

# Vaccine Researcher Develops Tinnitus 90 Minutes After COVID Shot, Calls for More Research

Dr. Gregory Poland, a vaccinologist at the Mayo Clinic in Minnesota who developed tinnitus after his second dose of an mRNA COVID-19 vaccine, raises questions about the side effect and suggests more research needed.

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*A vaccinologist at the Mayo Clinic in Minnesota [said](#) he developed tinnitus after his second dose of an mRNA [COVID-19](#) vaccine.*

*[Dr. Gregory Poland’s](#) symptoms began 90 minutes after receiving the vaccine. He described the condition as “fairly severe” and “extraordinarily bothersome, interfering with sleep and the ability to concentrate.”*

Tinnitus is [defined](#) as hearing sounds when no actual, external sounds are present. Some people report:

- Ringing in the ears.
- Buzzing, hissing, whistling, swooshing and clicking.
- Thumping.
- Hearing music when none is being played.

According to data released March 4 by the Vaccine Adverse Event Reporting System (VAERS), [19,630 people](#) have reported developing tinnitus after a COVID vaccine. There are no VAERS data on whether or not this condition resolved or is ongoing.

A Dec. 14, 2021 Johnson & Johnson (J&J) “Fact Sheet for Recipients and Caregivers” [lists tinnitus](#) as a side effect of the Janssen COVID vaccine, marketed by J&J.

Pfizer and Moderna do not note any causal connection between the vaccine and hearing issues, [according to ABC News](#), and neither the Centers for Disease Control and Prevention nor U.S. Food and Drug Administration list the condition as a side effect.

Tinnitus is also a symptom of COVID, especially among “long-haulers.” Texas Roadhouse CEO Kent Taylor last year [committed suicide](#) after experiencing severe post-COVID symptoms, including tinnitus.

Spike protein in virus, vaccine may cause trigger tinnitus

Poland last month hosted a [video discussion](#) with two leading tinnitus researchers, [Konstantina Stankovic](#), M.D., Ph.D., and [Shaowen Bao](#), Ph.D., during which they examined the mechanisms of tinnitus.

Stankovic, a professor at Stanford University School of Medicine, has been studying tinnitus in COVID patients since the beginning of the pandemic.

Of the 10 patients she studied who had COVID and tinnitus, all of them had “either reduced or non-existent hair function.”

She found the virus entered the inner ear cells and “preferentially affected hair cells,” referring to the hair cells of the [cochlea](#), an integral part of the inner ear and the organ responsible for the conversion of sound into an electrical signal the brain then interprets.

“The virus causing COVID-19 can directly infect the human inner ear cells, and this could explain what we are seeing,” Stankovic said.

Researchers estimate nearly [15%](#) of people who recovered from COVID developed tinnitus, and this condition is now [associated with](#) long COVID.

Poland, who got a booster shot despite developing tinnitus after his second COVID shot, raised the question of whether or not that was the right thing to do.

Bao, an associate professor at the University of Arizona, said his research on vaccine-induced tinnitus, which is awaiting peer review, indicates the spike protein — present in the virus and in the vaccine — is a likely contributor to tinnitus.

Although Bao did not identify a molecular mechanism for spike protein-induced tinnitus, results from his own survey indicate the incidence of tinnitus following the first shot is 10% higher than that following the second shot, a small but statistically significant percentage.

This indicates a spike protein-mediated effect and not an immune response effect because the immune response is known to be greater after the second dose, Bao said.

From his survey of 400 people who developed post-vaccination tinnitus, 100 chose to receive a second dose of the vaccine despite having unresolved tinnitus from the first injection, Bao said. Of those 100 people, 38% reported worsening symptoms after the second dose, a much higher risk than the 70 per million cases reported in VAERS.

Bao concluded that, for unknown reasons, some people are more predisposed than others to this adverse event.

Poland decided to get the booster shot. His tinnitus went away for about 24 hours only to return at a higher pitch, he said.

Poland did not return calls from [The Defender](#) about whether his condition has improved and

if he reported it to VAERS.

More research needed, experts say

“These experts’ observations highlight the challenge we have in identifying the real cause of the conditions endured by people during the pandemic,” said Dr. Madhava Setty, senior science editor for The Defender.

Setty added:

“The spike protein has been implicated as the cause of many ailments following both vaccination and COVID-19, from [myocarditis](#) to [clotting disorders](#). We cannot know which is more dangerous, the virus or the vaccine, if we do not have a large number of unvaccinated people to observe.”

The American Tinnitus Association (ATA) [encourages](#) people who develop tinnitus after a COVID vaccine to report it to VAERS.

The association states that manufacturers of COVID vaccines currently don’t list tinnitus as an expected adverse reaction (although, as reported, J&J does list it).

The ATA states:

“At present, none of the available coronavirus vaccines include information on tinnitus as a side effect. It is only through the reporting of side effects that adjustments are made in the list of common or rare side effects, so please report any adverse events that occur after vaccination.”

Poland, Stankovic and Bao concluded tinnitus should not deter people from getting their booster shots, and said more research on tinnitus is desperately needed due to its “tremendous ill effect on people’s health and well-being and healthcare costs.”

[According to the ATA:](#)

“Millions of Americans experience tinnitus, often to a debilitating degree, making it one of the most common health conditions in the country. The U.S. Centers for Disease Control estimates that nearly 15% of the general public — over 50 million Americans — experience some form of tinnitus. Roughly 20 million people struggle with burdensome chronic tinnitus, while 2 million have extreme and debilitating cases.”

Scientists and doctors are still getting a better understanding of this condition and ways to treat it, [Bao and Stankovic said](#). A variety of causes have been identified, and some people experience it as an acute, temporary condition, while for others it is chronic and ongoing. It can also lead to hearing loss.

There are no available evidence-based therapeutics for treating tinnitus. Some people have seen positive results with white noise therapy. Targeting inflammation might yield the best therapeutic strategies, Bao said.

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