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Written by **Veronika Kyrylenko** on October 4, 2022

Latest Kaiser Permanente Study Reflects Increased Risk of Heart Issues Post-vax

A research paper published today in the Annals of Internal Medicine suggests that thousands of American young men suffered from heart inflammation after receiving mRNA-based Covid shots. Most likely, the data used to evaluate the rate is drastically underreported.

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Research by major healthcare provider and staunch proponent of Covid shots Kaiser Permanente found that one in 6,643 boys aged 12 to 15 years old and one in 8,577 young men aged 16 to 17 developed myocarditis or pericarditis after receiving their second Pfizer shot.

The incidence rate for other demographics is much lower, according to the findings.

Table. Incidence Rate of Verified Myocarditis/Pericarditis in the 0 to 7 Days After mRNA COVID-19 Vaccination Among Persons Aged 5 to 39 Years by Product, Age Group, Sex, and Dose Number*

Product and Patient Group	Dose 1		Dose 2		First Booster	
	Cases/Doses Administered†	Incidence Rate/ Million Doses (95% CI)	Cases/Doses Administered†	Incidence Rate/ Million Doses (95% CI)	Cases/Doses Administered†	Incidence Rate/ Million Doses (95% CI)
Pfizer‡						
Male, *age*						
5-11 y	0/221 975	0.0 (0.0-13.5)	3/207 958	14.4 (3.0-42.2)	0/50 415	0.0 (0.0-59.4)
12-15 y§	2/212 977	9.39 (1.1-33.9)	31/205 955	150.5 (102.3-213.6)	5/81 613	61.3 (19.9-143.0)
16-17 y	1/105 147	9.51 (0.2-53.0)	14/102 091	137.1 (75.0-230.1)	9/47 874	188.0 (86.0-356.9)
18-29 y	4/348 080	11.5 (3.1-29.4)	27/331 889	81.4 (53.6-118.4)	7/166 973	41.9 (16.9-86.4)
30-39 y	1/352 403	2.8 (0.1-15.8)	5/341 527	14.6 (4.8-34.2)	3/197 554	15.2 (3.1-44.4)
Female, *age*						
5-11 y	0/215 986	0.0 (0.0-13.9)	0/202 596	0.0 (0.0-14.8)	0/49 261	0.0 (0.0-60.8)
12-15 y	0/210 741	0.0 (0.0-14.2)	5/204 074	24.5 (8.0-57.2)	0/84 114	0.0 (0.0-35.6)
16-17 y	1/110 066	9.1 (0.2-50.6)	1/107 173	9.3 (0.2-52.0)	2/55 004	36.4 (4.4-131.3)
18-29 y	1/414 730	2.4 (0.1-13.4)	2/400 321	5.0 (0.6-18.0)	1/240 226	4.2 (0.1-23.2)
30-39 y	0/420 934	0.0 (0.0-7.1)	3/410 713	7.3 (1.5-21.3)	1/268 412	3.7 (0.1-20.8)
Moderna‖¶						
Male, *age*						
18-29 y	5/207 073	24.2 (7.8-56.3)	19/195 809	97.0 (58.4-151.5)	7/109 337	64.0 (25.7-131.9)
30-39 y	1/223 064	4.5 (0.1-25.0)	8/216 583	36.9 (15.9-72.8)	1/149 468	6.7 (0.2-37.3)
Female, *age*						
18-29 y	1/253 773	3.9 (0.1-22.0)	0/243 560	0.0 (0.0-12.3)	1/156 707	6.4 (0.2-35.6)
30-39 y	1/265 362	3.8 (0.1-21.0)	1/259 780	3.9 (0.1-21.4)	2/191 765	10.4 (1.3-37.7)

* From the Vaccine Safety Datalink (VSD), 14 December 2020 Through 20 August 2022. The VSD population covered by the 8 data-contributing health plans is made up of approximately 12.5 million people, representing 3.6% of the U.S. population, and includes all ages, with approximately 20% younger than 18 years. Participating sites (Kaiser Permanente: Colorado, Northern California, Northwest, Southern California, and Washington; Marshfield Clinic; HealthPartners; and Denver Health) have comprehensive medical records for their members. Potential cases were identified using myocarditis- and pericarditis-specific ICD Codes (B33.22 viral myocarditis; B33.23 viral pericarditis; I30.* acute pericarditis; I31.9 disease of pericardium, unspecified; I40.* acute myocarditis; and I51.4 myocarditis, unspecified) in emergency and inpatient settings (first in 60 days) in the 1 to 98 days post-vaccination. All identified cases underwent medical record review and then adjudication by a specialist (infectious disease physician, cardiologist, or both). Onset dates occasionally shifted to day 0 based on medical record review. All verified cases that met the Centers for Disease Control and Prevention case definition of confirmed or probable myocarditis, pericarditis, or myopericarditis without a clear alternative etiology were included. Case patients with a COVID-19 diagnosis code or positive COVID-19 laboratory test result in the 30 days prior to vaccination were excluded. Approximately 15% of case patients after a primary series dose and 21% of case patients after a first booster dose had a more distant COVID-19 infection identified and were included.

† Vaccination date, manufacturer, and dose number for each COVID-19 vaccine were recorded at the participating sites for the doses administered. All sites capture COVID-19 vaccines administered internal to their health care system as well as outside of their health care system, including those administered in nursing homes, retail pharmacies, and government-run vaccination clinics; self-reported vaccinations; and those recorded in state immunization registries. Only 2 primary series doses and first booster doses were monitored in VSD. Primary series third doses were not included or monitored in these data.

‡ Pfizer-BioNTech dose totals among all age groups and both sexes: dose 1: 2 613 039; dose 2: 2 514 297; first booster: 1 241 446.

§ One person had separate occurrences of confirmed myocarditis in the 0 to 7 days following dose 2 of the primary series and their first booster dose. Because these were clinically distinct events, both were included in the appropriate rate estimates.

‖ Moderna dose totals among all age groups and both sexes: dose 1: 949 272; dose 2: 915,732, first booster: 607 277.

¶ Moderna COVID-19 vaccine was not authorized for use in children or adolescents aged <18 years during the study period.

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According to the paper, for those who got their first Covid mRNA dose, there were 18 confirmed cases out of 3.5 million vaccine recipients. Out of 3.4 million people who got double-jabbed, only 119

developed heart inflammation.

It is unclear how accurate this data is since the researchers reviewed only 340 cases of myocarditis and pericarditis in hospitals across eight U.S. states. The data was taken from the Vaccine Safety Datalink (VSD), which is a collaborative project run by the U.S. Centers for Disease Control and Prevention (CDC), Kaiser Permanente, and a couple of other major healthcare providers. Considering the established fact that the agency is turning a blind eye on Covid vaccine safety monitoring in its primary pharmacovigilance database, VAERS, the accuracy of the VSD remains up for speculation.

The paper observes that, unlike VAERS, the VSD's identification of cases uses "active surveillance." Presumably, that means participating hospitals are obligated to submit data on cases linked to the shots to the VSD. VAERS, in contrast, is a "passive," i.e., voluntary system. It is worth noting, however, that a majority of the reports in VAERS don't come from individuals but are filed by the vaccine manufacturers themselves (37 percent), medical professionals (36 percent), and state immunization programs (10 percent). Only seven percent of reports come from vaccine recipients, with the remaining 10 percent coming from "other sources," per the HHS. As of the latest update, 52,713 cases of myocarditis and pericarditis were reported to VAERS, which only catches one percent of the actual reports, per the HHS's *Lazarus Report*.

In addition to that, only those cases that were reported within seven days of the vaccination were considered by the Kaiser Permanente researchers.

The paper notes that the incidence of heart inflammation was slightly higher among those who received a booster.

Even those likely underreported numbers show an increase in myocarditis incidence compared with the historic baseline. For example, according to the CDC, in 2015-2016, 1.8 cases in 100,000 teenagers aged 15 to 18 had this condition. For children in general, the rate was 0.8 in 100,000.

Dr. Kristin Goddard, the lead of the research, stated that the benefits of the shots still "greatly" outweigh the risks, according to *The Daily Mail.*

The outlet points out the analysis of cardiac complications after the mRNA inoculations done by the CDC in April 2022. The agency found that the rate was closer to one in 600 for boys aged 12 to 15 years after the second dose. That is much higher than the Kaiser study found.

The CDC claims that in "most cases of myocarditis and pericarditis" following vaccination with mRNA shots, "patients who presented for medical care have responded well to medications and rest and had prompt improvement of symptoms."

Such a claim is rather Orwellian, since the "improvement of symptoms" does not equate to "recovery."

Myocarditis and pericarditis are neither mediocre nor mild conditions. The mortality rate is estimated to be up to 20 percent after one year and 50 percent after five years. That means that within five years, half of those affected will die. In particular, myocarditis is associated with necrosis (death) of heart muscle cells. As a result, the heart scars.

The CDC admits that the "long-term outcomes of myocarditis after mRNA COVID-19 vaccination" are only being "assessed."

A peer-reviewed paper published in *Nature* this June shows that rates of myocarditis after a second dose can actually be up to 88 and 140 times normal for young females and males, respectively.

Heart inflammation in young people is also associated with the Sudden Adult Death Syndrome (SADS) because of the toxic effect of the shot's spike protein on the heart.

In one of the most recent interviews with *The New American*, Idaho-based pathologist Dr. Ryan Cole explained that the spike protein produced by the heart muscle causes its inflammation and weakening. Other cardiac tissues become inflamed as well, and many vital processes, such as electrical conduction, get disrupted. As a result, the cardiovascular system or its parts fail, and a person dies. That explains the record number of young, perfectly fit athletes dying at unprecedented rates.

According to USA Facts, 61 percent, or roughly 15,359,389 Americans aged 12 to 17, are double-dosed with Covid shots.