

# SAVAERS

SOUTH AFRICAN VACCINE ADVERSE EVENT REPORTING SYSTEM

Submit your report online via [www.SAVAERS.co.za](http://www.SAVAERS.co.za)  
 Report adverse events via email to [REPORT@savaers.co.za](mailto:REPORT@savaers.co.za)



Are you reporting as?	Father
Name of injected person	Daughter
Gender identity of injected person	Female
How old is the injected person?	11
Which province is the injected person from?	KwaZulu-Natal
Your City / Municipality / Town	Durban
Did the injected person have a chronic health condition, or an illness up to a month before taking the shot?	No
Was the injected person previously diagnosed with the disease they took the injection for?	No
a) Did the injected person consult with a doctor for advice before taking the shot? b) Did the 'vaccination' site ask questions about health status before giving the shot?	No to both
*EDUCATION*: Did the injected person receive enough information about the injection:	None of the above
When did the injected person take the shot?	9/6/2022
How was the product administered?	Arm
Did the injected person, parent/guardian provide informed consent?	The injected person or caregiver signed an indemnity form
PRODUCT: Which shot was given to the injected person?	Human papillomavirus (HPV) second dose - 6-12 months after the first dose
Please provide the lot / batch number of the jab taken, if available?	Not available
When did the injected person start experiencing negative effects?	10/3/2022
What physical effects did the injected person experience?	Chest pain, Stomach cramps / stomach pain, Muscle pain / muscle stiffness / twitching / cramps in legs, Menstrual changes / menstrual period late or early / menstruation (heavy bleeding) / prolonged menstruation / painful menstruation, Body pain / aches / stiffness

REPORT ■ PROMOTE ■ SUPPORT  
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<b>Which treatment option did the injected person choose?</b>	Emergency room, Doctor, Private hospital
<b>What treatments or medication was the injected person given? Did the injected person do any tests? Do you have the results?</b>	Xrays and blood tests were clear
<b>Has the injected person recovered?</b>	Partly
<b>How many days off normal life, studies or work (if applicable) did the injected person miss?</b>	2 weeks
<b>What effect has this experience have on the injected person's life? Personal, physical and mental health, family, social, work, etc.</b>	It traumatized the family
<b>SUPPORT: Did you contact SAHPRA, Department of Health, the injection manufacturer, or anyone else relevant to the negative experience? What happened?</b>	No
<b>Did you apply for compensation from government, for the negative effects the injected person, or family experienced?</b>	No
<b>Do you believe that you or the injected person was lied to, misinformed / manipulated / coerced / harassed / intimidated / threatened / forced into taking the jab/s?</b>	Yes
<b>Who do you believe should be held responsible, in their personal and/or professional capacities?</b>	The injections manufacturer, The WHO, WEF, and related global bodies, Government, Dept of Health, and SAHPRA, Scientists and the media who said the shot is safe and effective, Anyone who convinced you the product is safe and effective
<b>What outcome would the injected person like to see?</b>	I want the facts about treatments to be known so people have options, I want an apology from the stakeholders / decision makers, A commission of inquiry into vaccine adverse effects / censorship, Compensation for pain and suffering, I need my medical bills paid, I just want honest answers, I want to sue or open a criminal case
<b>What is your message to the public, if any? What do you want people to know before pr after taking childhood injections?</b>	Don't trust what is said
<b>Did the injected person take the shot due to a mandate enforced by an employer, school, university or other organization?</b>	No
<b>Submitted At</b>	3/17/2023 14:58:39