QUARTERLY REPORT

Edition 3 – Sep 2024

Produced by the Control Group

Data Analytics | Dez Fielder
Write-up | Control Group

Control Group Cooperative Ltd.
Company number, 13477806. Registered office, 117 Dartford Road, Dartford, Kent. DA1 3EN

Welcome

Since the release of the second *Quarterly Report* in April 2024, the Control Group development team have been working hard on improving our data collection system – such as adding the 'childhood vaccines' menu item and the 'lifestyle' section – to make it easier for participants to report upon their health journey. Behind the scenes, new tiers of categorisation have been added to enable our data analysis team to provide greater insights into the health of our participants and how their health compares to the health of the general population.

In this, the Control Group's third edition of the *Quarterly Report,* we review the demographic make-up the participants in the Control Group study, and then we delve deeper into the data: we look at changes in the health of participants since the last report, and respond to some of questions participants in the study put to our data analytics team.

Some of these questions include; 'What information do you have on the vaccination status of children?', 'What types of new conditions were reported this quarter?', and 'Is there any detectable link between childhood vaccines and common health complaints?'

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Purpose of the Control Group

Our data insights provide a window into – what appears to be – the rise in serious health conditions around the world. They are a starting point on the journey towards understanding the anatomy of health and wellbeing in the 21st century.

Our ambition is that the data insights captured by the Control Group will spark interest, and raise red flags in the public domain, encouraging the general public to demand further research and transparency from their governments and scientific communities.

We want our datapoints to serve as a provocation for further study within the established medical and academic institutions, with any promising discoveries from the Control Group database to be the initiating cause of in-depth research papers, tests, and studies refuting or corroborating our preliminary findings.

https://controlgroup.coop/

Past Reports

1. 'Self-selected covid-19 "unvaccinated" cohort reports favorable health outcomes and unjustified discrimination in global survey'

Verkerk, R., PhD, et al., International Journal of Vaccine Theory, Practice, and Research, (August 2022).

https://ijvtpr.com/index.php/IJVTPR/article/view/43

2. 'The Quarterly Report' – Edition 1 – January 2024

Fielder, D., van Kleeff, D., et al., *The Quarterly Report*, ed. 1, Control Group, (January 2024).

https://www.controlgroup.coop/docs/CG_quarterly_report_edition1.pdf?acid=3b95b91cd7f6&mtm_campaign=qreped1

3. 'The Quarterly Report' – Edition 2 – April 2024

Fielder, D., van Kleeff, D., et al., *The Quarterly Report*, ed. 2, Control Group, (April 2024).

https://controlgroup.coop/docs/CG_quarterly_report_edition2_Q1_24.pdf

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Control Group Participation

Worldwide Participation

Figure 1.1 shows a variety of maps denoting the spread of participants across various geographical locations. The red bubbles represent the quantity of registered participants within each country. The larger the bubble the more participants we have registered in that country.

When registering to the Control Group study, participants are asked to enter their country and nearest town or city, which provides a geographical layer to our reporting, enabling us to map distribution of any of our data points. This also enables us to visualise where the majority of our participants are located.

At this moment in time, the countries with the most participants are those countries in which a majority of people are English-speaking and/or where 'lockdown' restrictions were the most severe. This is to be expected as the Control Group study is conducted in English and is most popular with those who expressed concern or scepticism towards the more authoritarian public health approach implemented by some governments.

As of June 2024, there are over 40,000 people actively participating* in the Control Group study from 127 different countries.

**Active participation is defined as having logged into their account since September 2023.*

[See next page for Figure 1.1]

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Worldwide Participation

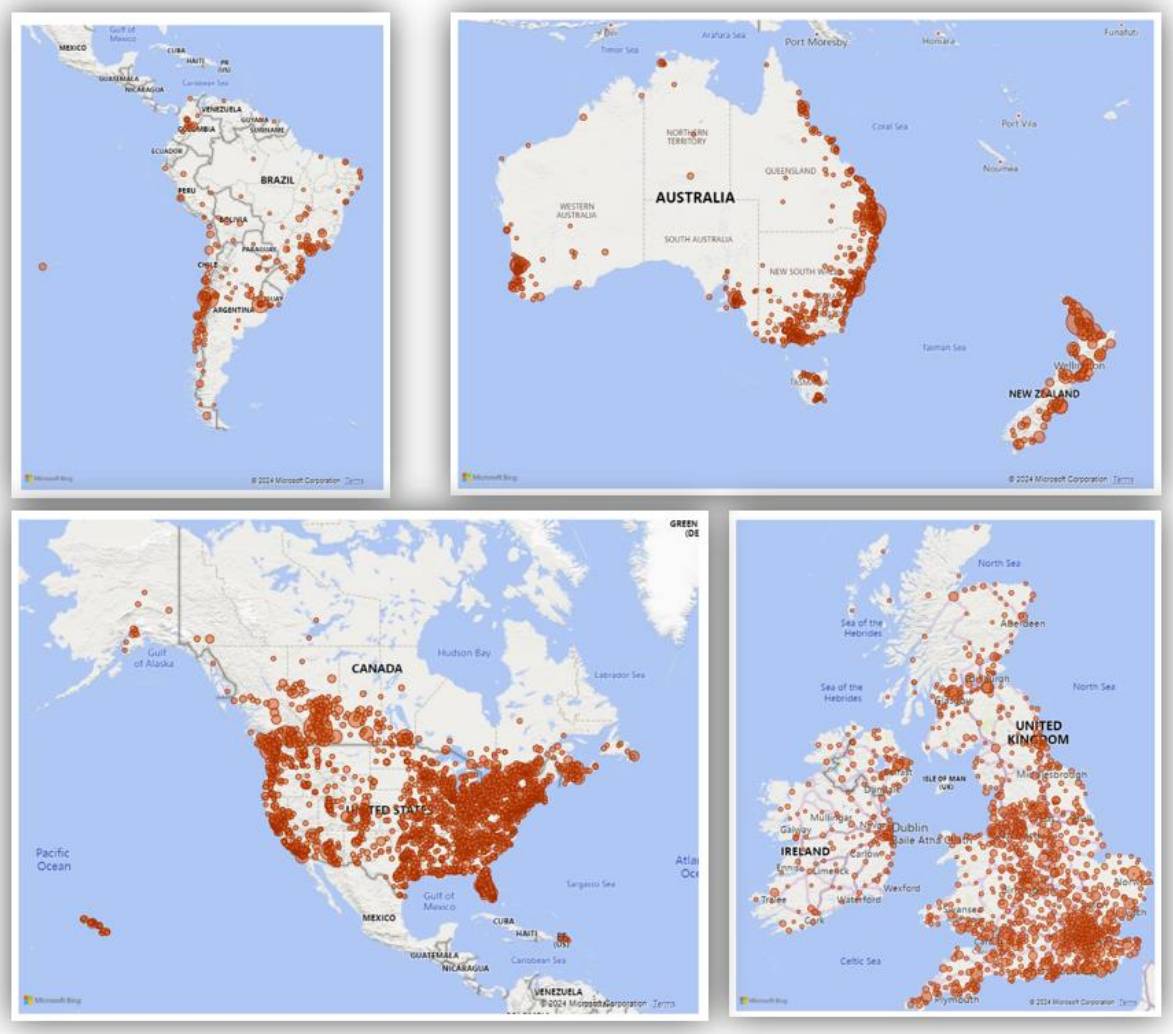
account_geo_country	qty participants
United Kingdom	9692
United States	6583
Australia	6139
Canada	4851
New Zealand	2945
Germany	1226
Italy	942
Netherlands	613
Sweden	604
Spain	586
Chile	563
Ireland	469
France	427
Malaysia	417
Norway	410
South Africa	360
Switzerland	323
Austria	289
Total	**40114**

Qty Active Participants

40.114K

In Qty Countries

127



Participation Demographics

Figure 1.2 details how our participant base is split across a variety of demographics, including; biological sex, age, blood type, body type and diet type.

The Control Group study has a slight female bias to the data received (58 per cent), and the majority of the participants are mature adults (with 47.5 per cent being 'middle aged', and 21.1 per cent being 'older adult'). This might be attributed to the general understanding that SARS-CoV-2 disproportionally effects the health of older adults, that older adults have more free time to participate in the study, and that there are aging populations in many of the countries in which the Control Group study is popular. Whilst taking this into account, our cohort remains disproportionally representative of older demographics.

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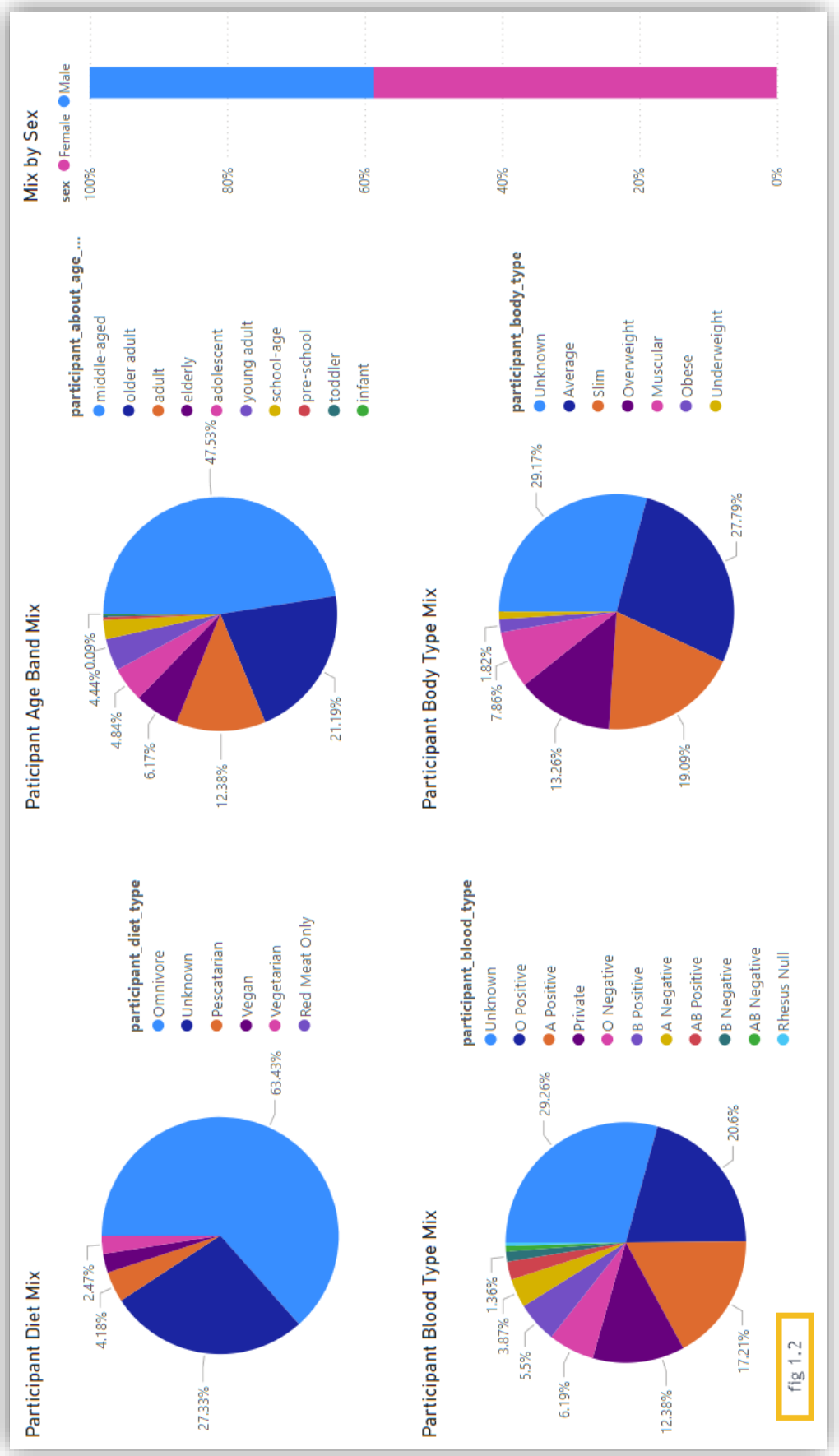
Mix by Sex
sex Female Male
100%
80%
60%
40%
20%
0%
Paticipant Age Band Mix
participant_about_age_...
middle-aged
older adult
adult
elderly
adolescent
young adult
school-age
pre-school
toddler
infant
47.53%
21.19%
12.38%
6.17%
4.84%
4.44%
0.09%
Participant Body Type Mix
participant_body_type
Unknown
Average
Slim
Overweight
Muscular
Obese
Underweight
29.17%
27.79%
19.09%
13.26%
7.86%
1.82%
Participant Diet Mix
participant_diet_type
Omnivore
Unknown
Pescatarian
Vegan
Vegetarian
Red Meat Only
63.43%
27.33%
4.18%
2.47%
Participant Blood Type Mix
participant_blood_type
Unknown
O Positive
A Positive
Private
O Negative
B Positive
A Negative
AB Positive
B Negative
AB Negative
Rhesus Null
29.26%
20.6%
17.21%
12.38%
6.19%
5.5%
3.87%
1.36%
fig 1.2

Child Participants

When conducting a deeper examination of the age demographics (Figure 1.2), it is clear there are few young participants registered in the study, with infants, toddlers and pre-school children making-up less than 0.1 per cent of the study cohort.

Figure 1.4 demonstrates there are almost no new-borns in the study with children only beginning to be registered with any regularity in the age group 5-to-9 years-old, and the vast majority being registered between the age of 10-to-19 years-old.

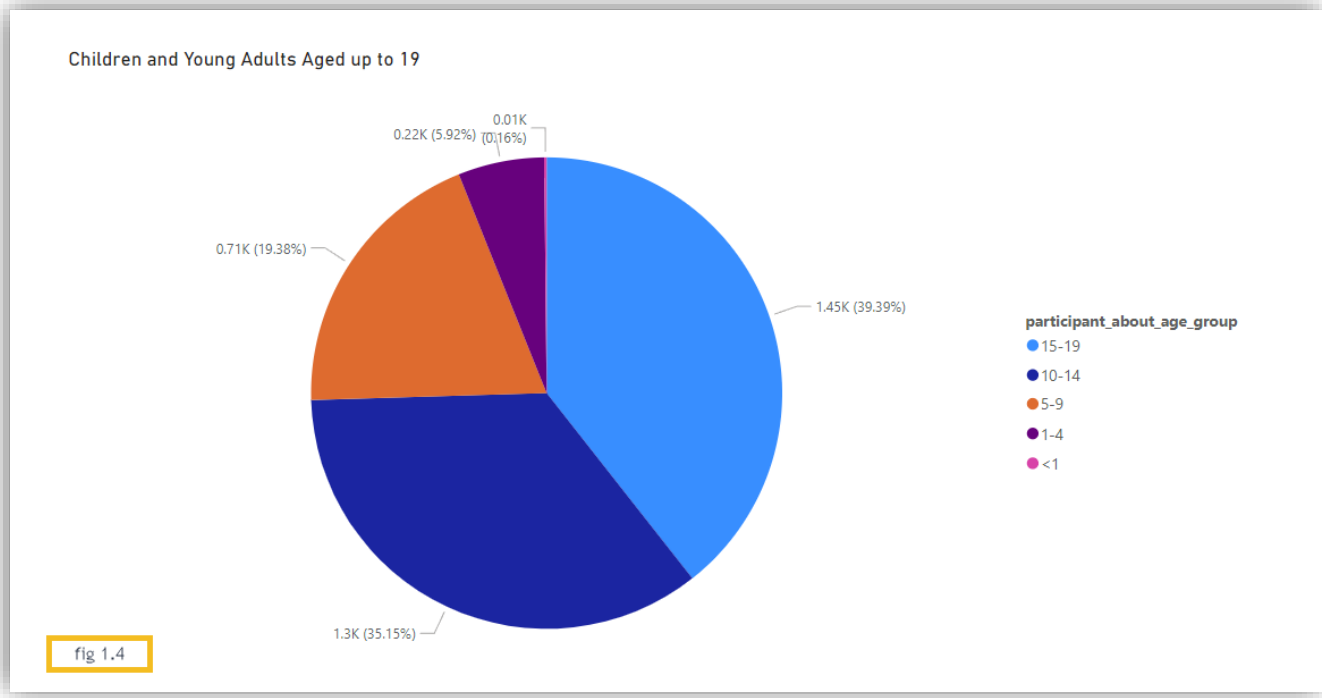

fig 1.4

There are many reasons why this may be the case. Parents with young children – particularly if they have more than one under secondary school age – will be perhaps be too busy to complete the Control Group survey. Only 12.4 per cent of the overall Control Group cohort might be considered of "childbearing" age (between early twenties and early forties), which means there is only a small group of people who will be registering young children. Older children have greater independent access to internet-enabled devices and may be able to fill out their own health profile in their own time.

This data may also corroborate the statistics which say the birth rate in industrialised countries is beginning to decline or collapse; with fewer and fewer children being born, Control Group data analysis has to consider that an aging cohort of participants that may skew the data and impact health research for decades to come.

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The following bar charts depict the vaccination status of children under the age of 19 participating in the Control Group study. The first series of bars (upper chart of figure 1.3) represent the percentage of 0-to-19-year-olds in the cohort who have received one or move COVID-19 vaccines. The second series of bars (lower chart of figure 1.4) represent the percentage of 0-to-19-year-olds in the cohort who have had any kind of vaccine over the course of their childhood.

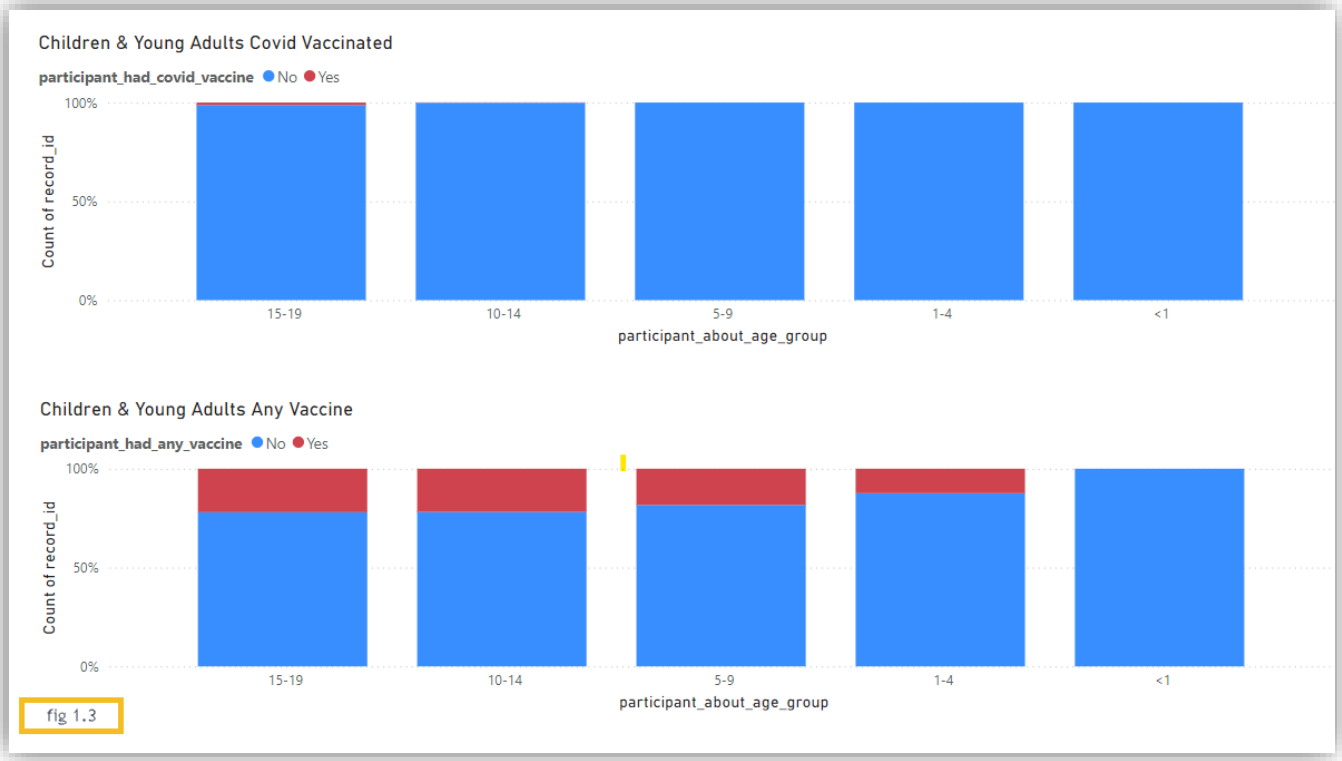

fig 1.3

The upper chart in Figure 1.3 demonstrates that almost no-one under the age of 19 in the Control Group cohort received one or more COVID-19 vaccine. This can be attributed to the general understanding that the SARS-CoV-2 is highly unlikely to cause severe disease in healthy children and that vaccines for COVID-19 were either unavailable or not recommended to children in some countries.

The lower chart in Figure 1.3 depicts a diminishing vaccine uptake in children and adolescence over the last twenty-years. As with figure 1.4, the reason behind there being less data around vaccine uptake in children of a younger age could be attributed to the reporting style of participants, who; do not register their child in the study until they are older, are limited in the time they can spend filling out the survey when they are caring for infants and toddlers, or fill out the survey for themselves as teenagers but do not know their childhood vaccine statues.

These figures, however, may also be indicative of a growing number of parents who are refusing to vaccinate their children since the era of COVID-19 mandates due to increased awareness of the potential long-term effects of other vaccines.

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The overall reported uptake of vaccines in childhood in the Control Group study – just twenty per cent – is unrepresentative of the background population, a majority of whom have had all the childhood vaccinations recommended to them by their country's health body. This can be attributed to the study's reporting style – with any records with their vaccine history left blank being counted as 'unvaccinated' – and due to the tendency of participants in the study to have greater vaccine scepticism than the general population.

Participant Questions

Most common health conditions –
'What types of new conditions were reported this quarter of 2024?'

Using Figure 2.1, this report will identify the most common health complaints registered as a 'new condition' by Control Group participants over the last three months by examining which organ in the body participants most frequently report as being impacted by illness or disorder. Then using Figure 2.2 and 2.3, this report will examine in greater detail what diseases or conditions are reported most to affect this organ.

Figure 2.1 demonstrates that most common body parts to be reported with a health complain by participants in the Control Group cohort over the last three months are 'Upper respiratory tract' (38.3 per cent) and 'Lung' (19.3 per cent) complaints. Together, respiratory and general lung complaints account for three-fifths of all registered health complaints.

The third most common complaint is 'Other'. This is due to participants choosing 'Other' from the drop-down menu items and manually entering in the name of their conditions, rather than choosing the condition from the standardised menu list. *(Please note that conditions manually entered in 'Other' will be added into the Health Conditions drop-down list over time)*.

The most frequently reported health issues after 'respiratory' and 'Other' are; Skin (5.3 per cent), Brain (4.3 per cent), Stomach (3.7 per cent), Throat (3.3 per cent), and Heart (2.3 per cent).

[See over page for Figure 2.1]

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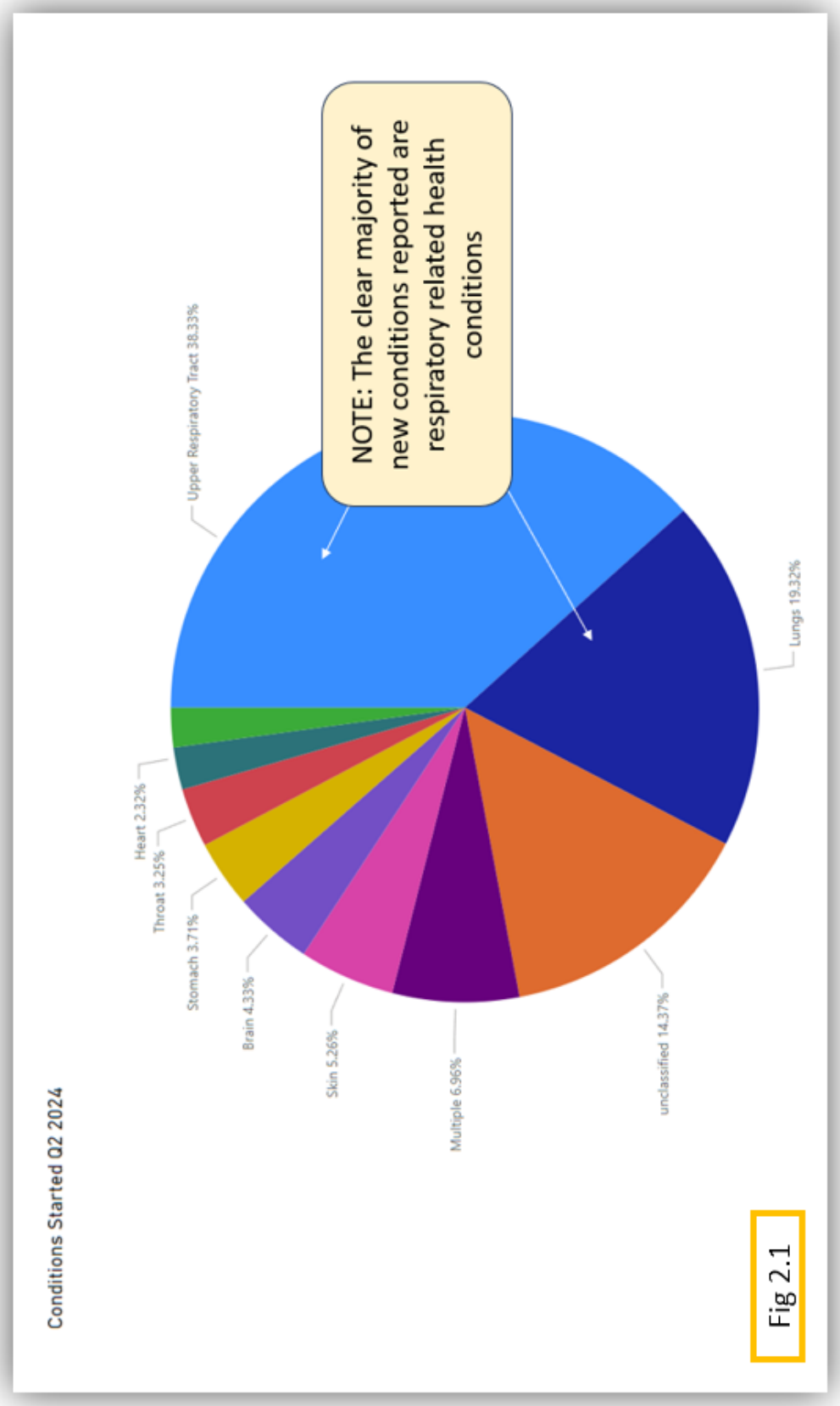

Conditions Started Q2 2024
NOTE: The clear majority of new conditions reported are respiratory related health conditions
Upper Respiratory Tract 38.33%
Lungs 19.32%
unclassified 14.37%
Multiple 6.96%
Skin 5.26%
Brain 4.33%
Stomach 3.71%
Throat 3.25%
Heart 2.32%

Fig 2.1

Respiratory Related Conditions

In terms of quantity, a 'cough' was the most commonly reported symptom of a lung or upper respiratory tract condition (figure 2.2), with the most common condition (by a large margin) being the 'Common Cold'. This is unsurprising given the time-frame of Q2 covers the peak of the winter cold and influenza season in the Southern hemisphere and the 'summer cold' season in the Northern hemisphere.

The third most common respiratory condition reported are the various variants of COVID-19.

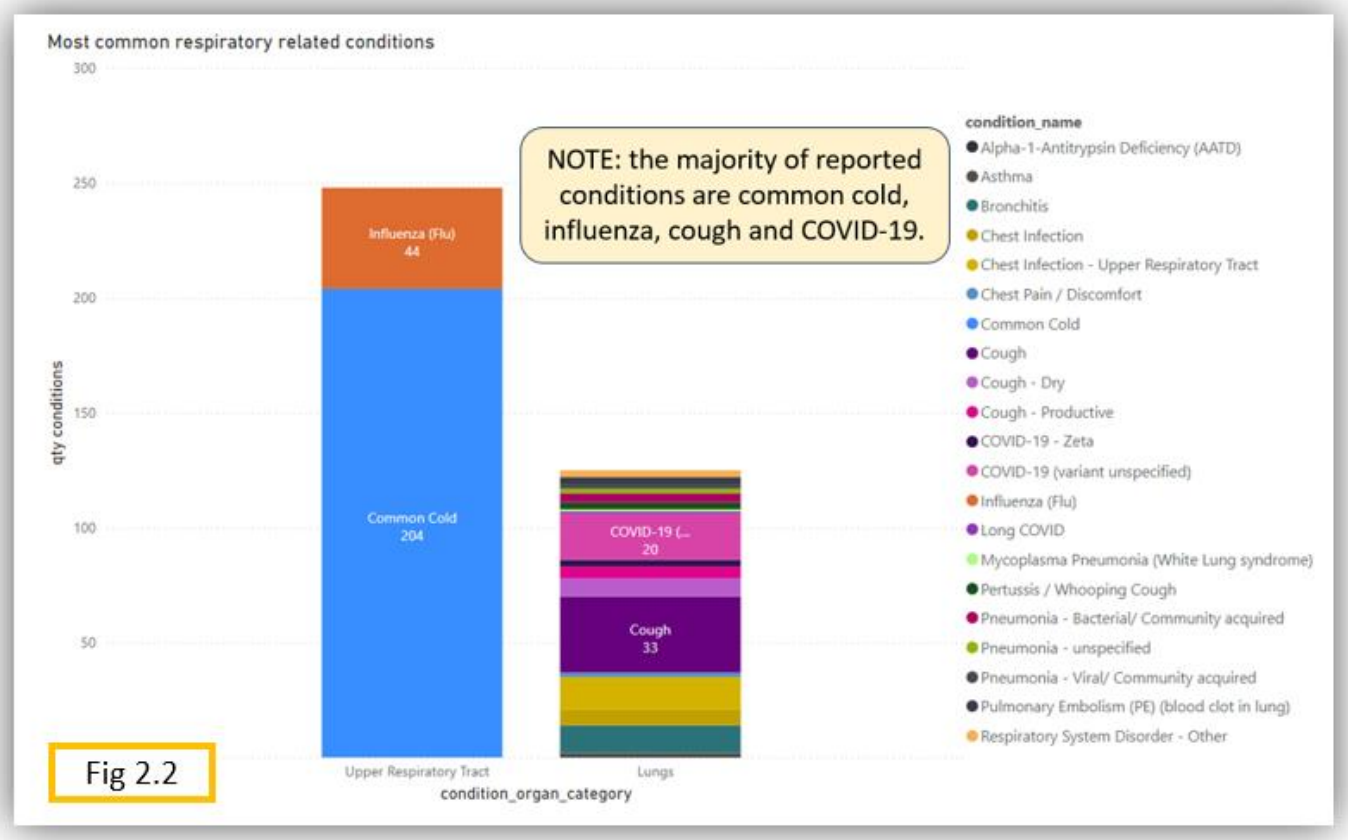


Fig 2.2

Severity of Lung Conditions

When overlaying these conditions with a severity metric, it is possible to see how people were affected by their respective lung or upper respiratory conditions. Figure 2.3 depict the duration of time in which those with 'Severe' or Life-threatening' respiratory conditions or infections experienced illness before recovery.

Figure 2.3 demonstrates that for the majority of participants affected with severe or life-threatening lung or respiratory problems recovered within two weeks of first experiencing symptoms. A majority of those who experienced significant symptoms from a common cold or influenza could expect to

recover within two weeks of first experiencing symptoms whilst those with Bronchitis could expect to be ill for a *minimum* of two weeks but few reported having severe symptoms after four weeks.

Pneumonia was one of the rarer lung conditions but one that took the longest to recover from with a majority of suffers experiencing severe or life-threatening symptoms for at least a month.

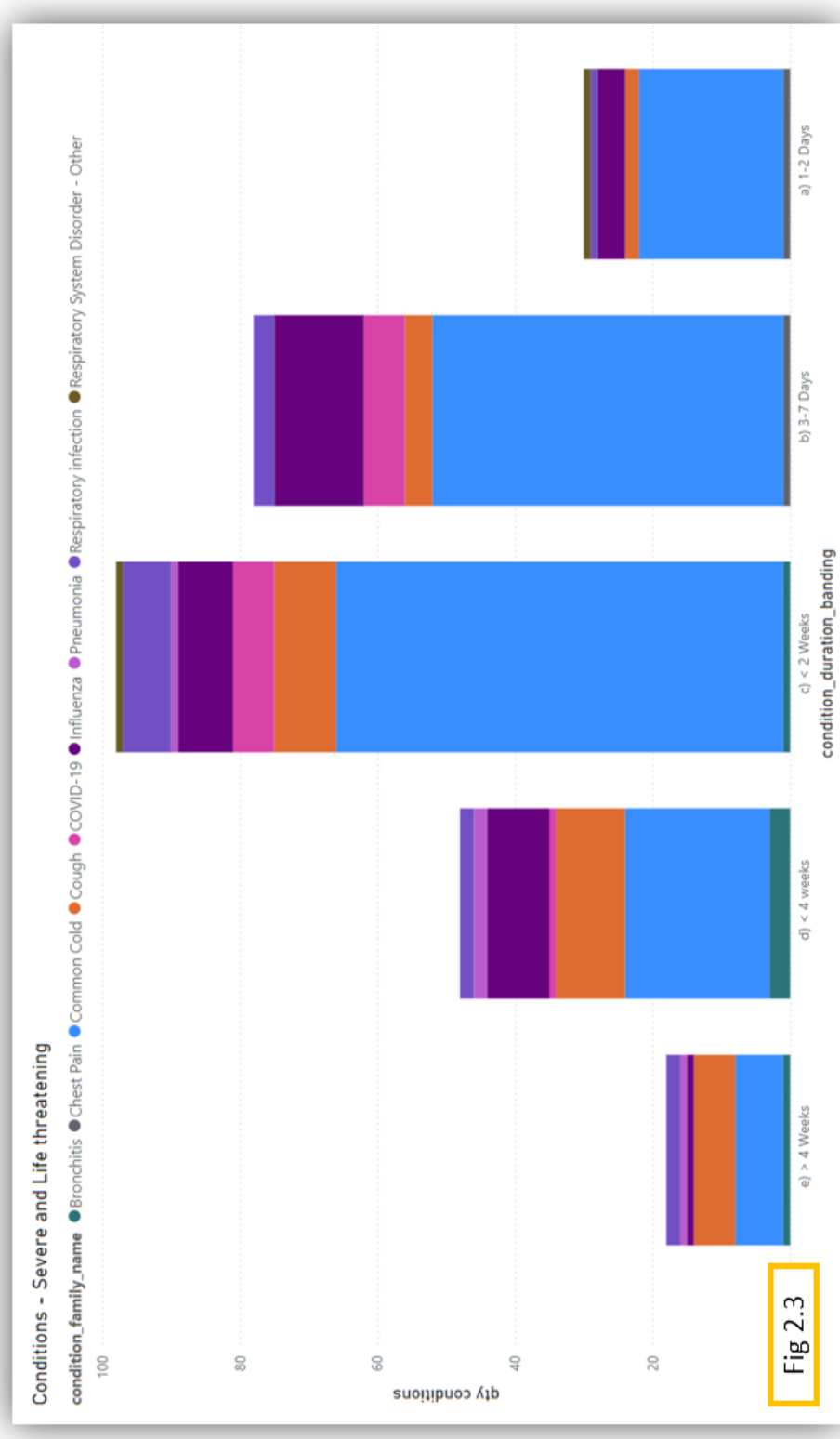
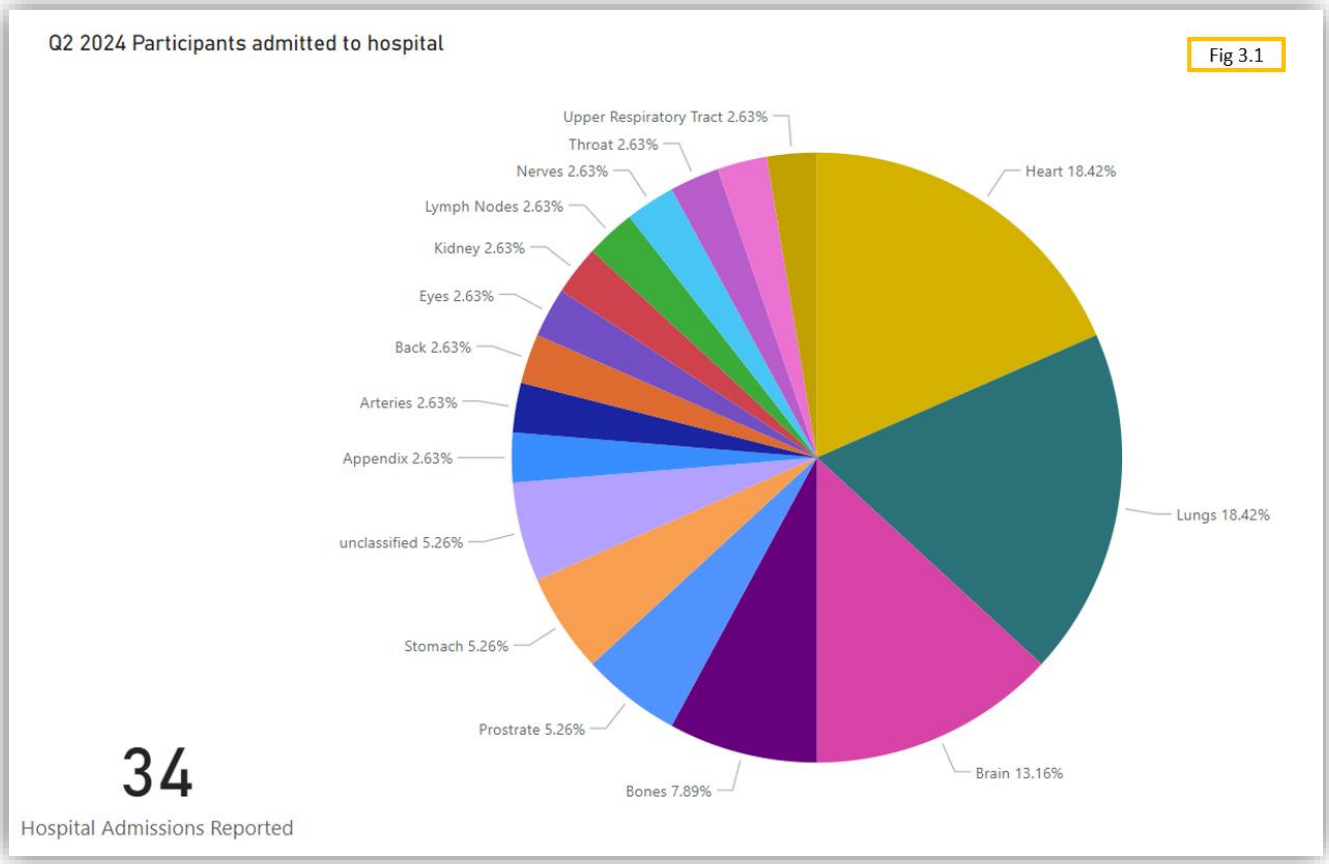


Fig 2.3

Hospitalisations –
'How many people were hospitalised and why?'

Another way to examine the severity of certain diseases and health conditions – beyond the number of deaths it causes and how it can shorten life-expectancy – is to look at the number of participants that reported being admitted to hospital in the last three months. This gives us a 'live' impression of how different people are being impacted by different conditions *right now.*

Whilst there are over 40,000 people reporting in the Control Group study, 34 report being admitted to hospital in last three months, accounting for 0.08 per cent of people. Figure 3.1, breaks down hospitalisations by organ – the disfunction or dysregulation of which organ primarily caused the hospitalisation.



Issues with the heart or with the lungs were the most common reason for hospitalisation, with an equal number of people admitted for the respective complaint. Common issues with the heart include heart attack, cardiac arrest, and arrythmia. Common issues with the lungs include pneumonia, bronchitis, or fluid on the lungs cause by pulmonary oedema.

The third most common cause of hospitalisation was an issue with the brain. Emergency hospital admittance for brain complications tends to be a 'stroke', a brain bleed, or swelling on the brain as a

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result of an accident, or (the more uncommon) unexpected or uncontrolled seizure activity.

Fifty per cent of all reported hospitalisations were heart, lung and brain related issues.

In the map below, (Figure 3.2) the Q2 2024 hospitalisations are plotted geographically – by the region of a country where the hospitalisation took place. This form of chart provides an additional layer of (what may be) surprising insights in an otherwise complex or nebulas data set. For instance, in figure 3.2, the map shows that the majority of heart-related hospitalisations are being reported from the USA, whilst participants in the United Kingdom report that they are being hospitalised for lung, brain and bone issues.

There are almost no reports of hospitalisations from Canada. This is very surprising, given that number of participants in Canada are similar to that of the USA, UK and Australia. This could be a statistical fluke but if Canada continue to show low levels of hospitalisations over number of reports, it would be worth investigating in greater detail whether; there are systematic, lifestyle, or environmental factors contributing to less sickness and disease, whether people are less inclined to report of their hospitalisations in Canada due to cultural customs or social taboos, or whether there is a notable statistical backout on reporting from Canadian participants in the Control Group study.

This style of reporting becomes of great benefit over a long period of time: clear patterns may begin to emerge, establishing whether or not different demographics in different countries can expect to some health conditions more than others. Targeted investigations can be launched into the genetic, environmental, and systemic issues that could be causing or contributing to the flourishing of some disorders and diseases. In turn, such investigations may illuminate lifestyle choices, medical advances, public attitudes, financial initiatives, educational programmes which contribute to the suppression or eradication of some diseases and health conditions.

For example: an easy correlation might be made between the levels of obesity in the United States and the number of adverse heart events – but more fruitful enquiries can be made into America's dominant lifestyle, propensity for seed oil use, food quality, soil quality, the quality food available in schools and on food-stamp welfare, and other factors that are contributing most to the obesity issue.

[See over page for Figure 3.2]

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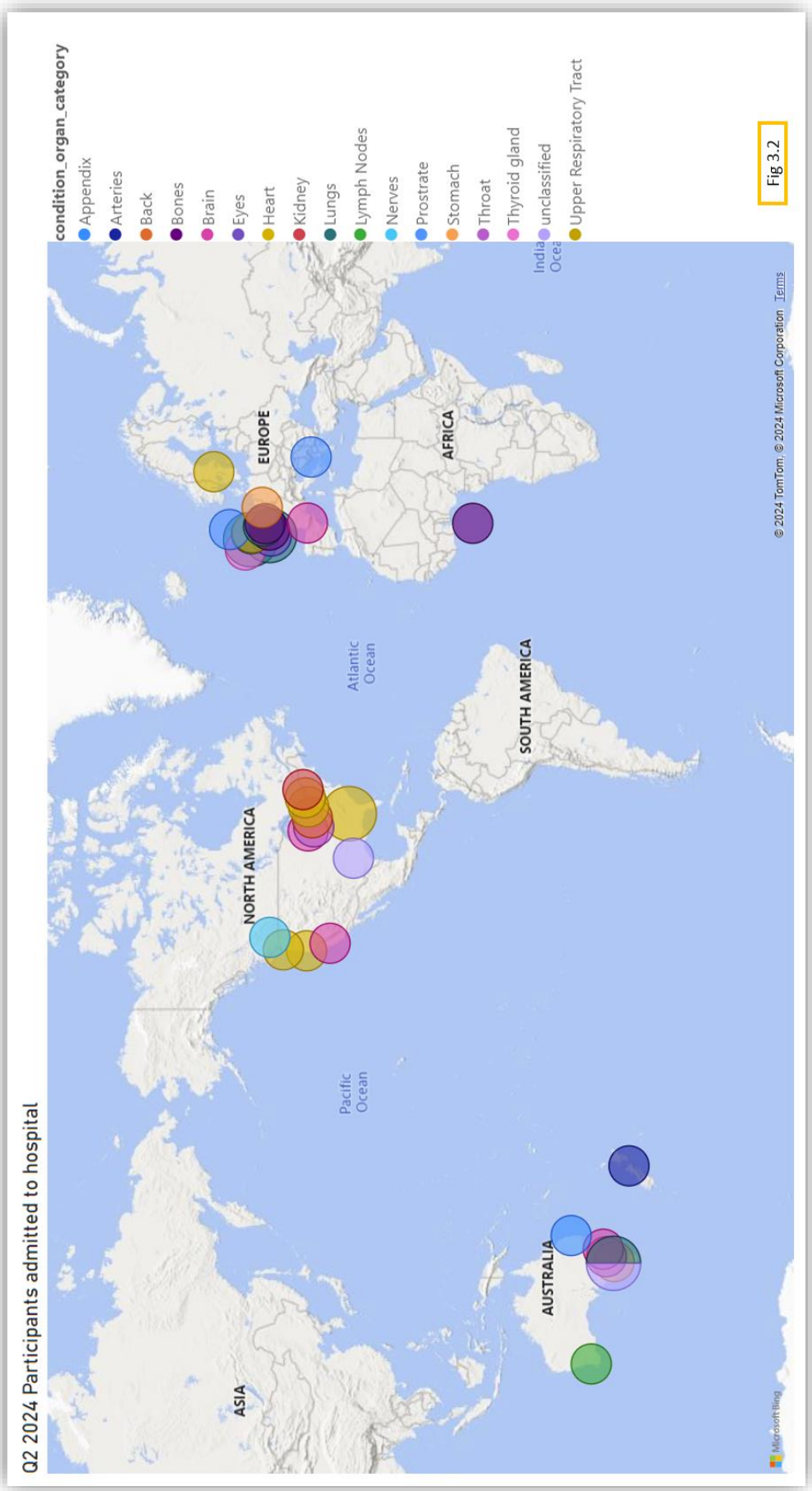
Q2 2024 Participants admitted to hospital
condition_organ_category
Appendix
Arteries
Back
Bones
Brain
Eyes
Heart
Kidney
Lungs
Lymph Nodes
Nerves
Prostrate
Stomach
Throat
Thyroid gland
unclassified
Upper Respiratory Tract
EUROPE
AFRICA
NORTH AMERICA
SOUTH AMERICA
AUSTRALIA
ASIA
Atlantic Ocean
Pacific Ocean
© 2024 TomTom, © 2024 Microsoft Corporation Terms
Microsoft Bing
Fig 3.2

At present, the large majority of participants in the Control Group study have not logged their vaccine status. Before any meaningful data can be provide on the prevalence and nature of vaccine side-effects, the Control Group need to understand which of its participants have had; (i) any of the COVID vaccines, (ii) any travel vaccines, (iii) any childhood vaccines.

Over the next quarter, the Control Group will be working with participants to help them update their health records to include information like their vaccination status.

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Data Limitations

All data reported has been collated from anonymised health records recorded using the Control Group data management portal at www.controlgroup.coop

We only include data from 'active users'; meaning those who have logged in and updated their record in our new CG2.0 database, which was introduced in September 2023.

Each Quarterly Report reports upon information collected in the 3 months that precede its publication. Legacy data from CG1.0 – our original system – is included in the present data set where possible (i.e. where data entered prior to September 2023 was able to be migrated into the CG2.0 data set or has been re-entered by participants).

Currently, the majority of our participants are unvaccinated against COVID. However, as more vaccinated people join the Control Group, we will be able to provide more in-depth health outcome comparisons between vaccinated and unvaccinated people. Where comparison between vaccinated and unvaccinated people becomes necessary to illuminate the significance of a data point, statistics from governments and authoritative health organisations will be cited.

All data is given voluntarily and is self-reported. It is therefore subjective, and open to interpretation. Self-reports should be regarded with inquisitiveness and respect whilst maintaining the necessary scepticism due when negotiating the relationship between empirical evidence and issues of personal perspective (questions of phenomenology and epistemology).

Unbiased Data

The Control Group is a cooperative which means there are no shareholder interests involved in the generation of profit – there are no dividends from the group's success. Our study receives no finance from universities, products, or pharmaceutical giants. All monies and assets made are returned to the cooperative to further and better the project. We have no financial bias towards a particular outcome.

Those who support the Control Group are skeptical of the 'Big' industries, and the impact they are having upon our health and wellbeing. Participants choose to work with us because we reject a profit-driven healthcare system, and defend every person's right to the freedom of choice and bodily autonomy.

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The Importance of Your Continued Data Contributions

The Control Group project will only work if vast quantities of people are filling in their health data. To best demonstrate what is (or is not) happening to those who refused the COVID vaccine the data source must be multi-national and substantial.

The most important information we need from participants is: their COVID vaccination status, any health conditions from which they suffer, and any medications and supplements that they take.

Independent data, diligence and time will secure a everyone a future in which there is health, freedom, and personal autonomy is sacred.

UPDATE YOUR RECORD TODAY

Login: https://prod.controlgroup.coop/account/login

Participant Support: https://controlgroup.coop/support/index.htm

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If you enjoyed this report, consider making a one-time donation to the Control Group.

If you are interested in supporting the long-term success of the Control Group study, the best thing you can do is become a subscriber on our website.

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