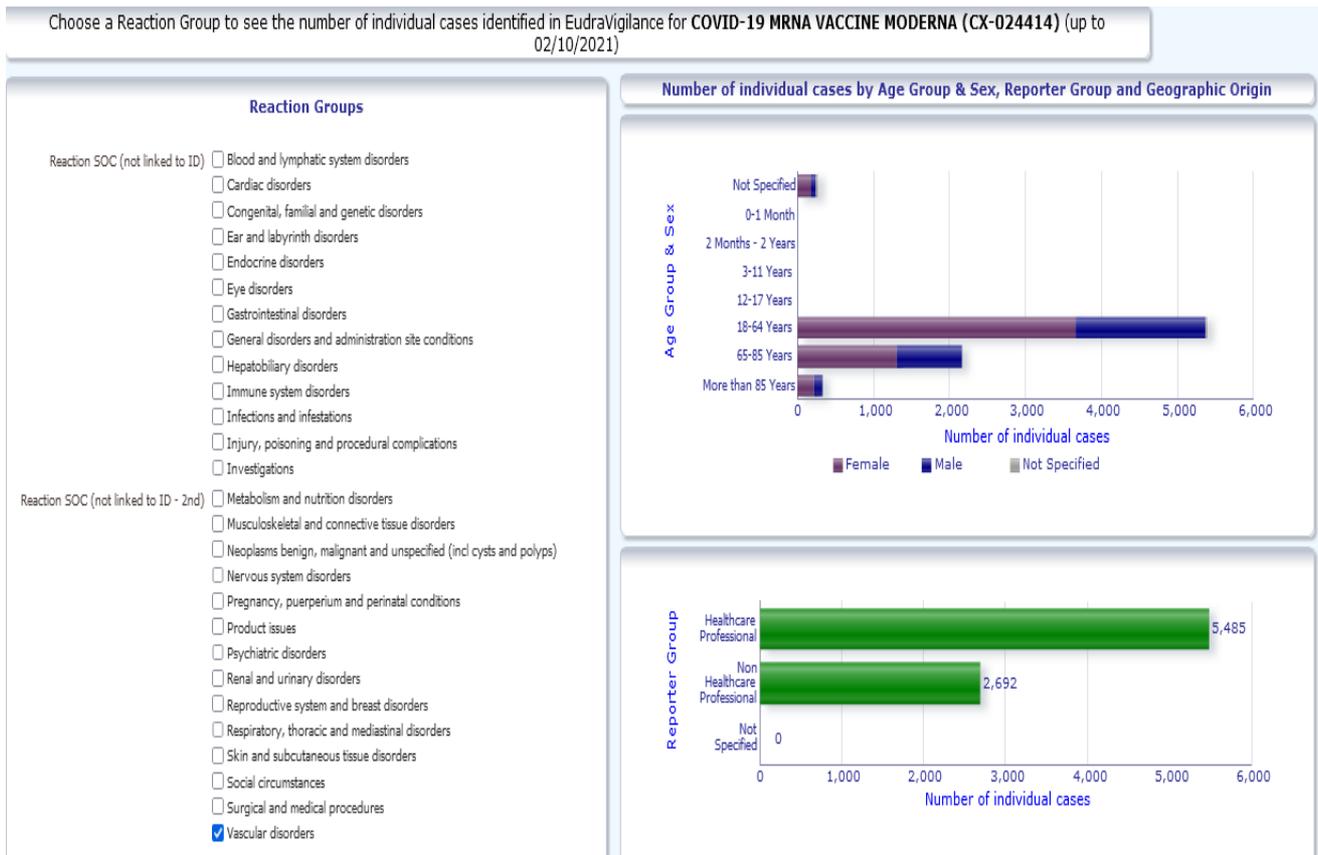

Graph 5. Number of COVID patients in ICU, Summer of 2021. [10]

Once again, we see a similar trajectory, with the highest number being reached approximately 2 weeks and a half after the largest number of vaccine doses administered.
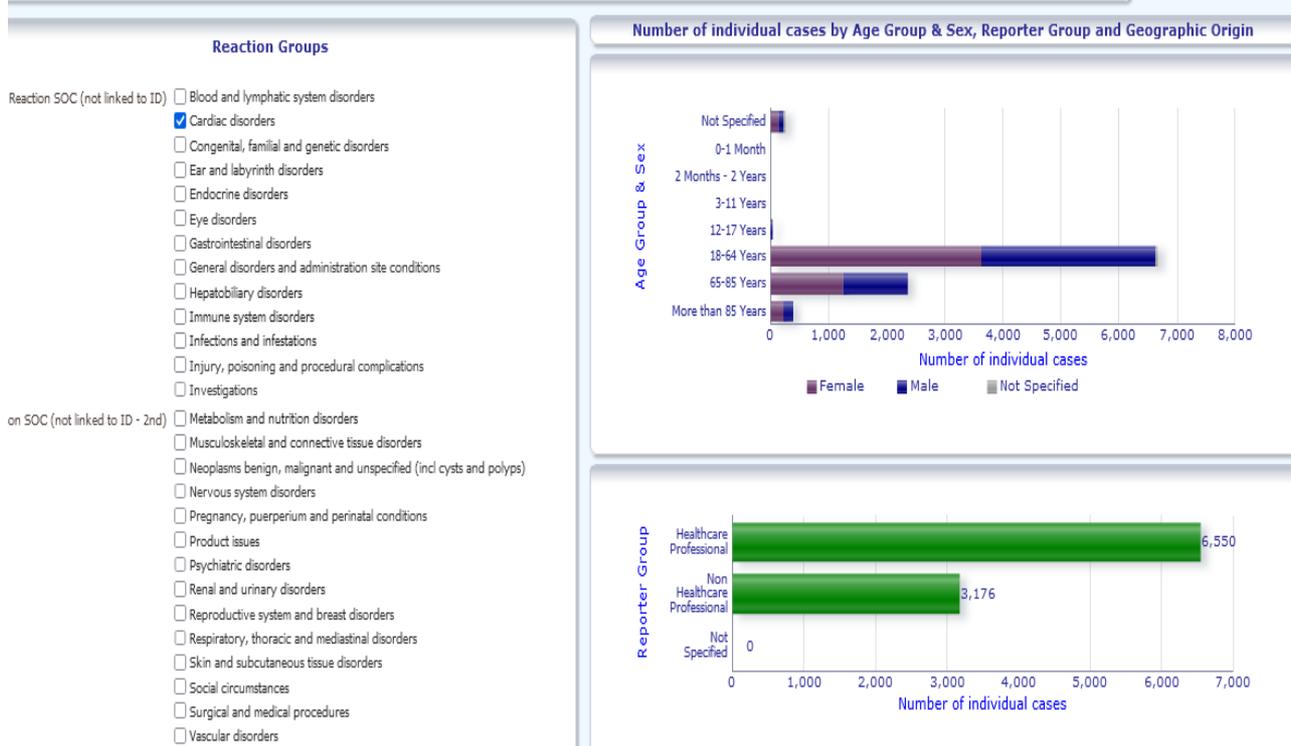
3. Mismatch of data

What about adverse reactions? Supposedly, there were 85 deaths that might have been related to the vaccines, all elderly people.[11] This is very dubious, taking VAERS and EudraVigilance into account.[12] As an example, observe the following:

This is the number of cases of vascular disorders following the Moderna vaccine, in EudraVigilance. We can clearly observe that most reactions occurred in the 18-64 years old age group. The same is true for cardiac disorders:

Choose a Reaction Group to see the number of individual cases identified in EudraVigilance for **COVID-19 MRNA VACCINE MODERNA (CX-024414)** (up to 02/10/2021)

Reaction Groups

Reaction SOC (not linked to ID)
- ☐ Blood and lymphatic system disorders
- ☑ Cardiac disorders
- ☐ Congenital, familial and genetic disorders
- ☐ Ear and labyrinth disorders
- ☐ Endocrine disorders
- ☐ Eye disorders
- ☐ Gastrointestinal disorders
- ☐ General disorders and administration site conditions
- ☐ Hepatobiliary disorders
- ☐ Immune system disorders
- ☐ Infections and infestations
- ☐ Injury, poisoning and procedural complications
- ☐ Investigations

on SOC (not linked to ID - 2nd)
- ☐ Metabolism and nutrition disorders
- ☐ Musculoskeletal and connective tissue disorders
- ☐ Neoplasms benign, malignant and unspecified (incl cysts and polyps)
- ☐ Nervous system disorders
- ☐ Pregnancy, puerperium and perinatal conditions
- ☐ Product issues
- ☐ Psychiatric disorders
- ☐ Renal and urinary disorders
- ☐ Reproductive system and breast disorders
- ☐ Respiratory, thoracic and mediastinal disorders
- ☐ Skin and subcutaneous tissue disorders
- ☐ Social circumstances
- ☐ Surgical and medical procedures
- ☐ Vascular disorders

Number of individual cases by Age Group & Sex, Reporter Group and Geographic Origin

Age Group & Sex: Not Specified, 0-1 Month, 2 Months - 2 Years, 3-11 Years, 12-17 Years, 18-64 Years, 65-85 Years, More than 85 Years

Number of individual cases: 0 – 8,000

Female / Male / Not Specified

Reporter Group:
- Healthcare Professional: 6,550
- Non Healthcare Professional: 3,176
- Not Specified: 0

Number of individual cases: 0 – 7,000

Vascular and cardiac disorders as a reaction to the vaccines would put the people in question at a higher risk for death. Given that most people in the European Union who register those types of reactions are in the 18-64 age group, it is safe to suppose that the same is true for each individual EU country, with slight differences. It is, therefore, highly unlikely that there were no deaths among teenagers, young adults or middle aged adults, in Portugal, related to the vaccines.

Besides, if that's the truth, then why would the INEM (National Institute of Medical Emergencies) start courses to teach high school professors Basic Life Support and Defibrillation techniques[13,14]? Why is there a need for that? Why now? Just another coincidence? If anything, they should teach that to the students, since they are young and healthy, and they should be the ones equipped to save the lives of older adults, who are at a much higher risk of needing Basic Life Support. Doesn't make sense. Unless, for some reason, it's expected of the teachers that they'll need to be saving the lives of their students (and colleagues). What would that reason be?

4. Not so funny "anecdotes"

Why did I keep encountering news of sudden deaths all Summer long? [15-20] And those were only the ones that showed up on the newspapers, because the person in question was known by the public. What about the weird news that I kept reading all Summer long of accidents, whether

bike or tractor accidents, people falling, car and motorcycle accidents, people that went missing for a few days and were later found dead (they had fallen somewhere or had been in an accident)? To call those instances "anecdotes" is disrespectful, in my opinion. Maybe because in Portuguese "anedota" means "joke". They aren't funny. What about the other cases of sudden death that went unreported? Certainly, not every sudden death can be attributed to the vaccines, but there seems to have been an increase of those types of deaths and accidents following periods where a lot of people got vaccinated.

In summary:

a)given the unreliability of the PCR tests and due to that, of the CFR, we don't know how truthful the numbers of the CFR are.

b)a peak in the number of vaccine doses administered was followed by a peak in hospital admissions 2 weeks later, a peak in ICU 2 weeks and a half later and a peak in daily new confirmed deaths 1 month later. Overall, all of those graphs seem to follow a similar trajectory.

c)the number of deaths attributable to vaccine reactions is probably being underestimated, mainly in people 64 years old and younger.

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day+rolling+average&Relative+to+Population=false&Align+outbreaks=false&country=~PRT

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28..latest&facet=none&pickerSort=desc&pickerMetric=total_cases&hideControls=true&Metric=Confirmed+deaths&Interval=7-day+rolling+average&Relative+to+Population=false&Align+outbreaks=false&country=~PRT

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