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An Australian Sceptical Note on COVID-19 Vaccine Effectiveness

BY **RAMESH THAKUR** 25 JUNE 2025 1:33 PM

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According to Our World in Data, New Zealand achieved 75% coverage of the initial COVID-19 vaccination protocol (two doses) on December 29th 2021, when its Covid-related death toll was just 44, and 80% (tantamount in effect to universal adult coverage) on June 8th 2022, by which time deaths had risen to 2,095. As at May 13th 2025, its death toll stood at 4,538. In other words, more than half of all New Zealand's Covid deaths occurred after effectively universal adult vaccination had been achieved and a scarcely believable 99% after 75% of the country's population had been double vaccinated.

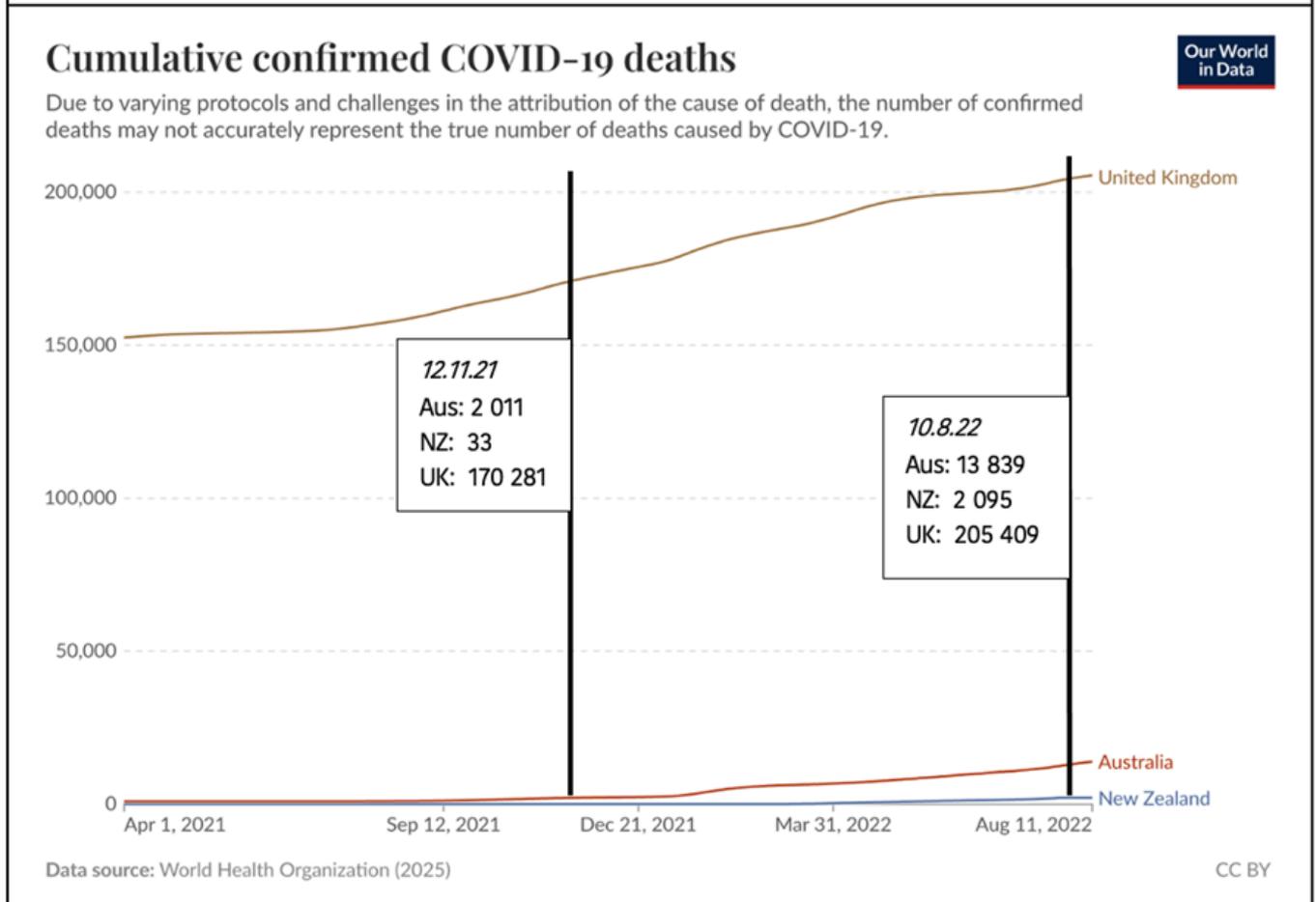
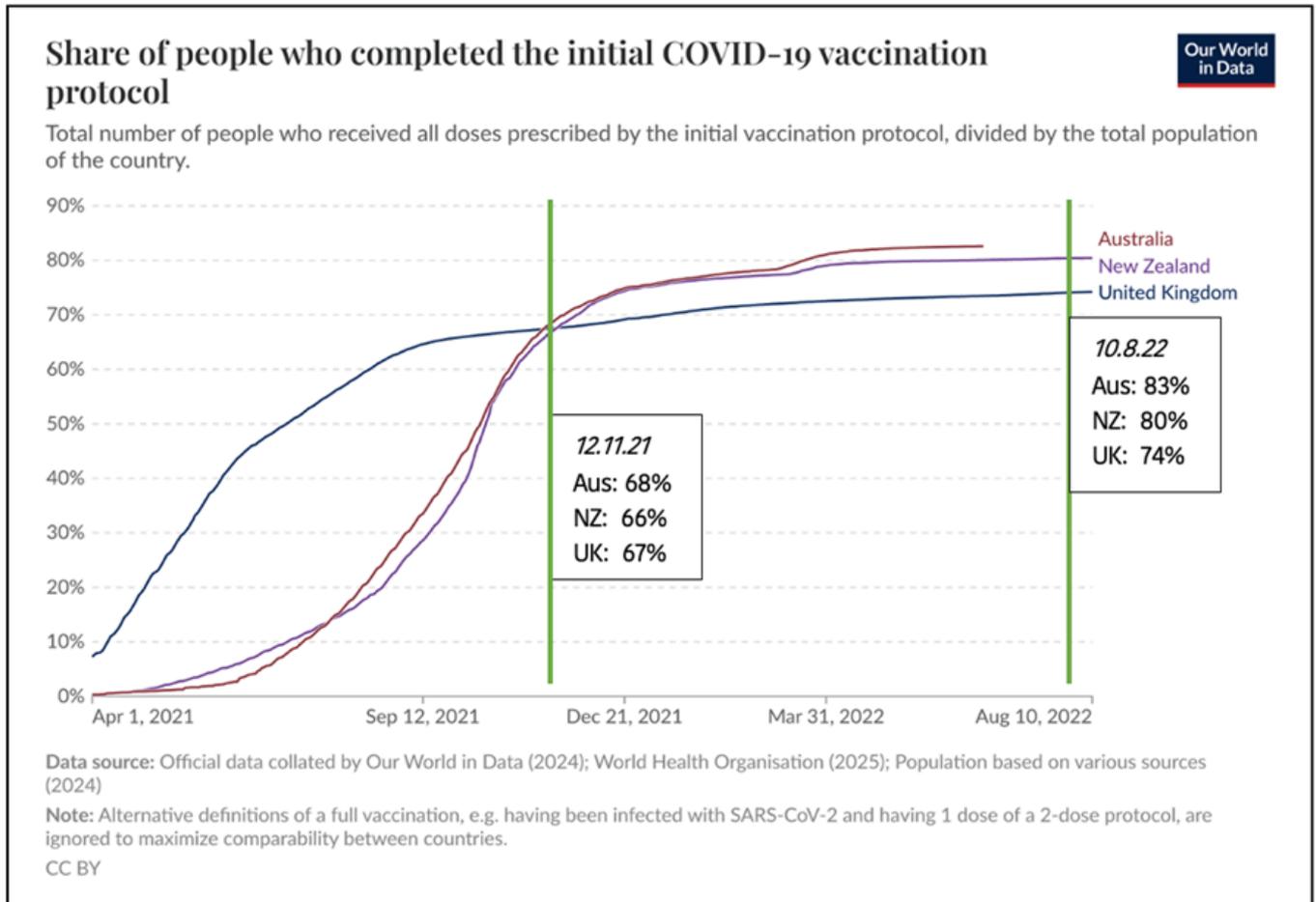


Figure 1

Trust the government health experts as your single source of truth on anything and everything to do with Covid, including vaccines. They always prioritise your health over Pharma profits. And they are always right, even when they do a 180 degree about turn. Australia's [Department of Health advice](#) on June 3rd 2025:

COVID-19 vaccine is not recommended for healthy infants, children or adolescents who do not have medical conditions that increase their risk of severe illness. This is because the risk of severe illness was extremely low in this cohort over the course of the pandemic, and benefits of vaccination are not considered to outweigh the potential harms.



Australian Government
Department of Health
and Aged Care

Australian
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Handbook

Healthy infants, children and adolescents aged <18 years are not recommended to receive COVID-19 vaccine

COVID-19 vaccine is not recommended for healthy infants, children or adolescents who do not have medical conditions that increase their risk of severe illness. This is because the risk of severe illness was extremely low in this cohort over the course of the pandemic, and benefits of vaccination are not considered to outweigh the potential harms.^{1,2}

Related diseases:

[COVID-19 \(https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19\)](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19)

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Never trust us non-experts, who said this all along.

Meanwhile [Dr Sara Brenner](#), the US FDA's Principal Deputy Commissioner (and acting commissioner for a short period), revealed last month that she refused the COVID-19 mRNA vaccine while pregnant despite the FDA promoting it as 'safe and effective' for pregnant women. Maryanne Demasi also reports on another FDA expert, [Dr Janet Woodcock](#), who privately supported testing ivermectin's initial promise for treating Covid ("Wow – we should definitely test it") before doing an about turn and joining the FDA's mockingly public denunciations of ivermectin as a horse and cow medicine.

Setting aside questions about their safety, how anyone can claim that these statistics are compatible with the 'COVID-19 vaccines are effective' narrative is mind boggling. Moreover, if we accept Karl Popper's criterion of falsifiability for disproving a scientific claim (if the claim is that all swans are white, and we find just one black swan, then the claim is empirically falsified and scientifically invalid), then the narrative is false not just for New Zealand but for the world.

The crucial period for looking at Australia and New Zealand in comparison to the UK is the nine months from November 12th 2021 to August 10th 2022. All three countries had achieved two-thirds double vaccination in their populations in November 2021. Despite increased levels of vaccination coverage after that date, over the next nine months Covid-related deaths jumped 6.9 times for Australia and a whopping 63 times for New Zealand, but only 1.2 times for the UK (Figure 1). The same variance can be seen in the second chart that depicts the temporal correlation between vaccine doses administered and the Covid-related deaths per million people in the three countries (Figure 2). Meanwhile in Japan, after examining an 18-million strong database, Dr Yasufumi Murakami, Professor at the prestigious Tokyo University and Vice Director at its Research Centre for RNA Science, came to the sobering conclusion that “**the more doses you get, the sooner you’re likely to die, within a shorter period**”.

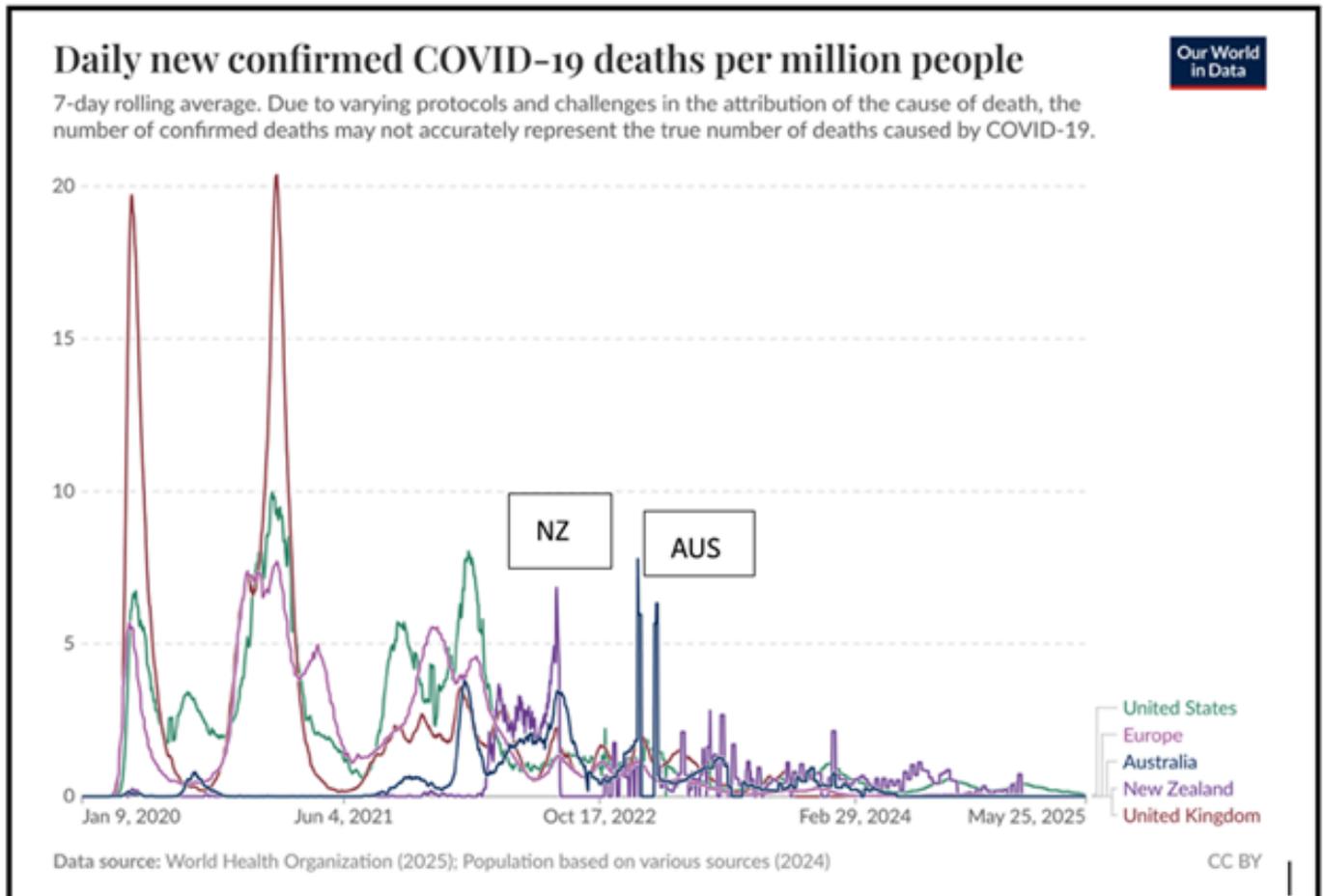


Figure 2

Clearly, leaving aside the question of their safety, COVID-19 vaccines were hardly effective at all in preventing Covid-related deaths. If someone believes as an article of faith that Covid vaccines are effective and Australia and New Zealand Covid deaths were low compared to high-income country averages because they refused to open their borders until after vaccination, then no amount of evidence will change their mind. For those who are prepared to look at the data with an open and critical mind, it is nonsensical to argue that a dramatic *fall* in Covid deaths after vaccination drive takes hold in Europe, UK and US is evidence of vaccine effectiveness, while an even more dramatic *spike* in Australia and New Zealand in the same period is also proof of vaccine effectiveness: heads you win, tails I lose.

Figure 2 and Table 1 show that the deaths per million in July 2022 for New Zealand and in January-February 2023 for Australia were among the highest in the world. Yet, for both, the deaths were flat in the

pre-vaccination period. By contrast, peaks for the other three I have used for reference in this chart (UK, US, Europe) were at their highest before vaccination took hold. This is why I remain surprised that Australia and New Zealand data have not figured far more prominently in the commentary by those sceptical of the narrative.

	<i>23 January 2021</i>		<i>25 July 2022</i>		<i>31 December 2022</i>	
	<i>Vaccination (%)</i>	<i>DPM</i>	<i>Vaccination (%)</i>	<i>DPM</i>	<i>Vaccination (%)</i>	<i>DPM</i>
Australia	0.0	0.00	82.6	3.36	82.7	7.79
New Zealand	0.0	0.00	80.4	6.85	80.6	1.20
UK	0.69	20.35	74.0	2.25	74.5	1.95
Europe	1.17	7.59	65.9	1.28	66.1	1.16
USA	1.21	9.29	65.6	1.34	67.2	1.04

Table 1: Selected vaccination rates and deaths per million (DPM), 2021–2022.

Table 1

If not vaccines, what other factor might explain the difference in Covid mortality between the three countries? Well, thanks to their geographical remoteness in the southern and eastern hemispheres and their decision to close both inward and outward international travel before coronavirus was widely seeded in the community, as well as the good luck of summer season south of the equator during the initial virulence on the northern hemisphere, Australia and New Zealand avoided mass infections when Covid was first rampant. Many epidemiologists warned at the time, as indeed had the WHO in a report in September 2019, that this would delay but not avoid mass infections. In November 2021, compared to around 14% of the British population having been Covid-infected, the rates were only 0.7 and 0.2 percent in Australia and New Zealand, respectively. That is, the UK had a head-start over Australia and New Zealand in infection-induced natural immunity.

Thus a significantly higher proportion of the British population had immunity acquired through infection than their Australasian counterparts by the end of 2021. When, believing in the protective benefits of the vaccine, Australia and New Zealand opened up again, their Covid-naïve populations were vulnerable to the virus. By August 2022 the cumulative case totals were comparable in all three countries: slightly over one-third (35-37%) of the population. And by now there is a wealth of literature indicating that natural immunity is both more robust and longer-lasting than the weaker and shorter protective efficacy of Covid vaccines (which also rather changes the harms-benefit equation for healthy people under 70). Australia and New Zealand stand as stark demonstrations of this.

Is it any wonder that a dramatic erosion of trust in public health institutions has lowered Australia's childhood vaccinations to alarming levels, as the [ABC reported](#) on May 16th. This mirrors the [situation in the UK](#), where the share of children being vaccinated against diseases, including measles and whooping cough, has likewise slumped to the lowest levels in more than a decade and below the 95% threshold said to be necessary for herd immunity.

Ramesh Thakur is Emeritus Professor in the Crawford School of Public Policy, Australian National University. A former UN assistant secretary-general, he was the principal writer of the late secretary-

general Kofi Annan’s 2002 UN reform report. An earlier version of this article first appeared in [Spectator Australia](#).

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transmissionofflame 11 days ago

Thanks for this. Another in a long line of smoking guns.

“Is it any wonder that a dramatic erosion of trust in public health institutions has lowered Australia’s childhood vaccinations to alarming levels”

Well, I am pretty neutral about “childhood vaccinations” (mainly through ignorance) but I am not alarmed by a “dramatic erosion of trust in public health institutions” – in fact I think we should welcome it.

👍 5 0 🗨️



CGW 11 days ago

If you accept that COVID vaccinations are toxic, whereby you should also question whether there ever was a COVID-19 disease, how about questioning all vaccines, especially those provided to defenceless children?

<https://expose-news.com/>, for example, has countless articles criticizing childhood vaccinations, linking them to neurological damage and, in some cases, death.

We have books written by medical practitioners, e.g. Virus Mania, Dissolving Illusions, ‘proving’ that past serious illnesses were disappearing due to improved personal hygiene and nutrition, well before vaccinations supposedly prevented their appearance.

Dr. Andrew Moulden **argued**, “*What we have done to each other with vaccines has produced the most profound damage to humankind by humankind in the history of humanity*”. A **tribute** to Dr. Moulden records, “*Dr. Moulden was about to release a body of research and treatments, which could have destroyed the vaccine model of disease management, destroyed a major source of funding for the pharmaceutical industry, and at the same time seriously damaged the foundation of the germ theory of disease.*” Dr. Moulden died under unclear circumstances before he could complete his work.

Is the basic idea of vaccination not questionable in itself, i.e. the idea of injecting a disease sample together with poisonous adjuvants into someone’s body? Is that really supposed to be healthy or just a wonderful source of income for the pharmaceutical industry?

In **USA**, a baby receives its first vaccination one hour after birth (!) and is programmed to receive in total, if my memory serves me correctly, another 80 vaccinations before reaching adulthood. What does the body’s own immune system have to say to such an onslaught?

👍 3 0 🗨️



Jon Garvey 11 days ago

But surely Britain must have had a lower overall COVID death rate than New Zealand because we had the world-beating ALL-BRITISH AstraZeneca First Past the Post vaccine? It’s just a shame they ran out, or something – I can’t quite remember the news telling us why we can’t get AZ any more.

👍 5 0 🗨️



NickR 11 days ago

A very similar picture emerged in Germany & Finland.

 2  0**JohnK**  11 days ago

All makes sense, as long as one follows the evidence, but I suspect that many just believe what they're told. The other likely factor, in addition to our natural immunity, could be that the causative virus has grown up, or mutated, to be able to continue, rather than being wiped out by us.

 2  0**factsnotfiction**  11 days ago

The concepts of germ theory, contagion and vaccination are built on the fraudulent foundations of Louis Pasteur. Not a single vaccine in history has undergone a 'gold standard' safety and efficacy trial i.e a double blinded RCT using a proper placebo.

Vaccination is unnecessary because viral contagion still remains a very convincing observation.

 1  0**RTSC**  10 days ago

You're talking to the hand, the face ain't listening. The WHO and Governments signed up to it aren't interested in genuine scientific research.

The tide does appear to have turned in the USA, thanks to Trump and Robert Kennedy Junior.

 1  0

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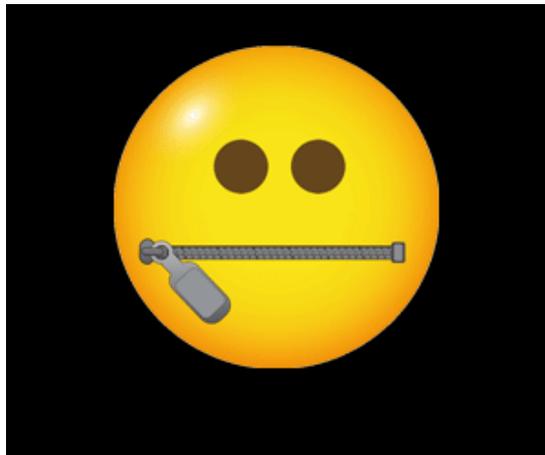
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