

CDC Study Confirms COVID-19 Vaccination Increases Risk of Suffering Autoimmune Heart Disease Affecting the Heart by Over 13,200%

By [The Expose](#)

Global Research, September 18, 2023
[The Expose](#) 14 September 2023

Region: [USA](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the Translate Website button below the author's name.

To receive Global Research's Daily Newsletter (selected articles), [click here](#).

Click the share button above to email/forward this article to your friends and colleagues. Follow us on [Instagram](#) and [Twitter](#) and subscribe to our [Telegram Channel](#). Feel free to repost and share widely Global Research articles.

A study conducted by the US Centers for Disease Control and Food and Drug Administration has shown that the risk of myocarditis following mRNA COVID vaccination is around 133x greater than the background risk in the population.

This means Covid vaccination increases the risk of suffering myocarditis, an autoimmune disease causing inflammation of the heart, by 13,200%.

Original Investigation

January 25, 2022

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Matthew E. Oster, MD, MPH^{1,2,3}; David K. Shay, MD, MPH⁴; John R. Su, MD, PhD, MPH¹; et al.

[Author Affiliations](#) | [Article Information](#)

¹US Centers for Disease Control and Prevention, Atlanta, Georgia

²School of Medicine, Emory University, Atlanta, Georgia

³Children's Healthcare of Atlanta, Atlanta, Georgia

⁴Vanderbilt University Medical Center, Nashville, Tennessee

⁵Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio

⁶Boston Medical Center, Boston, Massachusetts

⁷Duke University, Durham, North Carolina

⁸US Food and Drug Administration, Silver Spring, Maryland

JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110

[Source](#)

The [study](#), conducted by researchers from the U.S. Centers for Disease Control (CDC) as well as from several U.S. universities and hospitals, examined the effects of vaccination with products manufactured by Pfizer-BioNTech and Moderna.

The study's authors used data obtained from the CDC's VAERS reporting system which were cross-checked to ensure they complied with CDC's definition of myocarditis; they also noted that given the passive nature of the VAERS system, the number of reported incidents is likely to be an underestimate of the extent of the phenomenon.

1626 cases of myocarditis were studied, and the results showed that the Pfizer-BioNTech product was most associated with higher risk, with 105.9 cases per million doses after the second vaccine shot in the 16 to 17 age group for males, and 70.7 cases per million doses after the second shot in the 12 to 15 age group for males. The 18 to 24 male age group also saw significantly higher rates of myocarditis for both Pfizer's and Moderna's products (52.4 and 56.3 cases per million respectively).

Key Points

Question What is the risk of myocarditis after mRNA-based COVID-19 vaccination in the US?

Findings In this descriptive study of 1626 cases of myocarditis in a national passive reporting system, the crude reporting rates within 7 days after vaccination exceeded the expected rates across multiple age and sex strata. The rates of myocarditis cases were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively).

Meaning Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men.

Source

The [study](#) found that the median time to symptom onset was two days, and that 82 percent of cases were in males, consistent with previous studies. Around 96 percent of affected people were hospitalised, with most treated with nonsteroidal anti-inflammatory drugs; 87 percent of those hospitalised had resolution of symptoms by time of discharge.

At the time of data review, two reports of death in people younger than 30 years of age with potential myocarditis still remained under investigation and were not included in the case counts.

Among the reported symptoms were: chest pain, pressure, or discomfort (89%), shortness of breath (30%), abnormal ECG results (72%), and abnormal cardiac MRI findings (72%).

The study's authors noted that myocarditis following vaccination appeared to resolve more swiftly than in typical viral cases; however, given that vaccination is no longer considered a reliable way in which to avoid COVID infection, it is unclear whether this has any specific relevance to the cost-benefit analysis of COVID vaccination, especially considering the low risk of complications following coronavirus infection for the age group most at risk for heart-related complications following vaccination.

Given the plethora of studies confirming a link between vaccination and myocarditis, the CDC has commenced active surveillance of adolescents and young adults to monitor their progress following heart-related incidents after vaccination. Long-term outcome data, however, are not yet available.

In the meantime, the American Heart Association and the American College of Cardiology advise that people with myocarditis should refrain from competitive sports for three to six months, and only resume strenuous exercise after normal ECG and other test results are obtained. In addition, they advise that further mRNA vaccine doses should be deferred.

Conclusions

Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

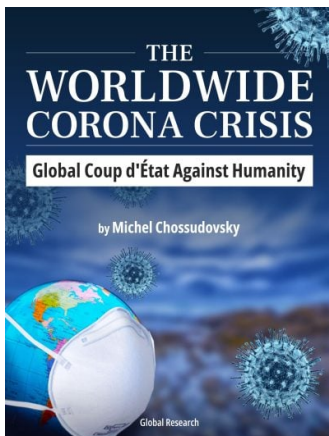
[Source](#)

In conclusion, the study's authors note that the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men, and that this risk should be considered in the context of the benefits of COVID-19 vaccination.

*

Note to readers: Please click the share button above. Follow us on Instagram and Twitter and subscribe to our Telegram Channel. Feel free to repost and share widely Global Research articles.

Featured image: mRNA vaccines cause myocarditis by leading your own immune cells to attack your heart, which can lead to sudden death by ventricular tachycardia or fibrillation. (Kateryna Kon/Shutterstock)



The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

ISBN: 978-0-9879389-3-0, Year: 2022, PDF Ebook, Pages: 164, 15 Chapters

Price: ~~\$11.50~~ FREE COPY! [Click here \(docsend\) and download.](#)

We encourage you to support the eBook project by making a donation through Global Research's [DonorBox "Worldwide Corona Crisis" Campaign Page.](#)

The original source of this article is [The Expose](#)
Copyright © [The Expose](#), [The Expose](#), 2023

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [The Expose](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca