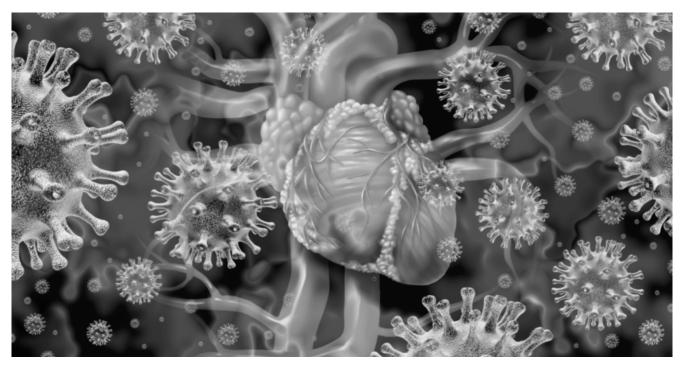
Heart Inflammation More Common Among Vaccinated Than Unvaccinated, Study Shows



Heart inflammation requiring hospital intervention was more common among people who received a COVID vaccine than those who were unvaccinated, according to a new European <u>study</u> that analyzed 23.1 million people aged 12 or older.

The study, published in JAMA Cardiology, showed the rates of myocarditis or pericarditis, two types of heart inflammation, were higher in the vaccinated cohort.

About 38 per 100,000 males aged 16 to 24 experienced heart inflammation after receiving an mRNA vaccine, researchers from Finland, Denmark, Sweden and Norway's health agencies found.

"These extra cases among men aged 16–24 correspond to a 5 times increased risk after Comirnaty and 15 times increased risk after Spikevax compared to unvaccinated," Dr. Rickard Ljung, a professor and physician at the Swedish Medical Products Agency and one of the principal investigators of the

study, told The Epoch Times in an email.

Comirnaty is the brand name for Pfizer's vaccine and Spikevax is the brand name for Moderna's vaccine.

Rates were also higher among those who received any dose of the Pfizer or Moderna vaccines and were elevated among vaccinated males of all ages after the first or second dose – with the exception of those 40 or older who received the first dose of Moderna's shot and females 12- to 15-years-old.

Data was obtained from 23.1 million residents across four Nordic countries between Dec. 17, 2020, and Oct. 5, 2021. The objective of the study was to evaluate the risks of myocarditis and pericarditis following SARS-CoV-2 vaccination by vaccine product, vaccination dose number, sex and age.

"The risks of myocarditis and pericarditis were highest within the first 7 days of being vaccinated, were increased for all combinations of mRNA vaccines, and were more pronounced after the second dose," <u>researchers wrote</u>.

Both Pfizer and Moderna COVID vaccines have been linked to several forms of heart inflammation, including myocarditis and pericarditis.

<u>Myocarditis</u> is inflammation of the heart muscle that can lead to cardiac arrhythmia and death. According to the <u>National</u> <u>Organization for Rare Disorders</u>, myocarditis can result from infections, but "more commonly the myocarditis is a result of the body's immune reaction to the initial heart damage."

It was virtually unknown in young people until it became a recognized side effect of mRNA COVID vaccines, especially in boys and young men.

<u>Pericarditis</u> is inflammation of the pericardium, a sac-like structure with two layers of tissue that surrounds the heart to hold it in place and help it work. Nordic countries halted the use of Moderna's vaccine in 2021 for younger age groups over concerns of heart inflammation, but continue to use Pfizer's Comirnaty vaccine despite the same risk.

In a press release promoting the study, researchers claimed the occurrence of heart inflammation is rare and the "benefits of these vaccines to reduce the risk of severe COVID-19 and death outweigh the risks of side effects."

Dr. Peter McCullough, a highly published cardiologist and chief medical adviser for the Truth for Health Foundation disagreed.

In a statement to The Epoch Times, McCullough said:

"In cardiology we spend our entire career trying to save every bit of heart muscle. We put in stents, we do heart catheterization, we do stress tests, we do CT angiograms. The whole game of cardiology is to preserve heart muscle. Under no circumstances would we accept a vaccine that causes even one person to stay sustain heart damage. Not one. And this idea that 'oh, we're going to ask a large number of people to sustain heart damage for some other theoretical benefit for a viral infection,' which for most is less than a common cold, is untenable. The benefits of the vaccines in no way outweigh the risks."

The researchers defined "incident outcome events as the date of first hospital admission for myocarditis or pericarditis from December 27, 2020, onward." This means anyone who experienced myocarditis after receiving a COVID vaccine but died before seeking hospital treatment, were not taken into account when determining whether the condition is "rare" or "mild."

CDC excludes cases of myocarditis, allowing them to claim the condition is 'rare' or 'mild'

In the U.S., myocarditis cases are excluded from the Centers for Disease Control and Prevention's (CDC) numbers if they fail to meet the agency's case definition or inclusion criteria.

According to the <u>CDC website</u>, the agency contacts people who meet the case definition for myocarditis following mRNA COVID vaccine and have submitted a report to Vaccine Adverse Event Reporting System (VAERS).

To meet the case definition, people must have had "symptoms such as chest pain, shortness of breath and feelings of having a fast-beating, fluttering or pounding heart and medical tests to support the diagnosis of myocarditis and rule out other causes."

The problem? Deaths due to myocarditis from COVID vaccines are entirely excluded if the individual wasn't diagnosed with myocarditis prior to death, didn't make it to the hospital or did not experience the symptoms that would normally fall under the CDC's case definition despite having heart damage.

For example, 26-year-old <u>Joseph Keating</u> died Nov. 12, 2021 from myocarditis four days after receiving his booster dose of Pfizer's COVID vaccine. His death was confirmed by a pathologist, who conducted an autopsy and confirmed Keating died of myocarditis from Pfizer's COVID vaccine.

According to Keating's family, he had no idea he was experiencing a rare and supposedly mild heart problem after the shot, as his only warning signs were fatigue, muscle soreness and an increased heart rate. His family submitted a report to the CDC and was never contacted. The CDC also did not investigate the death of a 13-year-old Michigan boy who died June 16, 2021, of myocarditis three days after his second dose of Pfizer's COVID vaccine, emails obtained by Judicial Watch confirmed.

Judicial Watch in January announced it obtained <u>314 pages of</u> <u>records</u> from the CDC, including communications from Director Dr. Rochelle Walensky showing a request for information about the death of Jacob Clynick.

The teen's death was not acknowledged by CDC officials in <u>presentations on myocarditis or vaccine safety</u> during meetings held by the agency's vaccine safety advisory panel, the Advisory Committee on Immunization and Practices, which makes clinical recommendations for use of COVID vaccines in children. The CDC has also not included Keating's death in their numbers.

The CDC website does not state what happens to these cases, but there is no indication they are tracked or included in the <u>CDC's myocarditis numbers</u>.