

Pfizer COVID Vaccine Linked to Rare Blood Clot Disorder, Israeli Researchers Say

By [Megan Redshaw](#)

Global Research, June 24, 2021

[Children's Health Defense](#) 23 June 2021

Region: [USA](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

A team of Israeli researchers said they began studying the possible link between Pfizer’s vaccine and thrombotic thrombocytopenic purpura after reports of a sudden increase in cases across Israel — four cases in one month compared to two or three cases per year.

Israeli researchers on Monday said they [discovered a link](#) between Pfizer’s COVID vaccine and thrombotic thrombocytopenic purpura (TTP), a rare blood disease.

Scientists with the [Institute of Hematology at Shamir Medical Center](#) said they [began researching](#) the possible link after reports of a sudden increase in TTP across Israel — four cases detected in one month compared to two or three cases per year.

TTP is an [autoimmune disorder](#) that causes blood clots to form in small blood vessels throughout the body. According to the [National Institutes of Health](#), these clots can cause serious health problems if they block vessels and restrict blood flow to organs, such as the brain, kidneys and heart.

According to the [Jerusalem Post](#), the medical team said they found a “chronological connection” between vaccination and the onset of TTP symptoms. They stressed this occurred in both new patients and in patients with pre-existing TTP whose disease had been in remission but flared up soon after getting the vaccine.

The Health Ministry, which is evaluating the research, asked doctors not to provide interviews until the evaluation is complete.

Dr. Maya Koren-Michowitz, head of the Hematology and the Translational Hemato-Oncology Laboratory and lead author of the study, recommended people with a history of TTP get vaccinated only with special permission from their doctor — and if they do vaccinate, get a follow-up clinical evaluation.

Koren-Michowitz also called on “healthy people” who are vaccinated to be vigilant and seek medical help immediately if symptoms appear.

“Physicians and patients need to be alert to the clinical symptoms: weakness fatigue, neurological disorders, hemorrhage and chest pain,” [the Israeli team said](#) in a press release.

A spokesperson said the study is very small and “should not deter individuals from getting the COVID vaccine.”

Experts have long warned mRNA vaccines may cause blood clots

A search of the government-run [Vaccine Adverse Event Reporting System](#) (VAERS), using search criteria including reports of blood clots associated with blood coagulation disorders, produced a total of [6,352 events](#) reported between Dec. 14, 2020 through June 11, 2021.

Of the 6,352 reported cases, [2,705](#) were attributed to Pfizer, [2,197](#) were attributed to Moderna and [1,408](#) were attributed to the Johnson & Johnson (J&J) COVID vaccine.

As [The Defender reported](#) in April, U.S. regulatory officials [were alerted](#) as far back as December 2020 that the Pfizer and Moderna vaccines — like [AstraZeneca](#) and [J&J COVID vaccine](#) — could pose similar risks of blood clots.

On Dec. 8, 2020, before any COVID vaccines received [Emergency Use Authorization](#) in the U.S., J. Patrick Whelan, M.D., Ph.D., [wrote](#) the U.S Food and Drug Administration (FDA) about the potential for vaccines designed to create immunity to the [SARS-CoV-2](#) spike protein “to cause microvascular injury and blood clots throughout the body including the brain, heart, liver and kidneys, in ways that were not assessed in the safety trials.”

As [The Defender reported](#) in February, [Whelan](#), a Harvard-trained physician with a background in biochemistry, medicine and rheumatology, did not dispute the vaccines’ potential to quickly arrest the spread of the virus — assuming the vaccines prove to actually prevent transmission, which also was not assessed in the clinical trials.

But Whelan cautioned “it would be vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on other organs.”

In a [study](#) published by [Oxford University](#), researchers found the number of people who developed cerebral venous sinus thrombosis (CVST) blood clots after COVID vaccines was about the same for Pfizer, Moderna and AstraZeneca.

According to the Oxford study, 4 in 1 million people experienced CVST during the two weeks following vaccination with the Pfizer or Moderna vaccine, versus 5 in 1 million people who developed the condition after getting the AstraZeneca vaccine.

Although [researchers](#) found a significantly higher incidence of blood clots in people who were infected with [COVID](#), the incidence of blood clots following vaccines was still much higher than the background incidence of 0.41 — a strong signal the vaccines pose this specific risk.

“These findings are consistent with what we know about how [vaccine-induced spike proteins](#) can on their own cause cell signaling through interactions with the ACE-2

receptors,” said Lyn Redwood, RN, MSN, president emerita of [Children’s Health Defense](#).

Redwood said:

“When this happens, it can result in inflammation and a host of other potentially pathological events in the epithelial lining of the blood vessels which can then trigger pro-inflammatory cytokines capable of activating coagulation systems and down-regulating anticoagulant pathways resulting in clot formation.”

A study published February in the [Journal of Hematology](#) examined [thrombocytopenia](#) following Pfizer and Moderna vaccination in response to the death of a [56-year-old Florida physician](#) — the first identified patient who died from a brain hemorrhage after receiving Pfizer’s vaccine.

After examining 20 case reports of patients who suffered blood clots following vaccination — including 17 without pre-existing thrombocytopenia — and analyzing data from U.S. health agencies, VAERS and treatment providers, researchers behind the Journal of Hematology study [could not exclude](#) the possibility that the Pfizer and Moderna vaccines had the potential to trigger ITP. They recommended additional surveillance.

In April, the [Association of American Physicians and Surgeons](#) (AAPS) [informed the FDA](#) that mRNA products, through spike proteins, may have “the potential to cause microvascular injury [inflammation and small blood clots called microthrombi] to the brain, heart, liver and kidneys in ways that were not assessed in the safety trials.” The FDA did not respond.

The AAPS identified at least 37 people at the time who [developed a rare platelet disorder](#) after receiving the Pfizer or Moderna shot.

On April 13, [Dr. Hooman Noorchashm](#), a physician-scientist and advocate for ethics who specializes in cardiothoracic surgery, joined [Tucker Carlson](#) on his show to discuss blood clots and vaccines.

Noorchashm, commenting on the FDA decision to [temporarily pause](#) J&J’s vaccine after reports of blood clots, said although it was a good sign the FDA was taking seriously [blood clot complications](#) with the J&J vaccine, the agency was missing similar thrombotic complications with Pfizer and Moderna.

Noorchashm said:

“I don’t know why this cluster is sort of affecting J&J. There are certainly other examples of thrombotic events with Pfizer and Moderna that have been entered into the VAERS system.”

According to Redwood, it’s “only logical to assume” that when the vaccine creates the identical [spike protein](#) that occurs in infection, and which has been identified as the culprit causing a myriad serious and life threatening injuries, “we are going to see these same injuries in individuals who receive the vaccines.”

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram,

@crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Megan Redshaw is a freelance reporter for The Defender. She has a background in political science, a law degree and extensive training in natural health.

Featured image is from CHD

The original source of this article is [Children's Health Defense](#)
Copyright © [Megan Redshaw](#), [Children's Health Defense](#), 2021

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

[Become a Member of Global Research](#)

Articles by: [Megan Redshaw](#)

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