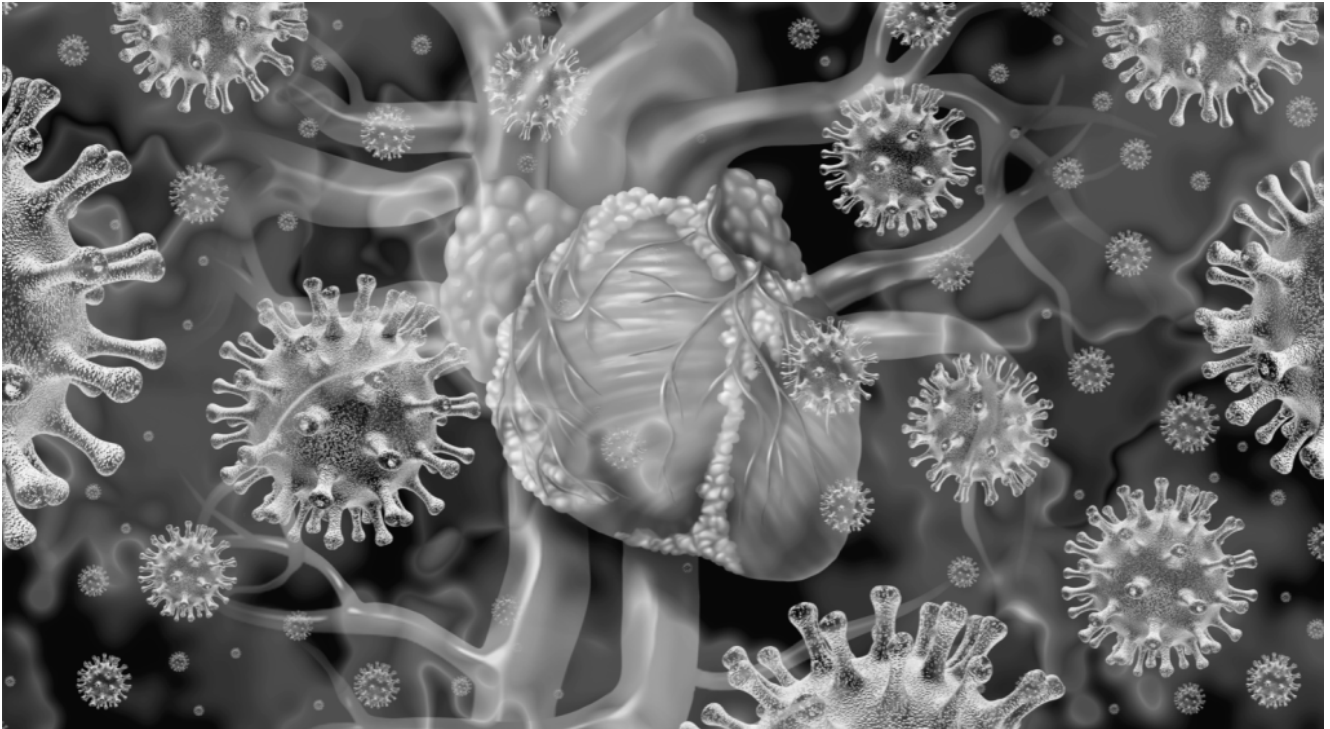


Major Study of 1.7 Million Children Found Heart Damage Only In Vaccinated Kids



When COVID-19 vaccines were authorized for children and adolescents in 2021, health officials reassured the public that vaccine-related heart inflammation was rare and that children were at a much [higher risk](#) of developing myocarditis from the virus.

However, a major recently published UK study involving 1.7 million kids found that heart damage—myocarditis and pericarditis—only occurred in children who received mRNA COVID-19 vaccines, calling the risk-benefit analysis used to justify widespread vaccination of kids into question. The study also found waning vaccine effectiveness, with vaccinated adolescents showing a similar risk of COVID-19 infection as unvaccinated peers by 14 weeks post-vaccination

Using data from the OpenSAFELY-TPP database in England, researchers tracked health outcomes in children aged 5-15 who

received one or two doses of the Pfizer-BioNTech vaccine.

Amongst 820,926 previously unvaccinated adolescents, researchers found that vaccinated adolescents were initially 26% less likely to test positive for COVID-19 compared to their unvaccinated peers. However, by 20 weeks post-vaccination, the likelihood of testing positive was nearly the same for both groups.

Similarly, among 441,858 adolescents who received one vaccine dose compared to those who received two doses, the second dose initially reduced the rate of positive tests by 33%. Yet, by 14 weeks post-vaccination, infection rates between the two groups were nearly identical. This presents important questions about the long-term efficacy of COVID-19 vaccination in children.

While the vaccine appeared to reduce the risk of emergency visits and hospitalizations due to COVID-19, these outcomes were already rare in children, vaccinated or not. In the 5 to 11 age group, COVID-related outcomes were so rare that the researchers were unable to calculate precise estimates of vaccine effectiveness. Hospitalizations and emergency department visits related to COVID-19 were minimal across both vaccinated and unvaccinated children, highlighting the low risk of severe disease in this age group.

Moreover, the vaccine had little to no effect on non-COVID outcomes like fractures, indicating it did not influence general healthcare utilization. The study did not report any COVID-19-related deaths for either vaccinated or unvaccinated children.

Only Vaccinated Children Experienced Heart Damage

The study's most alarming finding was the occurrence of

myocarditis, which was observed exclusively in vaccinated children and primarily after their first vaccine dose.

Myocarditis is heart muscle inflammation that can lead to cardiac arrhythmia, cardiac arrest, stroke, and death. The [National Organization for Rare Disorders](#) states that myocarditis can result from infection but is more commonly a result of the body's immune reaction to the initial heart damage. [Pericarditis](#) is inflammation of the sac surrounding the heart.

According to the study, 27 cases of myocarditis occurred per million vaccinated individuals following the first vaccine dose. The rate dropped to 10 cases per million after the second dose. Not a single unvaccinated child in the study was diagnosed with myocarditis or pericarditis, raising serious concerns about the safety of COVID-19 vaccines in younger populations.

Cardiologists like Dr. Kirk Milhoan argue that even a small risk of myocarditis in children is too much, given their low vulnerability to severe COVID-19 outcomes. Before administering a medication, vaccination, or performing a medical procedure, Milhoan checks to see if the benefits outweigh the risks or if there's any benefit at all. According to an April 2023 paper [published by the Cleveland Clinic](#), more vaccines carry an increased risk of experiencing COVID-19, suggesting that vaccination isn't beneficial for most people.

Myocarditis is Underreported

While it is universally acknowledged that COVID-19 vaccines can cause myocarditis, the real debate lies in how common the condition is. Physicians treating vaccine-associated myocarditis and reviewing the data believe U.S. health agencies are underestimating the frequency of the condition.

In the preprint study, researchers gathered data from

hospitalizations, emergency department visits, and primary care records to capture the diagnosis of heart inflammation.

However, Dr. Milhoan has [long voiced concerns](#) about silent myocarditis in those who develop heart inflammation following vaccination but are unaware of it. Standard diagnostic tools like EKGs, troponin levels, and echocardiograms often miss silent myocarditis, making it challenging to diagnose accurately and easy to exclude in numbers.

According to Dr. Peter McCullough, myocarditis occurs in approximately 2.5% of vaccine recipients, and [half of these cases](#) are asymptomatic.

Although the Centers for Disease Control and Prevention (CDC) claims that myocarditis following COVID-19 vaccination is rare and mild, the agency uses a [narrowed case definition](#). This allows the agency to exclude cases of silent myocarditis, cardiac arrest, ischemic strokes, and deaths from heart problems that occur before the individual reaches the emergency department.

Even so, the number of myocarditis cases associated with COVID-19 vaccines is at levels that many consider unacceptable in terms of risk-benefit profiles. Given this study's findings, the push for booster shots in children should immediately cease.