

Latest VAERS Data Show Nearly 39,000 Reported Deaths Following COVID-19 Vaccination



For more than four years, the U.S. government has aggressively promoted COVID-19 vaccines as “safe and effective,” even as serious safety signals have emerged. Yet behind the public messaging lies a database many Americans still don’t know exists: the Vaccine Adverse Event Reporting System (VAERS), a federal early warning system for vaccine-related injuries and deaths.

The latest data recently published by the Centers for Disease Control and Prevention (CDC) show a staggering [1,666,428](#) adverse events submitted to VAERS following COVID-19 vaccination between Dec. 14, 2020, and March 28, 2025. Among those, [321,574](#) reports were classified as serious injuries, including [38,541](#) deaths.

VAERS: A System That Undercounts by Design

VAERS is co-managed by the CDC and the U.S. Food and Drug Administration and was designed as a post-market surveillance tool to identify potential vaccine safety problems. However, it is a passive surveillance system—meaning it relies on voluntary reports from the public and healthcare providers.

According to a 2010 Harvard Pilgrim study commissioned by the Department of Health and Human Services, fewer than 1% of adverse events are ever reported to VAERS. Despite this well-documented underreporting, government agencies continue to treat the numbers as insignificant, and media outlets routinely ignore them altogether. But to those paying attention, the signals are loud and clear.

Of the 38,541 reported deaths, [23,847 cases](#) are attributed to Pfizer, [11,244](#) to Moderna, and [2,911](#) to Johnson & Johnson. Of the [reported deaths](#), 8% occurred within 24 hours of vaccination, and 12% occurred within 48 hours.

Data for 6-month-olds to 5-year-olds

- [8,355 adverse events](#), including [336 cases rated as serious](#) and [17 reported deaths](#).
- [5 reports](#) of myocarditis and pericarditis.
- [40 reports](#) of blood clotting disorders, which means the CDC throttled at least 12 reports of blood clotting over the previous week.
- [74 reports](#) of seizures.

Data for 5- to 11-year-olds

- [19,451 adverse events](#), including [921 rated as serious](#) and [35 reported deaths](#).

- [54 reports](#) of myocarditis and pericarditis.
- [86 reports](#) of blood clotting disorders.
- [212 reports](#) of seizures.

Data for 12- to 17-year-olds

- [44,115 adverse events](#), including [4,911 rated as serious](#) and [150 reported deaths](#).
- [288 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment, or resulted in death.
- [1,422 reports](#) of myocarditis and pericarditis, with [1,240 cases](#) attributed to Pfizer's vaccine.
- [327 reports](#) of blood clotting disorders, with [296 cases](#) attributed to Pfizer.
- [65 cases](#) of postural orthostatic tachycardia syndrome (POTS), with [62 cases](#) attributed to Pfizer's vaccine.

Data for all age groups to VAERS

- 16% of deaths were related to cardiac disorders.
- 53% of those who [died were male](#), and 41% [were female](#). The remaining death reports do not list the gender of the deceased.
- The [average age](#) of death was 72.
- As of March 28, [9,476 pregnant women](#) reported adverse events related to COVID-19 vaccines, including [5,500 reports](#) of miscarriage or premature birth.
- Of the [18,237 cases of Bell's palsy](#) have been reported.
- [3,755 reports](#) of Guillain-Barré syndrome.
- [10,898 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment, or resulted in death.
- [9,337 reports](#) of myocardial infarction and cardiac arrest.

- [50,937 reports](#) of blood clotting disorders. Of those, [35,237 reports](#) were attributed to Pfizer, and [11,603 reports](#) were attributed to Moderna.
- [27,436 cases](#) of myocarditis and pericarditis, with [20,902 cases](#) attributed to Pfizer and [5,972 cases](#) to Moderna.

The CDC uses a [narrowed case definition](#) of myocarditis. To meet the case definition of myocarditis, 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.” This allows the CDC to exclude cases of cardiac arrest, ischemic strokes, and deaths due to heart problems that occur before one has the chance to go to the hospital, obtain a diagnosis, or “dies suddenly.”

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

- [89 cases](#) of Creutzfeldt-Jakob disease, with [96 cases](#) attributed to Pfizer and [16](#) to Moderna.
- [1,235 cases of POTS](#), with [822 cases](#) attributed to Pfizer.

The CDC’s Convenient Definitions

The CDC has [narrowed the case definition](#) of myocarditis so significantly that it excludes many serious cardiac events. To count as a CDC-verified myocarditis case, a patient must experience symptoms like chest pain or shortness of breath, undergo specific medical testing, and rule out all other causes.

This narrow definition excludes sudden deaths, cardiac arrests, and ischemic strokes that occur too quickly for

diagnostic testing to take place—allowing the CDC to downplay the true scope of vaccine-induced heart injuries. Cases that don't meet the criteria vanish into statistical limbo, never to be investigated or acknowledged.

Why Reporting Matters

Though federal law requires healthcare providers to [report adverse events](#) to VAERS, research consistently shows that very few actually do. That's why it's imperative that anyone who suffers a reaction takes the initiative to self-report. Reporting injuries not only supports transparency—it helps build the historical record in the face of institutional denial.