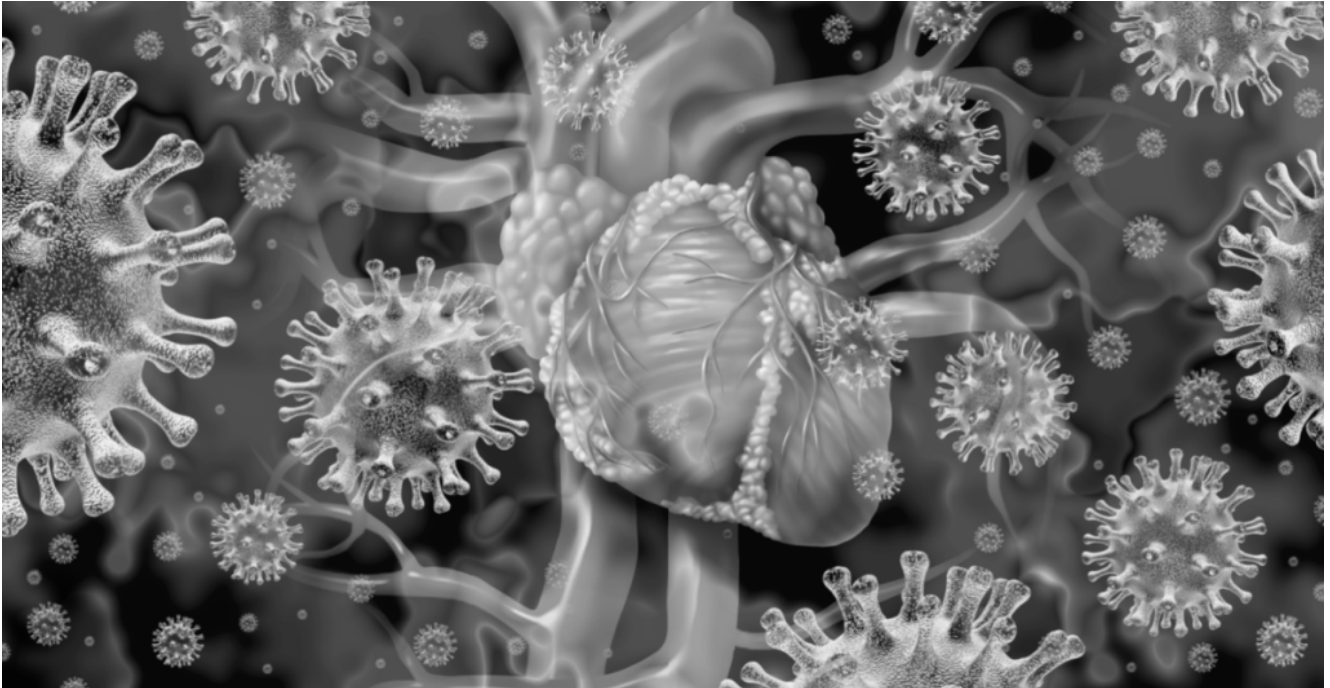


# 1,598 Athletes Experienced Cardiac Arrest, 1,101 Died After Receiving a COVID Vaccine



It is rare for young athletes to experience cardiac arrest or die while playing their sport, but since the rollout of COVID-19 vaccines in Dec. 2020, many have suspected this very thing is happening.

A peer-reviewed [paper](#) published on Dec. 21 in the Scandinavian Journal of Immunology by Dr. Peter McCullough and biologist Panagis Polykretis found that 1,598 athletes experienced cardiac arrest after receiving a COVID-19 vaccine since January 2021 and 1,101 of the 1,598 athletes died. Between 2021 and 2022, data show 279 athletes were from the U.S.

To put this in perspective, over a 38-year period from 1966 to 2004, 1,101 athletes under the age of 35 died.



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This recent paper from Dr. Polykretis and myself gets the sharp rise in athlete deaths into PUBMED. Since vaccination, "1598 athletes suffered cardiac arrest, 1101 of which with deadly outcome. Over a prior 38-years (1966-2004), 1101 athletes < age of 35 died (~29/yr).

Received: 19 November 2022 | Accepted: 17 December 2022  
DOI: 10.1111/sji.13242

LETTER TO THE EDITOR

BRITISH JOURNAL OF Immunology WILEY

COURAGEOUS DISCOURSE

Panagis Polykretis<sup>1</sup>  
Peter A. McCullough<sup>2</sup>

**Rational harm-benefit assessments by age group are required for continued COVID-19 vaccination**

prevented. From January 2021 to the time of writing, 1598 athletes suffered cardiac arrest, 1101 of which with deadly outcome.<sup>8</sup> Notably, in a 38-years timespan (1966-2004), 1101 athletes under the age of 35 died (~29/years) due to various heart-related conditions, 50% of whom infection, in a large population study.<sup>11</sup> Since the end of 2021 and throughout 2022, young age excess mortality has substantially increased in many European countries (Figure 1), in concert with the vaccine program.<sup>12</sup>

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--- Baseline — 2020 — 2021 — 2022

0-14 years

FIGURE 1 Graph showing the excess mortality in the age group 0-14 until week 2022-51, generated with data from 27 participating European countries (EuroMOMO 2022).

Athletes are at a much lower risk of experiencing cardiac arrest compared to non-athletes, and almost all U.S. states require [pre-participation screening](#) of participants in organized sports. The [purpose of screening](#) is to “provide medical clearance for participation in competitive sports through routine and systematic evaluations intended to identify clinically relevant and preexisting cardiovascular abnormalities and thereby reduce the risks associated with organized sports.”

Players are [screened](#) for hypertrophic cardiomyopathy, which

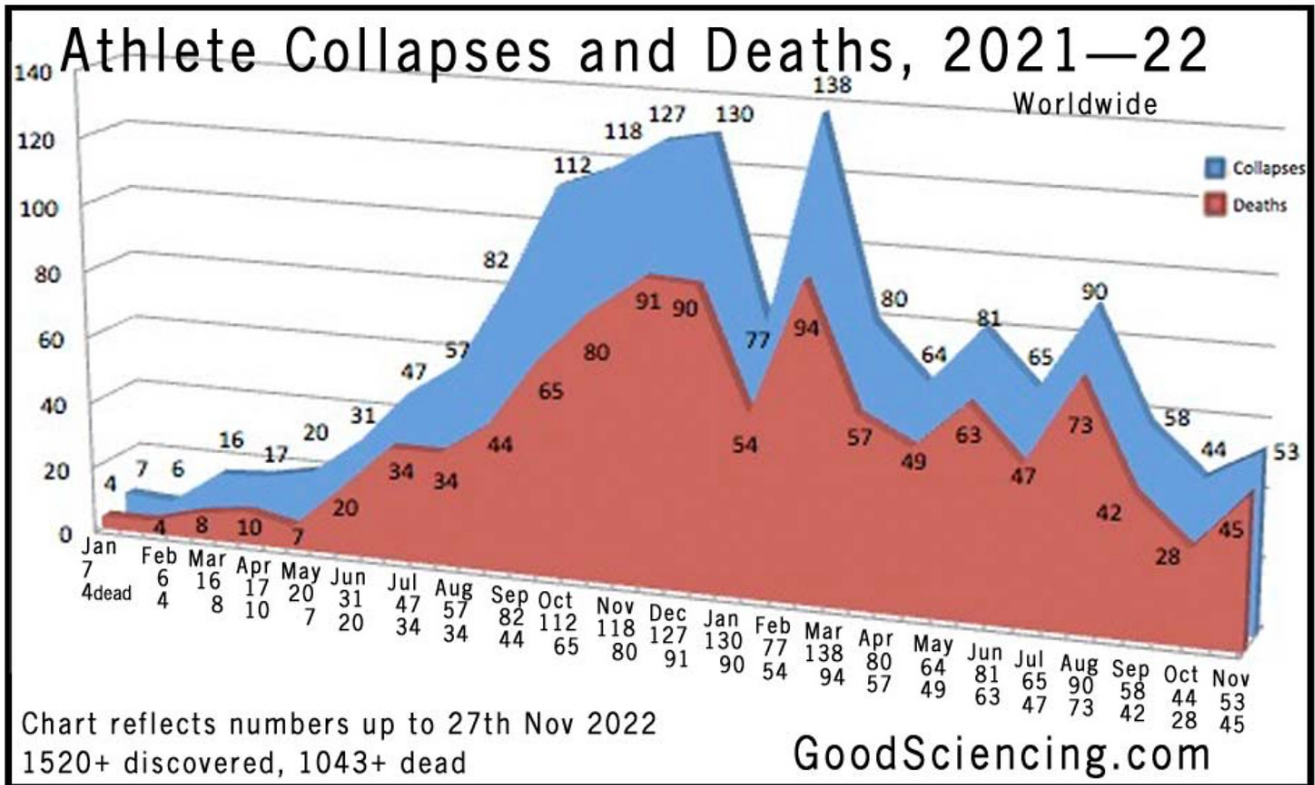
makes up almost 50% of sudden cardiac deaths in athletes, as well as other heart abnormalities. According to a [paper](#) published in General Cardiology, athletic sudden cardiac death is a “rare event.”

A study published in [Circulation](#) identified 1,866 sudden deaths in U.S. athletes from 1980 to 2006 in thirty-eight sports – with 1,049 (56%) attributed to cardiovascular causes. Of these 1,049 deaths, 690 could be reliably attributed to 44 documented primary cardiovascular diseases, with hypertrophic cardiomyopathy occurring in 251 cases.

According to [Good Sciencing](#), the International Olympic Committee in Lausanne, Switzerland, studied [international data banks](#) from 1966 to 2004 and found 1,101 sudden deaths in athletes under 35 years of age during that entire period – an average of 29 athletes per year.

From 2005 to 2006, there was an [average of 66 deaths](#) per year, with 82% occurring during competition or training. There were 89 deaths reported in January 2022 alone.

As of Nov. 27, 2022, Good Sciencing has identified 1,520 incidences of cardiac arrests in athletes, with 1,043 cases resulting in death. As of Dec. 9, they were reviewing 39 new reports.



Athlete collapses and deaths chart from 1st January 2021 to 27th November 2022. Good Sciencing.

In an [interview](#) with The Vigilanti Fox, McCullough said he believes COVID vaccines cause heart inflammation, and then a “big surge of adrenaline” an athlete experiences during sports is “triggering these deaths.”

A [recent study](#) carried out by a team at Brigham and Women’s Hospital and Massachusetts General Hospital found that young adults and adolescents who experience myocarditis (a type of heart inflammation) following vaccination with an mRNA-based COVID vaccine like Pfizer and Moderna had increased levels of viral spike protein in their bloodstream.

According to the [most recent data](#) from the Vaccine Adverse Event Reporting System (VAERS), between Dec. 14, 2020, and Dec. 23, 2022, there were [8,201 reports](#) of myocardial infarction and cardiac arrest in all age groups following COVID-19 vaccines. It is estimated that VAERS has an underreporting factor of 31. If this is true, there have potentially been as many as 254,231 heart attacks and cardiac arrests following COVID-19 vaccination. (This does not take into account the growing number of myocarditis reports deleted

by the CDC from VAERS.)

There have been [24,958 cases](#) of myocarditis and pericarditis reported to VAERS during this same period, with [18,911 cases](#) attributed to Pfizer, [5,557 cases](#) to Moderna, and [431](#) to Johnson & Johnson. There are [59 reports](#) of hypertrophic cardiomyopathy following COVID-19 vaccination.

In a [study](#) published on Nov. 27 in Clinical Research in Cardiology, German researchers evaluated the autopsies of 25 people who died unexpectedly within 20 days of receiving a COVID-19 vaccine. Four individuals had myocarditis without any other disease signal that may have caused the unexpected death.

Researchers concluded the deaths were due to cardiac failure and myocarditis and that “myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination.”