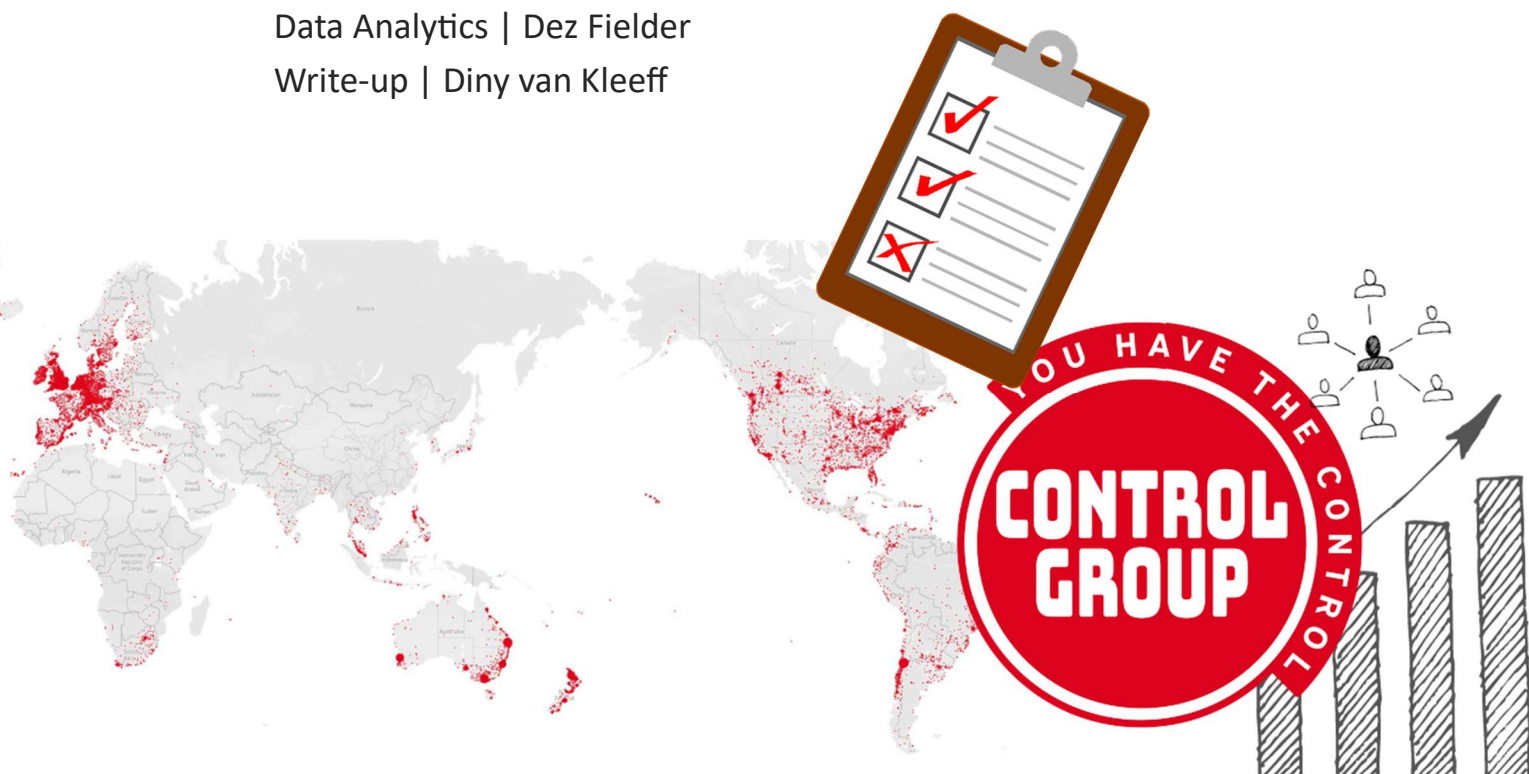# QUARTERLY REPORT

Edition 1 – Jan 2024

Produced by the Control Group

Data Analytics | Dez Fielder
Write-up | Diny van Kleeff

Welcome

Welcome to the Control Group's inaugural Quarterly Report.

This first report will focus on our COVID-related data; including severity of disease, duration of illness, and reports of any injury related to COVID vaccinations; or any other kind of vaccination and medical interventions.

This overview produced from the initial insights from the data you volunteer includes information on; participation numbers and participant demographics, COVID reporting, COVID vaccination statistics, menstruation changes, the top 20 medications and supplements used between vaccinated and unvaccinated participants, and treatments used in resolving health conditions.

In the CG2.0 system, participants have been able to report on the treatments they use to keep themselves healthy, as well as to treat symptoms of illness and heal disease.

The Quarterly Report will be used to highlight some of the interesting data points that we find within our database, and provides an opportunity to feedback on some of your most frequently asked questions.

Report contents

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 to identify the causes that may lie behind them.

Our ambition is that these data insights 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.

Control Group Participation

Worldwide Participation

In figure 1.1 the bubble size is used as a visual representation of the number of *active participants** within each country, showing where we have the largest participation. At present, we have a total of over 35,000 active participants in 121 countries within the new Control Group system (CG2.0).

Participants who have signed into and updated their records in CG2.0.

Country	Qty Participants
United Kingdom	8181
United States	5538
Australia	5181
Canada	4267
New Zealand	2542
Germany	1064
Italy	835
Unknown	826
Sweden	549
Netherlands	548
Spain	490
Chile	417
Malaysia	394
Ireland	383
France	364
Norway	362
South Africa	301
Switzerland	292
Austria	249
Belgium	236
Brazil	216

Qty Active Participants
35.293K

Qty Countries
121

fig 1.1

© 2023 TomTom. © 2024 Microsoft Corporation. © OpenStreetMap Terms

Country participant distribution

Figures 1.2, 1.3, and 1.4 show the broad distribution of Control Group participation in our most highly participating countries – the United Kingdom, Australia, the United States, and Canada. As in 1.1, the larger relative bubble size, the more participants there are in that area.

Our geographical distribution capability can provide analysis to show regionally specific health conditions and highlight possible environmental issues, and the spread and migration of disease, and future pandemics.

fig 1.2

fig 1.4

fig 1.3
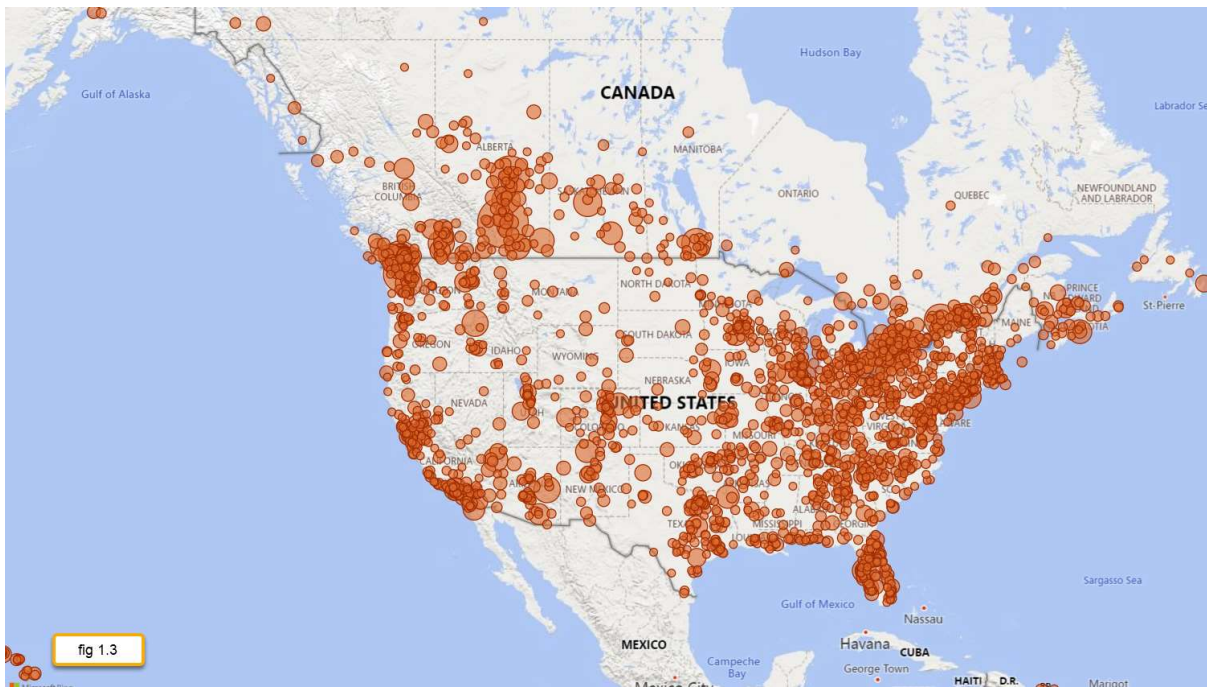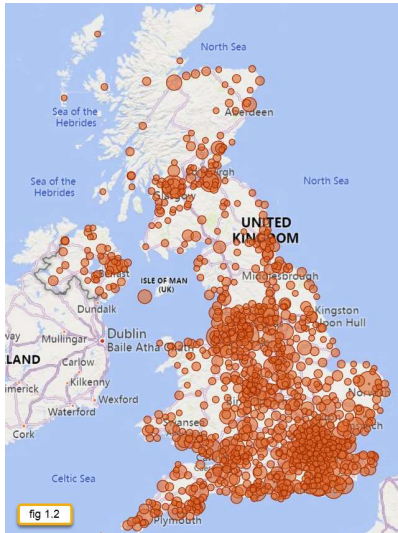
Participation Demographics

We can view and analyse the data via many different demographics. Figure 1.5 show the broad overview of the make-up of our participant base. In this example, we have broken participants down by diet, age, blood type, and body type.
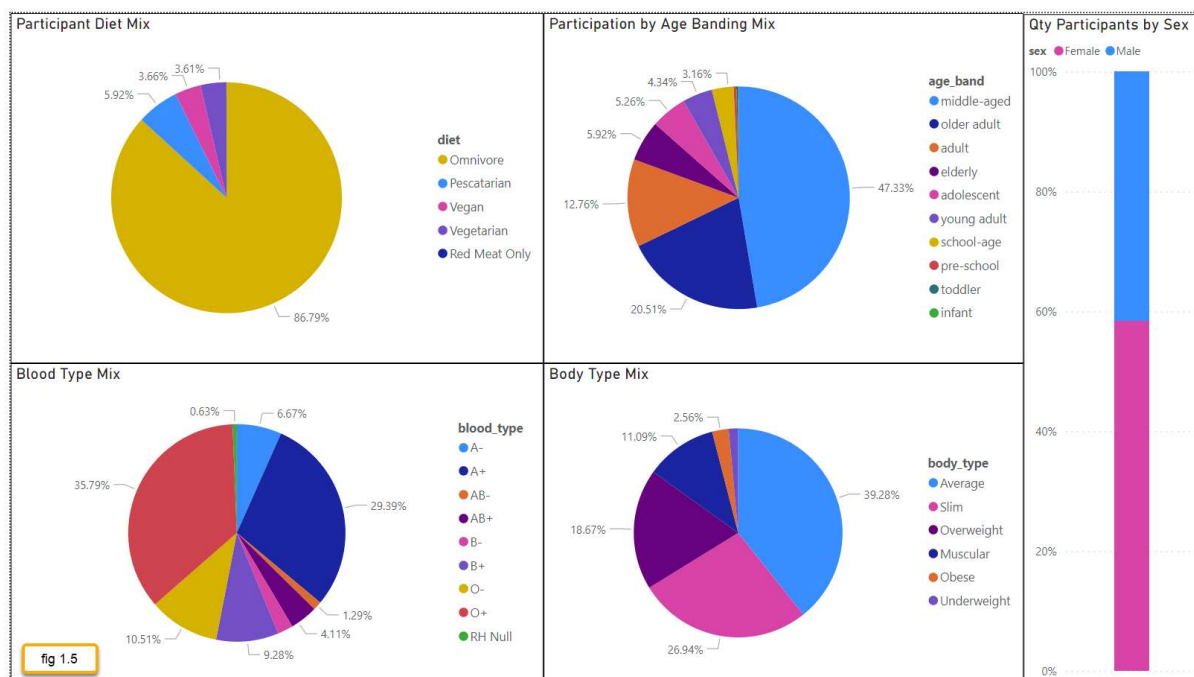
Participant diet mix

Figure 1.5, top left quadrant - this chart shows that vast majority of our participants are omnivores, with a small percentage of pescatarians (*eating fish*), vegetarians and vegans. In future analysis and reporting this could allow us to see correlations between diet and health.

Participation by age banding mix

Figure 1.5, top right quadrant - here you can see that our participant base is primarily mature adults with less than 10% being children (*under 16 years of age*).

As we progress with this project, it will be important to compare the health outcomes of children who are vaccinated and unvaccinated against COVID-19, and those children who have been born to vaccinated and unvaccinated parents.

Blood type mix

Figure 1.5, *bottom left quadrant* – blood type distribution is shown in this chart. This can be used to show insights into possible correlations between blood type and health outcomes.

In the future, it could also be useful in the sourcing of blood products from trusted sources.

Body type mix

Figure 1.5, *bottom right quadrant* – self-described body-type distribution is shown in this chart, which is recorded in addition to the height and weight measurements . This enables us to look at health outcomes according to body type.

The chart shows that the majority of our participants - 67%, report themselves as slim to average body type.

Participants by sex

Figure 1.5, *far right bar* – participants are asked to record biological sex. The chart shows that slightly higher percentage of our participants are women – about 58%.

Vaccination status

In figure 1.7 you can see multiple charts looking at the vaccination status of our participants.

fig 1.7
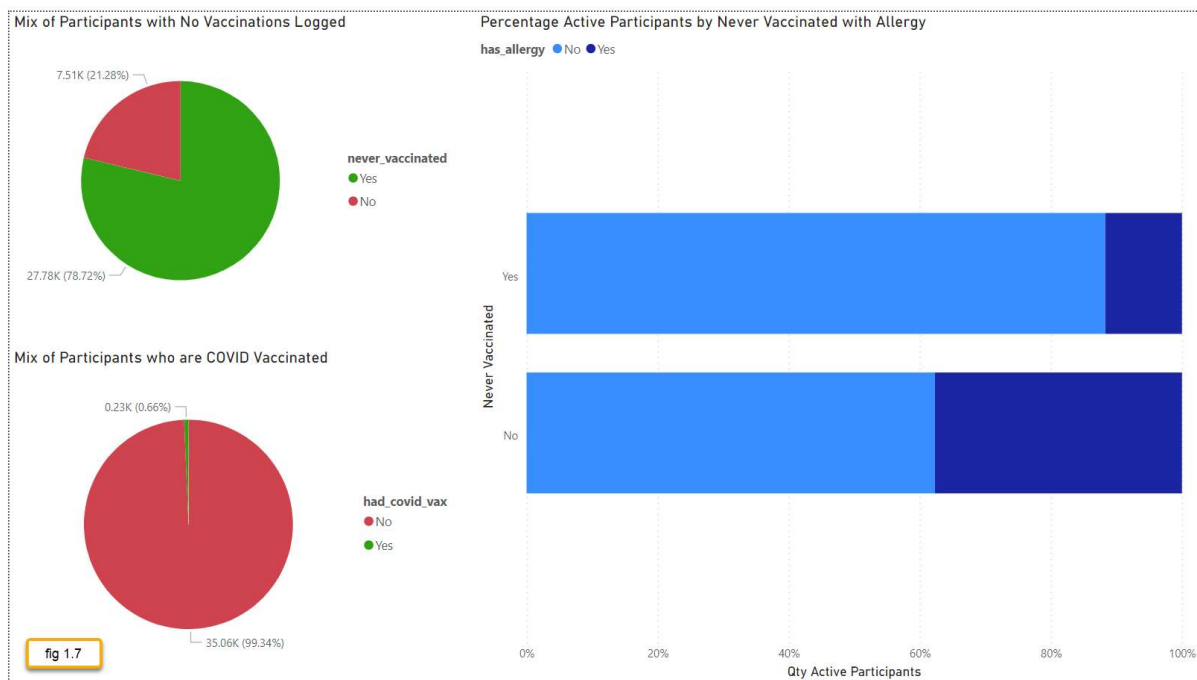
Mix of participants with no vaccinations logged

Figure 1.7, *top left quadrant* – shows the percentage of participants who have not logged any vaccinations of any type.

At 75%, this number is significantly higher than 5% fully unvaccinated we saw in CG1.0 and we believe this is due to participants not completing the 'Vaccination' section in the new system.

Note: Users can simply log 'Childhood vaccines' to show that they have had vaccines in the past – without this crucial information we cannot differentiate between those who have never received any kind of vaccine, those who had vaccines before but have rejected the COVID vaccines, and those who have received most vaccines including the COVID vaccines.

Mix of participants who are COVID vaccinated

Figure 1.7, *bottom left quadrant* – shows the percentage of participants who have logged having a COVID vaccine of any type.

This shows that the majority of our participants have not received any COVID vaccination. This is in line with our current expectations as we have only recently begun to invite those who have received one or more COVID vaccines to join the database as a comparison group.

Percentage of participants by vaccination status with allergies

Figure 1.7, *right* – shows the percentage of people who report having one or more allergies according to vaccination status.

The top bar chart depicts the allergy status of those who have never received any kind of vaccine. Ninety per cent of this constituency (light blue) report being unvaccinated and having no allergy. Ten per cent (dark blue) report being unvaccinated but having at least one allergy.

The bottom bar chart shows depicts the allergy status of those who have received any kind of vaccination, including childhood vaccines, travels vaccines, COVID vaccines. Of this constituency, around sixty-four per cent of vaccinated people report having no allergies (light blue). Around thirty-six percent (dark blue) report being vaccinated and also report having one or more allergies.

This could suggest – at a preliminary glance – a potential correlation between vaccine status and likelihood of experiencing or developing allergies.

However, the low numbers of people reporting on their vaccination status makes it difficult to stipulate in either direction at this stage.

COVID-19

Logged instances of COVID in the last quarter of (Q4) 2023

Figure 2.1, *lower section, bar chart* - shows the quantity of instances of COVID, COVID pneumonia and long COVID, reported by month during the last quarter of 2023 (*months 10, 11 and 12*). The chart reflects this by variant, if known, or just 'COVID-19' if not specified.

COVID severity Q4 2023

Figure 2.1, *top section, pie chart* - shows reported severity of COVID, with over 75% of cases being reported as mild-to-moderate.
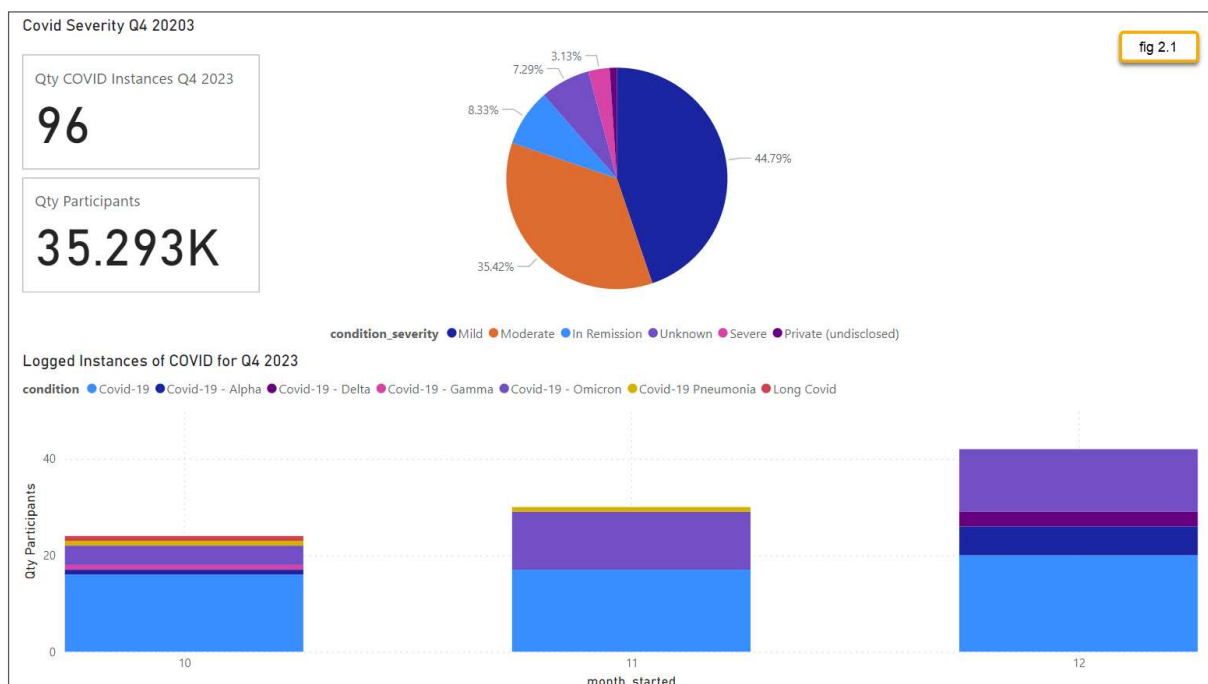
COVID severity Q4 2023

Figure 2.2, *top left and top right, pie charts* – compare the severity of COVID instances reported in the last quarter (Q4) of 2023, compared with the severity of all cases reported by active participants.

Figure 2.2, *bottom left and bottom right, donut charts* – show the instances of hospitalisation for reported instances of COVID; comparing Q4, 2023 on the left, with all cases reported by active participants on the right.

fig 2.2
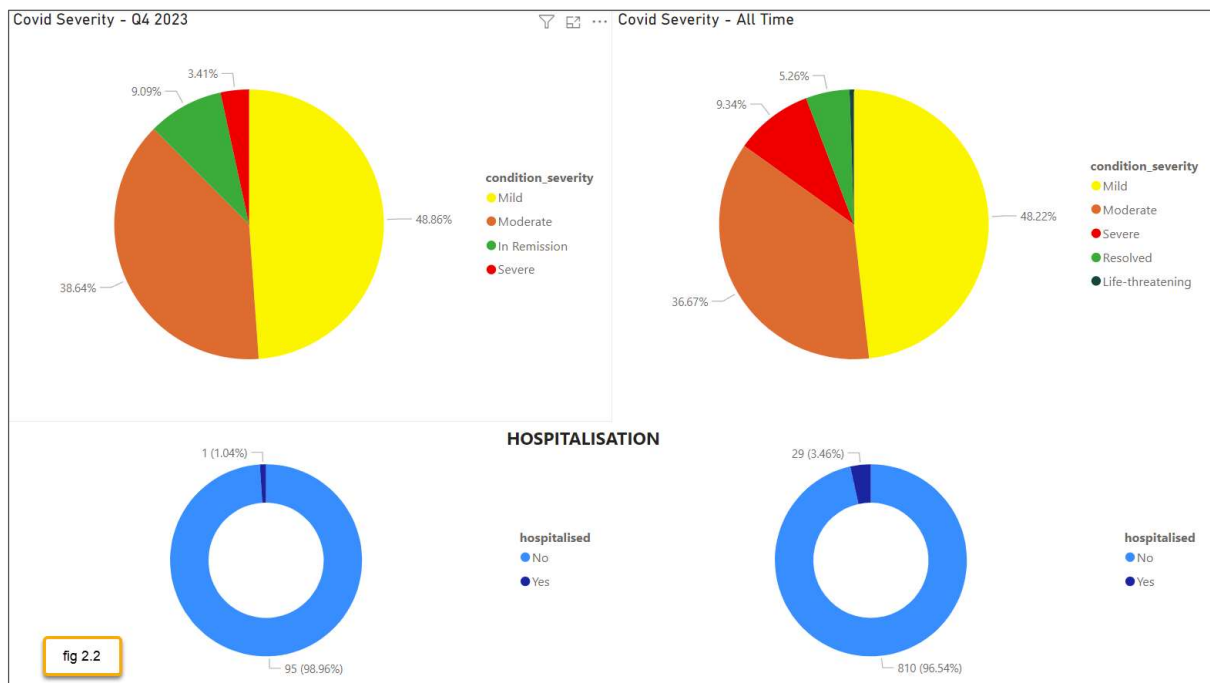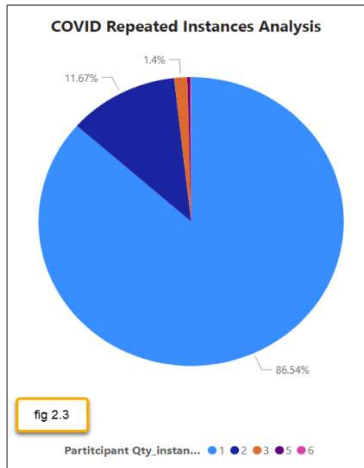
COVID repeated instances analysis

Figure 2.3 shows frequency of participants getting COVID.

The majority of participants – 86.5% – reported a single instance of COVID (*light blue segment*).

Approximately 11% of participants reported 2 instances of COVID (*dark blue segment*), and fewer than 2% reported having COVID more than twice.

COVID duration (resolved conditions)

Figure 2.6 shows the length of time participants reported COVID lasting.

The chart shows that participants reported 57% of COVID illness resolved in under 1 week, and 75% resolved in 2 weeks or less.

Data is inclusive of all COVID variants and regardless of vaccination status. The vast majority of our participants are not COVID vaccinated.
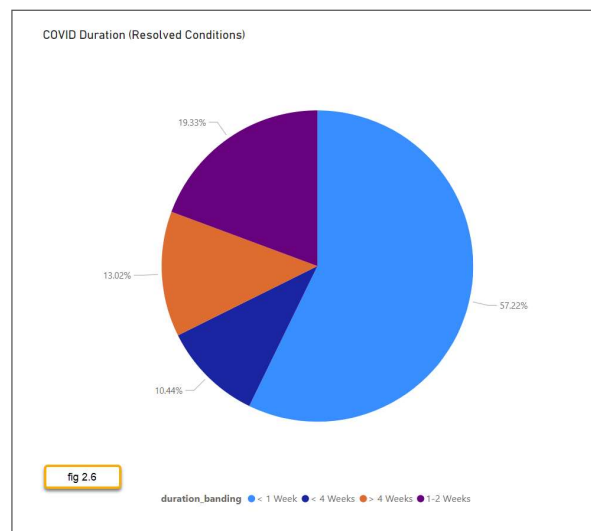
COVID test results

Figure 2.7 gauge chart shows the total number COVID tests taken by type of test. Positive test results are shown in blue.
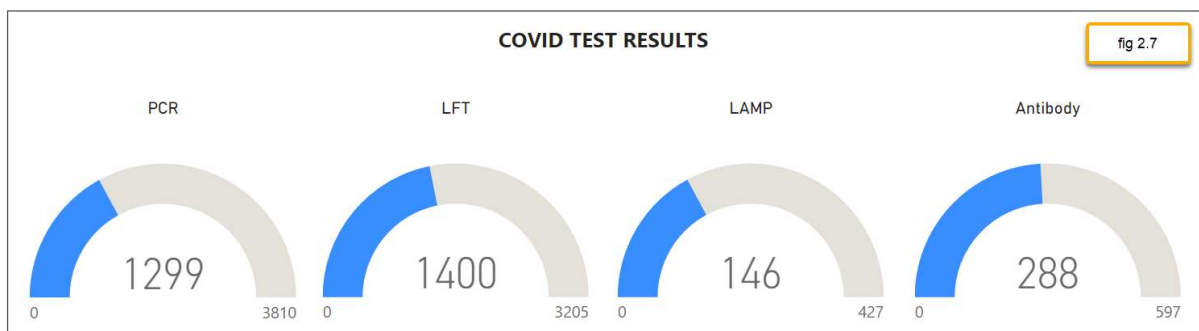
COVID treatment for all variants

Figure 2.5 tree-map shows which medications and supplements participants used to treat their COVID infections. The size of the coloured section represents the relative quantity of participants taking that treatment.

This chart represents all recorded COVID variants.

All treatments were recorded as linked to a resolved COVID infection.

fig 2.5

Ivermectin and Ivermectin based protocols were reported most of all, followed by vitamin C, zinc, and then antibiotics, and cough and flu medications.

COVID treatment by variant

Figure 2.4 tree-map shows which medications and supplements participants used to treat their COVID infections. The size of the coloured section represents the relative quantity of participants taking that treatment.

This chart splits COVID by its reported variants.

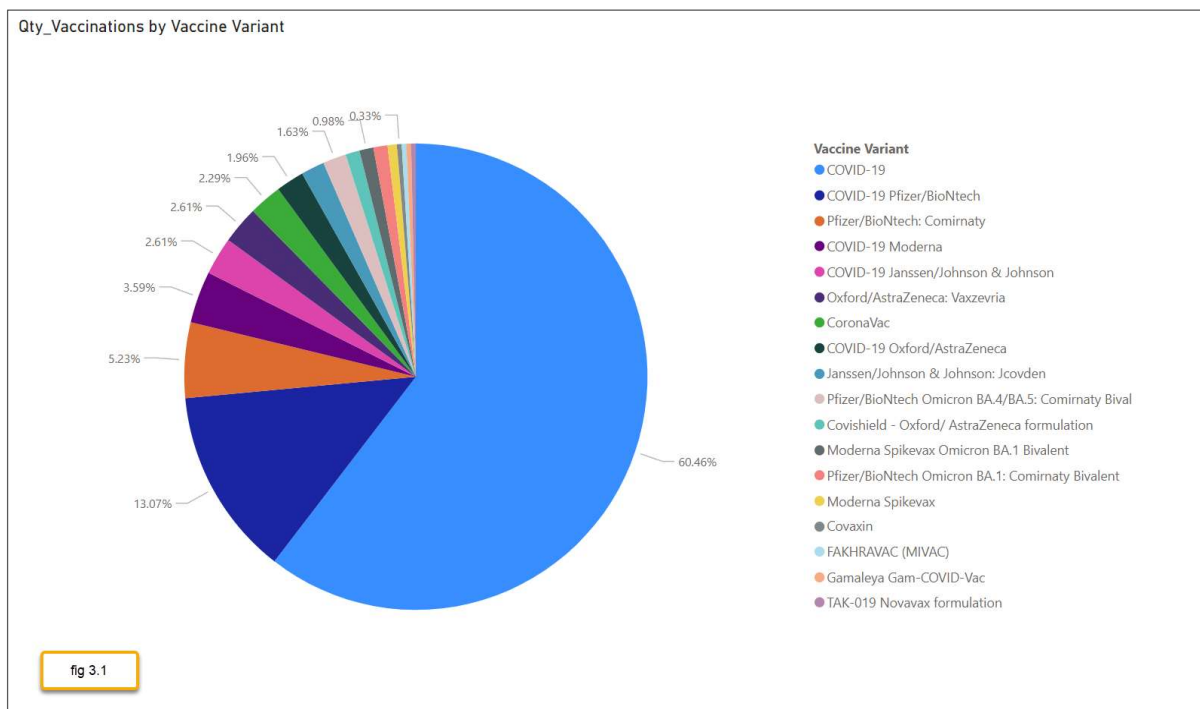All treatments were recorded as linked to a resolved COVID infection.

fig 2.4

The chart shows that the original variant of COVID – Delta, had a lower reported instance of use of Ivermectin than the later variant Omicron. However, Ivermectin is the most popular treatment recorded in instances of COVID where the variant is not known or recorded, so it is hard to tell if this is actually the case.

COVID Vaccinations

Vaccinations by vaccine variant

Figure 3.1 pie chart shows which COVID vaccine variants are the most commonly received by participants. Our data suggests that in over 60% of the cases (*light blue segment*) the recipient was unaware which version of the vaccine they received.

At this point in time, our numbers of vaccinated participants are low and may not be representative of COVID vaccinated people in general.

Qty_Vaccinations by Vaccine Variant

Vaccine Variant
- COVID-19
- COVID-19 Pfizer/BioNtech
- Pfizer/BioNtech: Comirnaty
- COVID-19 Moderna
- COVID-19 Janssen/Johnson & Johnson
- Oxford/AstraZeneca: Vaxzevria
- CoronaVac
- COVID-19 Oxford/AstraZeneca
- Janssen/Johnson & Johnson: Jcovden
- Pfizer/BioNtech Omicron BA.4/BA.5: Comirnaty Bival
- Covishield - Oxford/ AstraZeneca formulation
- Moderna Spikevax Omicron BA.1 Bivalent
- Pfizer/BioNtech Omicron BA.1: Comirnaty Bivalent
- Moderna Spikevax
- Covaxin
- FAKHRAVAC (MIVAC)
- Gamaleya Gam-COVID-Vac
- TAK-019 Novavax formulation

fig 3.1

COVID vaccine geographical location administered

Figure 3.2 tree-map shows where COVID vaccine recipients reported getting vaccinated.

This could be an important measure for evaluating adverse reactions as we get more vaccinated people onboard; i.e. questions have been raised about the level of expertise of vaccinators outside of a healthcare settings.
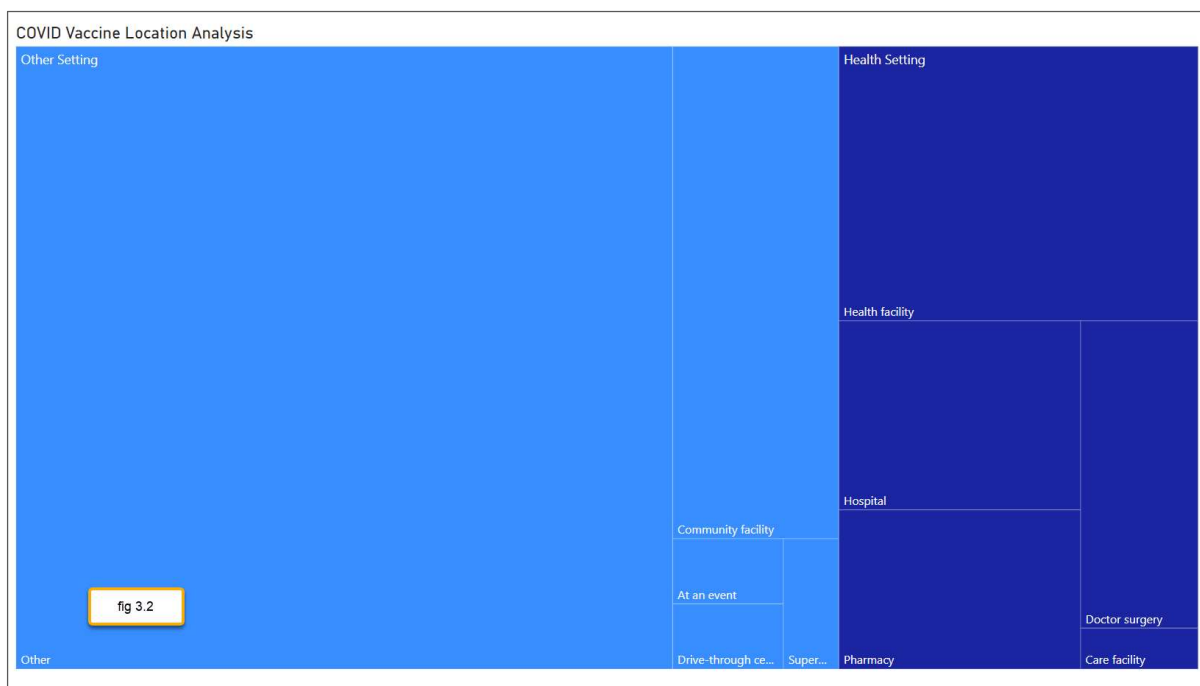

COVID Vaccine Location Analysis

Other Setting

Other

Health Setting

Health facility

Hospital

Doctor surgery

Community facility

At an event

Drive-through ce...

Super...

Pharmacy

Care facility

fig 3.2

COVID vaccination informed consent and reasons for taking the vaccine

Figure 3.3, *left side* - shows the participants response to whether the best vaccination administration practices were followed, in terms of; informed consent, whether the vaccine was mandated, and whether they were asked about existing allergies, current health conditions and current medication. We also look at the whether they were rewarded for taking the vaccination.

The large number under each arc shows the total number of participants who answered 'yes' to the question above the arc, with the total number of respondents at the end of each arc (306).
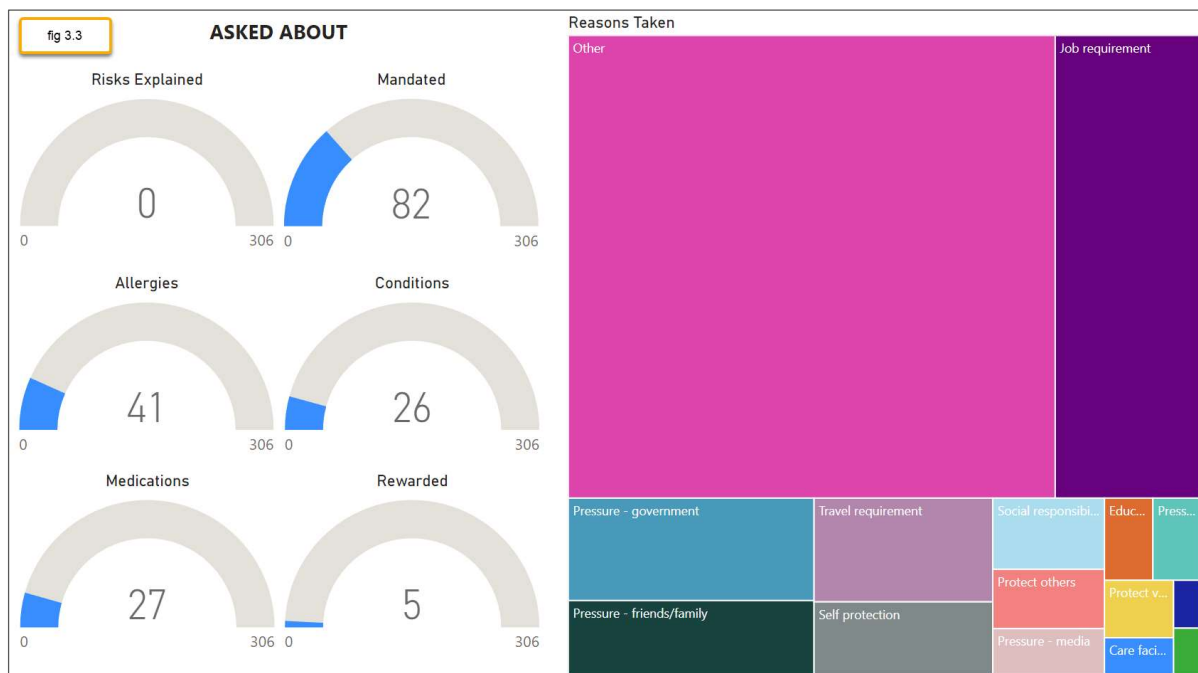

Figure 3.3, *right side* – tree-map shows participants' main reasons for taking a COVID vaccination. The size of the coloured areas reflects the relative quantity of responses.

Covid vaccination mandates

Figure 3.4, *left side* – shows the numbers of COVID vaccine that were taken under mandates and who the vaccine was mandated by.
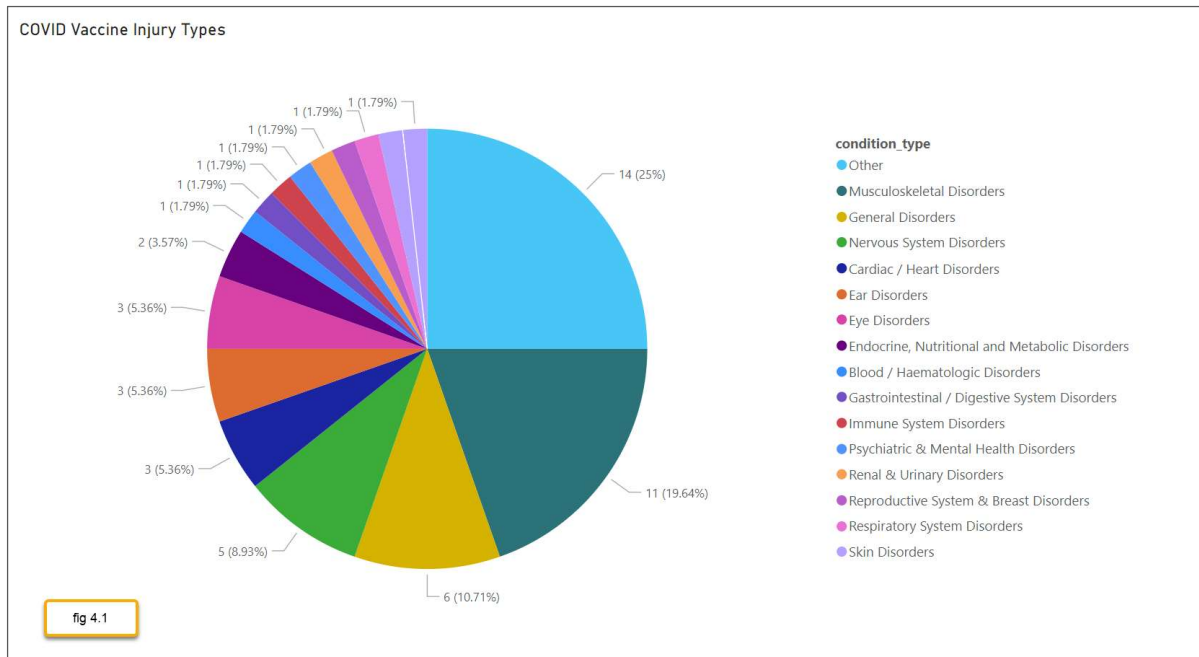
Figure 3.4, *right side* – gauge chart shows that of the 306 COVID vaccinations reported, 82 were mandated.

fig 3.4
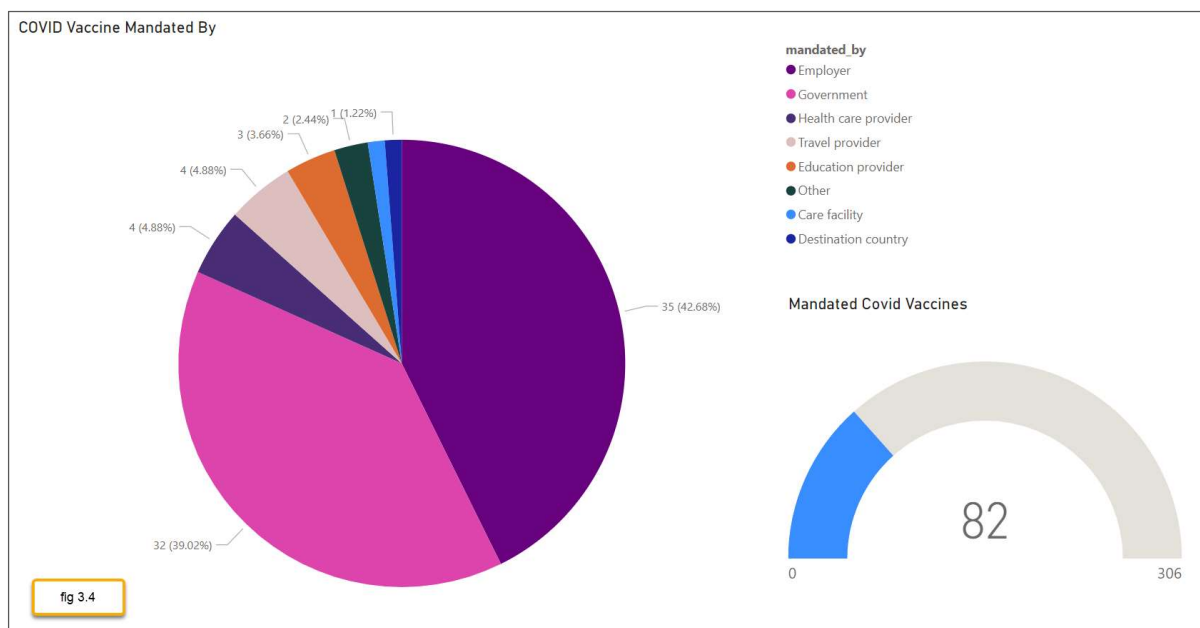
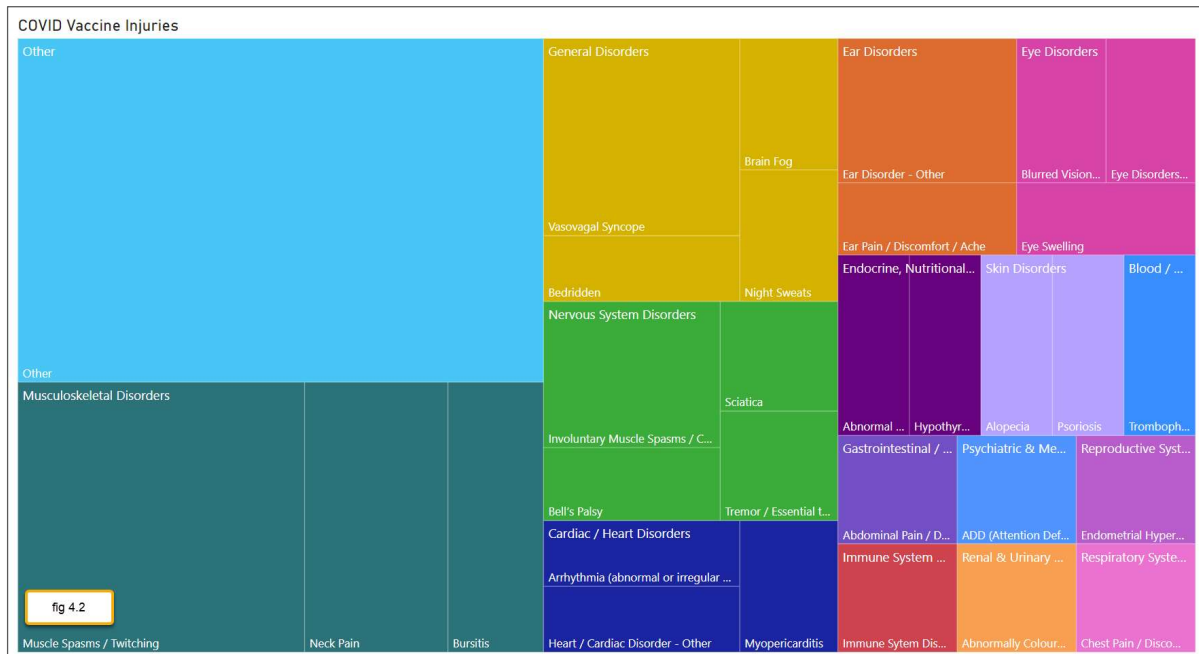# COVID Vaccination Injuries

COVID vaccine injury types

Figure 4.1 shows reported vaccine injuries, categorised by types of condition reported.

fig 4.1

COVID vaccine injuries grouped by condition type

Figure 4.2 depicts reported vaccine injuries grouped by condition type, with the size of each section representing the relative quantity reported.

fig 4.2

COVID vaccine injuries by vaccine variant and condition type

Figure 4.3 shows which health condition categories were attributed by participant to their COVID vaccine as an injury. The health conditions are split by COVID vaccine variant received to see whether each brand of vaccine produced the same or differing injuries.
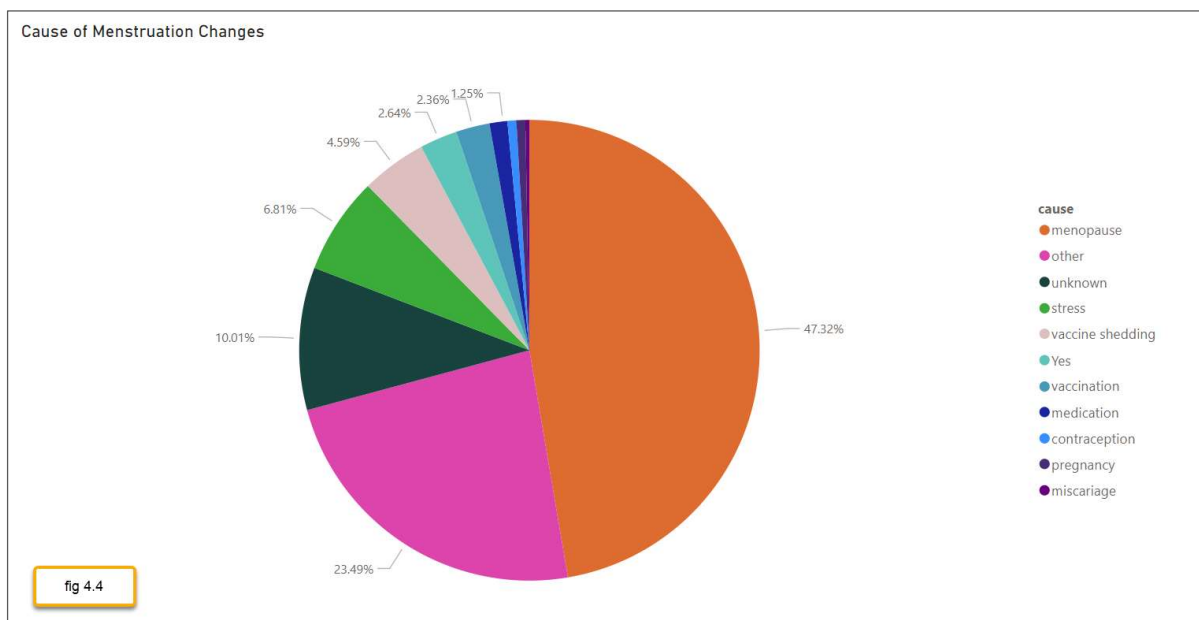
The key on the right-hand side determines the type of health condition, and the relative size of the corresponding colour block in each bar represents the quantity of each condition reported.

fig 4.3
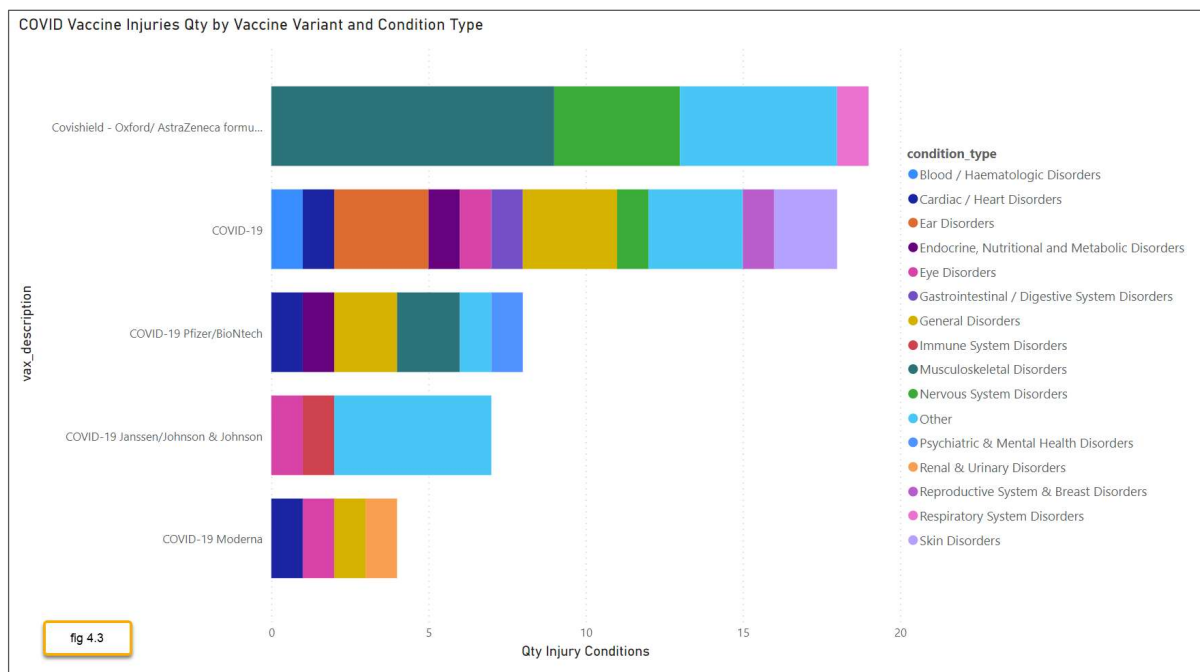
Changes in Menstruation Attributed to Shedding

Figure 4.4 shows instances menstrual changes and the reported reasons for the change.

At present, we do not ask any questions about shedding, because it is difficult to quantify. However, where women have reported changes to their menstruation, shedding has been added to the open text field 'other', and a significant number of times this option has been selected by women report change.

Cause of Menstruation Changes

cause
menopause
other
unknown
stress
vaccine shedding
Yes
vaccination
medication
contraception
pregnancy
miscariage

fig 4.4

Medication and Supplement Regimens

Top 20 supplements

Figure 5.1 tree-map chart shows the top twenty most popular supplements that are currently being taken across our entire participant base and the frequency that it is taken. Each coloured section's size reflects the supplement's comparative popularity and the inner windows show the frequencies at which the supplements are taken.

fig 5.1
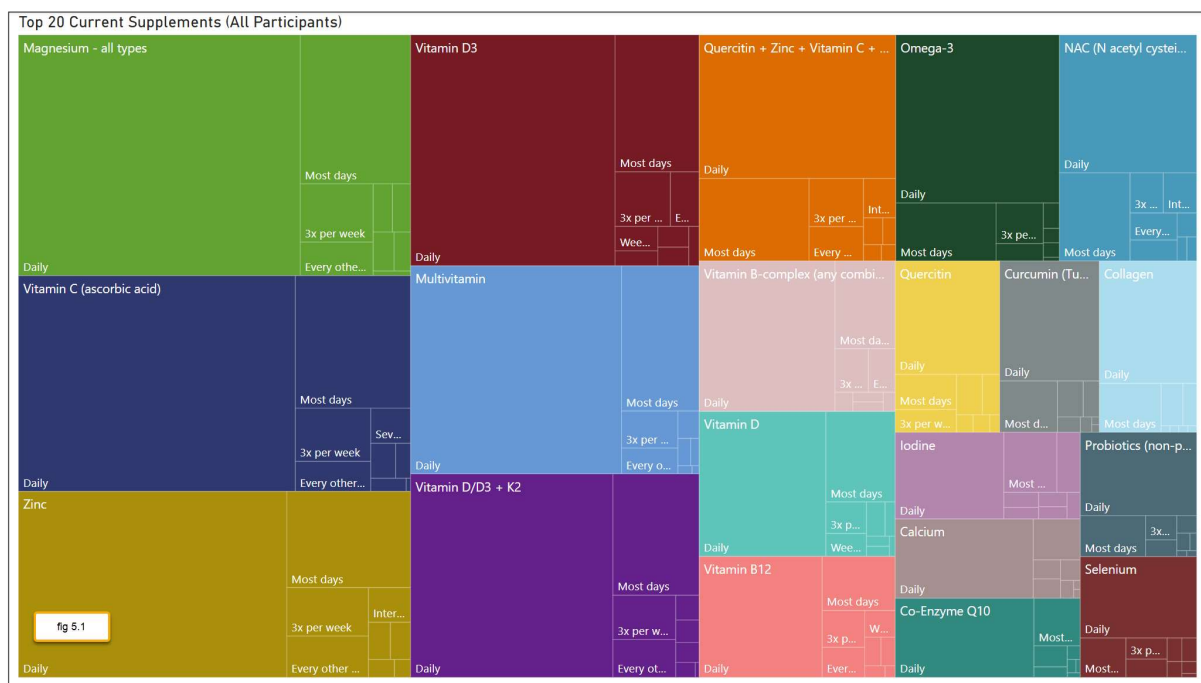
This can be contrasted with the same report, figure 5.2, *below*, which has been filtered to show only those participants who have been COVID vaccinated.

Please bear in mind that the number COVID vaccinated participants is a very small percentage of our entire participant base at this time.

Top 20 supplements for COVID vaccinated participants
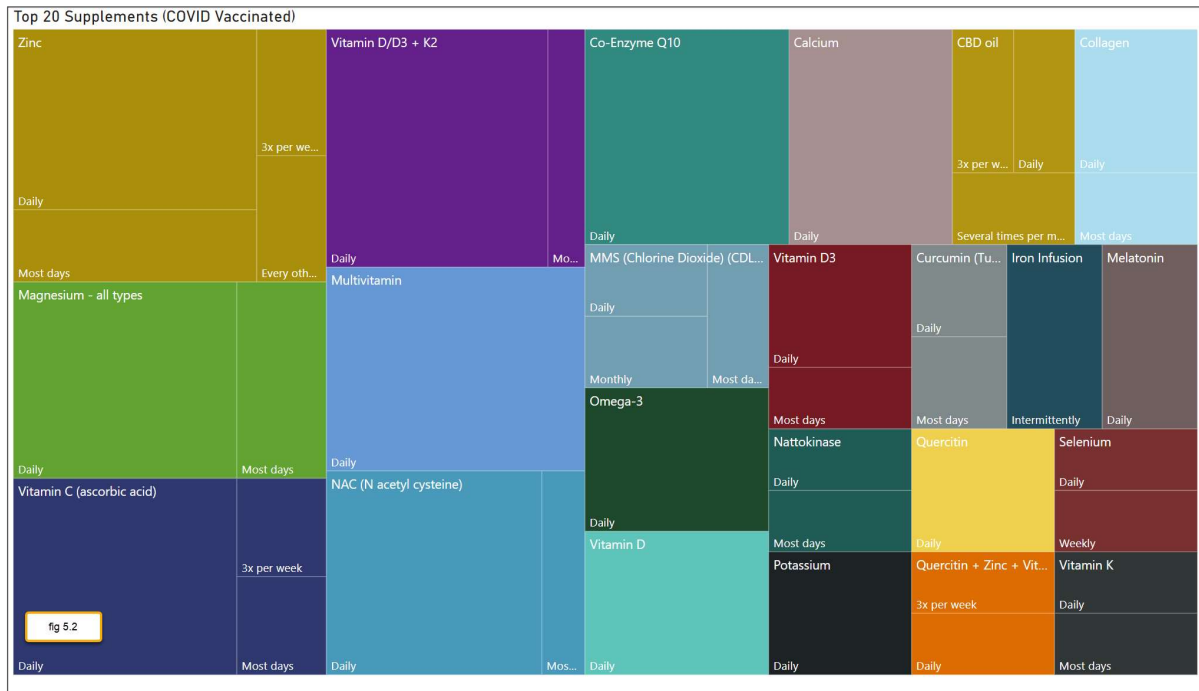

Top 20 Supplements (COVID Vaccinated)

Figure 5.2 shows a broadly similar supplement spread, between the COVID vaccinated and the entire participant base, with Magnesium, Vitamin C and Zinc all featuring highly. Some exceptions would appear to be Vitamin B Complex and Iodine, which do not feature in the COVID vaccinated top twenty.

Top 20 resolved conditions with known treatments

Figure 5.3 shows reported health conditions that have been recorded as resolved (*i.e. with an end date*) and the medications and supplements that participants have recorded taking for them.

Each coloured block represents a reported health condition and is split by the various medications and supplements taken.

As well as pharmaceuticals, the Control Group data includes supplements, naturopathic, alternative and 'ultra-alternative' treatments reported by our participants, which could help capture patterns of success through unbiased reporting of non-pharmaceutical products.

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 will report on information collected in the 3 months that precede it. Legacy data from CG1.0 – our original system – will be reported on separately.

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.

All data is voluntarily self-reported and is therefore subjective and open to interpretation.

The Importance of Your Continued Contribution

In a recent podcast with the [World Council for Health](#) our initiative was described as 'Maybe one of the most important projects of our time'.

But we cannot succeed without your input.

This project will only work if we have huge quantities of people filling in their health data. To best demonstrate what is (or is not) happening to those who refused the COVID vaccine, the data source has to be multi-national and substantial.

Most of us want to forget about COVID and get back on with living our lives, but the threat of returning vaccine mandates remains, as does discrimination based on vaccine status. This is why all of us desperately need to complete and maintain our records.

The most important information that we need to gather are: your **COVID vaccination status**, any **health conditions** that you suffer from, and any **medications and supplements** that you take.

If those of us who refused the COVID vaccination are proven to have far better outcomes across a wide range of health conditions, then we can add this to the body of evidence being gathered by doctors and scientists from around the world. It is important; and is surely worth our time and diligence to try to secure a future in which there is health-freedom and bodily autonomy is safeguarded.

UPDATE YOUR RECORD TODAY

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

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