

New Study: Being Near COVID-19 Vaccinated Individuals Linked to Menstrual Irregularities



When COVID-19 vaccines were first authorized, reports surfaced from unvaccinated women claiming they experienced sudden and unexpected menstrual irregularities after being near recently vaccinated individuals. These accounts were widely dismissed as baseless conspiracy theories, and U.S. health agencies shut the door on the issue before it was even explored.

A [new study](#) published in the *International Journal of Vaccine Theory, Practice, and Research* suggests these reports have merit. The study, led by 13 researchers, found that unvaccinated women experienced new and unexpected menstrual issues after being around people who received a COVID shot.

My Cycle Story, in May 2021, launched a survey to gather detailed demographic, lifestyle, and clinical data from women aged 18 and older—both vaccinated and unvaccinated—who were

experiencing menstrual irregularities. This study, approved by the Simpson University Institutional Review Board, was initiated as reports of sudden menstrual abnormalities began circulating widely on social media.

Distributed through social media starting May 16, 2021, the survey closed on December 31, 2021, and collected data from 6,049 participants, with nearly 90% of responses received from women aged 18 to 85 within the first 3.5 months.

The survey consisted of 91 questions designed to explore possible factors contributing to menstrual abnormalities, including exposure to COVID-19 through infection or vaccination, menstrual history, medications, stress levels, hazardous exposures, and other physical or environmental factors.

Women were divided into two subgroups—the first (3,390 participants) with no known direct exposure to COVID-19 vaccines or SARS-CoV-2 infection, and the second group (2,659) who were either vaccinated for COVID-19 or had tested positive for the virus.

This subgroup was further analyzed by age: 41% were aged 18–34, 38% were aged 35–45, 17% were aged 46–54, and 4% were aged 55 or older, and key survey questions assessed proximity to vaccinated people, ranging from rare encounters to close daily contact, such as sharing a bed or food. Participants were also asked about the time between exposure and symptom onset, with options ranging from “same day” to “more than two weeks.”

Through a series of questions, researchers determined both the proximity to vaccinated individuals and the likelihood of experiencing new symptoms.

Proximity to Vaccinated Individuals Tied to Menstrual Changes in Unvaccinated Women

The study found that being near vaccinated individuals was linked to the onset of new and unexpected menstrual irregularities and other symptoms in women who had not received the COVID-19 vaccine themselves.

A striking 86.4% of women reported being within six feet of vaccinated people, and over half of the indirectly exposed group experienced symptoms within just three days of such contact, with 15.2% noticing changes the same day. Younger women, particularly those aged 18–34, were the most likely to report close, daily interactions with vaccinated individuals and experienced the highest rates of new symptoms compared to older women.

The most common abnormal menstrual changes included heavier-than-normal bleeding and periods arriving more than a week early.

Interestingly, women who had no direct exposure to the vaccine were more likely to take immune-supportive supplements like vitamin D, zinc, and magnesium, and they reported feeling healthier overall compared to the vaccinated group. Despite this, their symptoms often appeared faster and more acutely, suggesting they might be more sensitive to potential environmental or secondary exposure factors.

New Menstrual Irregularities Coincide With Vaccine Rollout

Alarmingly, researchers found that 92.3% of unvaccinated women in the “no spike protein exposure” group reported experiencing new menstrual irregularities after January 2021—a period

coinciding with the widespread rollout of COVID-19 vaccines in the U.S.

This included 94% of women aged 46–54, despite no direct exposure to the virus or vaccine. Before these changes, participants in this group reported typical menstrual cycles and no significant history of gynecological issues that could explain the sudden abnormalities.

The most common menstrual irregularities reported included heavier bleeding, early periods (by more than seven days), and extended bleeding (lasting more than seven days). Statistical modeling showed a strong link between these symptoms and close contact with vaccinated individuals.

For women who had daily interactions within six feet of vaccinated people, the risk of heavier bleeding was 34% higher, early periods 28% higher, and extended bleeding 26% higher compared to those who had less frequent or more distant contact. Even occasional proximity within six feet was linked to an increased likelihood of heavier bleeding and experiencing at least one new symptom.

Potential Causes for Menstrual Changes

While the study did not conclusively identify the mechanisms behind their findings, the authors of the paper proposed several hypotheses:

Research suggests that vaccinated people might release or shed vaccine components, such as the spike protein, lipid nanoparticles, or fragments of mRNA, through bodily fluids like saliva, sweat, breath, or even breast milk. These components, which circulate in the bloodstream of vaccinated individuals for weeks to months, could potentially affect unvaccinated individuals in close proximity.

The timing of these symptoms strongly aligned with the COVID-19 vaccine rollout. Nearly all women in the study reported their symptoms began after January 2021, shortly after vaccines became widely available. Many experienced heavier menstrual bleeding, longer periods, or shorter cycles, with symptoms most common in women who were in daily close contact (within six feet) with vaccinated individuals outside their households. This suggests that exposure to more vaccinated people over longer periods might increase the risk of developing symptoms.

One key theory is that the spike protein, a component of COVID-19 vaccines, might disrupt hormonal balance by binding to estrogen receptors. Other possibilities include inflammation caused by the vaccine components, small blood clots forming in the uterine lining, or an immune system reaction.

The researchers ruled out hormonal disruption at the brain's hypothalamic-pituitary-ovarian axis, as this would typically lead to lighter and less frequent periods—not the heavier and prolonged bleeding seen in this study.

Interestingly, women who lived with or were intimate with vaccinated individuals had a lower risk of certain symptoms, like heavy menstrual bleeding, compared to those who had frequent but less intimate contact outside their households. The researchers hypothesized that being in public spaces with larger numbers of vaccinated individuals might result in a higher concentration of vaccine-related components in the environment, increasing exposure time and the likelihood of symptoms.

Obviously, further research needs to be done to understand how vaccinated individuals might unintentionally impact unvaccinated people, particularly in terms of reproductive health. But you shouldn't plan on this happening until a new administration takes over that actually cares about public

health and conducts all of the studies that should have been performed before these injections were authorized.