# Those With Eyes to See

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**Paper :** **Risk assessment of retinal vascular occlusion after COVID-19 vaccination**

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**Link :** Risk assessment of retinal vascular occlusion after COVID-19 vaccination | npj Vaccines (nature.com)

**Download :** https://howbad.info/blindness.pdf

**Summary**


| | |
|---|---|
| Purpose : | This study investigated the risk of retinal vascular occlusion (blocking of retinal veins) after COVID-19 vaccination. Retinal vein occlusion (RVO) is the second most prevalent cause of visual loss related to retinal vascular diseases, after diabetic retinopathy. |
| Subjects: | Included individuals vaccinated with COVID-19 vaccines between January 2020 and December 2022. We excluded individuals with a history of retinal vascular occlusion or those who used any systemic medication that could potentially affect blood coagulation prior to vaccination. |
| Result : | Individuals with COVID-19 vaccination had a higher risk of **all forms** of retinal vascular occlusion in 2 years after vaccination, with an overall hazard ratio of 2.19 (95% confidence interval 2.00–2.39). **They were more than twice as likely to have retinal clots.** The cumulative incidence of retinal vascular occlusion was **significantly higher** in the vaccinated cohort compared to the unvaccinated cohort, 2 years and 12 weeks after vaccination. |
| Immediate : | The risk of retinal vascular occlusion significantly increased during the first 2 weeks after vaccination and persisted for 12 weeks. |
| Delayed : | Additionally, individuals with first and second dose of BNT162b2 and mRNA-1273 had significantly increased risk of retinal vascular occlusion |


- Excluded subjects with confirmation of Covid-19 diagnosis
- Excluded subjects with any history of retinal vascular occlusion 6 months prior to date of study.
- Excluded subjects on medications for antiplatelets, anticoagulants, diuretics, contraceptives, or anti-hemorrhages 4 weeks prior to the study date.
- Matched vaccinated and unvaccinated groups by age, sex, race, comorbidities, medications and previous hospitalisation.

## Results

- RVO = Retinal Vascular Occlusion
- BRAO = Branch Retinal Artery Occlusion
- BRVO = Branch Retinal Vein Occlusion
- CRAO = Central Retinal Artery Occlusion
- CRVO = Central Retinal Vein Occlusion

### Age 18-64
### 2 years after vaccination

506,701 vaccinated people
506,701 unvaccinated people

| | Number of events | | |
|---|---|---|---|
| | Vaccinated | Unvaccinated | HR and 95% CI |
| Age 18–64 | 506,701 | 506,701 | |
| Retinal vascular occlusion[b] | 415 | 240 | 1.87 (1.58–2.19) |
| BRAO | 95 | 63 | 1.65 (1.19–2.28) |
| BRVO | 174 | 86 | 2.21 (1.69–2.87) |
| CRAO | 45 | 34 | 1.47 (0.93–2.31) |
| CRVO | 156 | 78 | 2.19 (1.65–2.88) |

**The risk of retinal vascular occlusion increased significantly** after the first and second doses of BNT162b2 or mRNA-1273 in a 2-year period.

### Age >64
### 2 years after vaccination

236,804 vaccinated people
236,804 unvaccinated people

| | | | |
|---|---|---|---|
| Age ≥ 65 | 236,804 | 236,804 | |
| Retinal vascular occlusion[b] | 1108 | 520 | 2.37 (2.12–2.62) |
| BRAO | 251 | 140 | 2.07 (1.67–2.54) |
| BRVO | 443 | 180 | 2.70 (2.26–3.21) |
| CRAO | 136 | 89 | 1.74 (1.32–2.28) |
| CRVO | 390 | 169 | 2.55 (2.12–3.05) |

**The risk of retinal vascular occlusion increased significantly** after the first and second doses of BNT162b2 or mRNA-1273 in a 2-year period.

## Female
## 2 years after vaccination

437,682 vaccinated people
437,682 unvaccinated people

| | | | |
|---|---|---|---|
| Female | 437,682 | 437,682 | |
| Retinal vascular occlusion[b] | 782 | 359 | 2.33 (2.05–2.64) |
| BRAO | 168 | 92 | 2.02 (1.56–2.61) |
| BRVO | 332 | 133 | 2.64 (2.15–3.23) |
| CRAO | 99 | 58 | 1.88 (1.34–2.60) |
| CRVO | 272 | 115 | 2.54 (2.04–3.16) |

**The risk of retinal vascular occlusion increased significantly** after the first and second doses of BNT162b2 or mRNA-1273 in a 2-year period.

## Male
## 2 years after vaccination

302,269 vaccinated people
302,269 unvaccinated people

| | | | |
|---|---|---|---|
| Male | 302,269 | 302,269 | |
| Retinal vascular occlusion[b] | 731 | 328 | 2.40 (2.10–2.73) |
| BRAO | 178 | 92 | 2.17 (1.67–2.80) |
| BRVO | 277 | 104 | 2.81 (2.23–3.52) |
| CRAO | 87 | 55 | 1.69 (1.20–2.37) |
| CRVO | 266 | 104 | 2.79 (2.21–3.50) |

**The risk of retinal vascular occlusion increased significantly** after the first and second doses of BNT162b2 or mRNA-1273 in a 2-year period.

## White
## 2 years after vaccination

545,223 vaccinated people
545,223 unvaccinated people

| | | | |
|---|---|---|---|
| White | 545,223 | 545,223 | |
| Retinal vascular occlusion[b] | 1146 | 546 | 2.31 (2.08–2.55) |
| BRAO | 278 | 149 | 2.12 (1.72–2.59) |
| BRVO | 465 | 179 | 2.79 (2.34–3.31) |
| CRAO | 135 | 86 | 1.78 (1.35–2.34) |
| CRVO | 396 | 175 | 2.52 (2.10–3.01) |

**The risk of retinal vascular occlusion increased significantly** after the first and second doses of BNT162b2 or mRNA-1273 in a 2-year period.

## African American
## 2 years after vaccination

89,833 vaccinated people
89,833 unvaccinated people

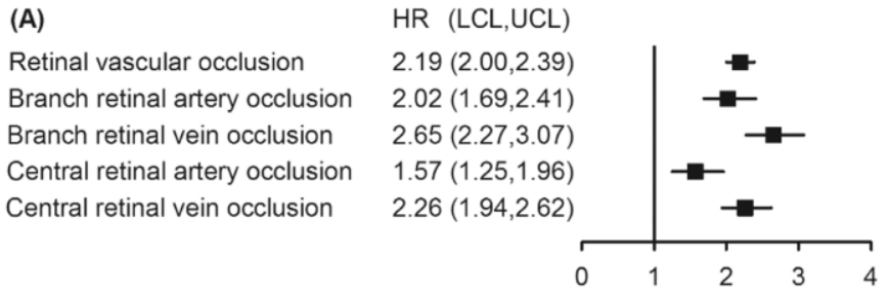
| | | | |
|---|---|---|---|
| African American | 89,833 | 89,833 | |
| Retinal vascular occlusion[b] | 218 | 118 | 2.05 (1.63–2.56) |
| BRAO | 40 | 25 | 1.85 (1.11–3.07) |
| BRVO | 84 | 42 | 2.18 (1.50–3.16) |
| CRAO | 37 | 19 | 2.14 (1.22–3.73) |
| CRVO | 83 | 41 | 2.28 (1.56–3.31) |

**The risk of retinal vascular occlusion increased significantly** after the first and second doses of BNT162b2 or mRNA-1273 in a 2-year period.

## Risk within 2 years

**The overall risk of retinal vascular occlusion in the vaccinated cohort was 2.19 times higher than that in the unvaccinated cohort at 2 years** (95% Cl 2.00–2.39). Two years after vaccination, the chances of all subtypes (BRAO, BRVO, CRAO and BRVO) of retinal vascular occlusion increased significantly in the vaccinated cohort.

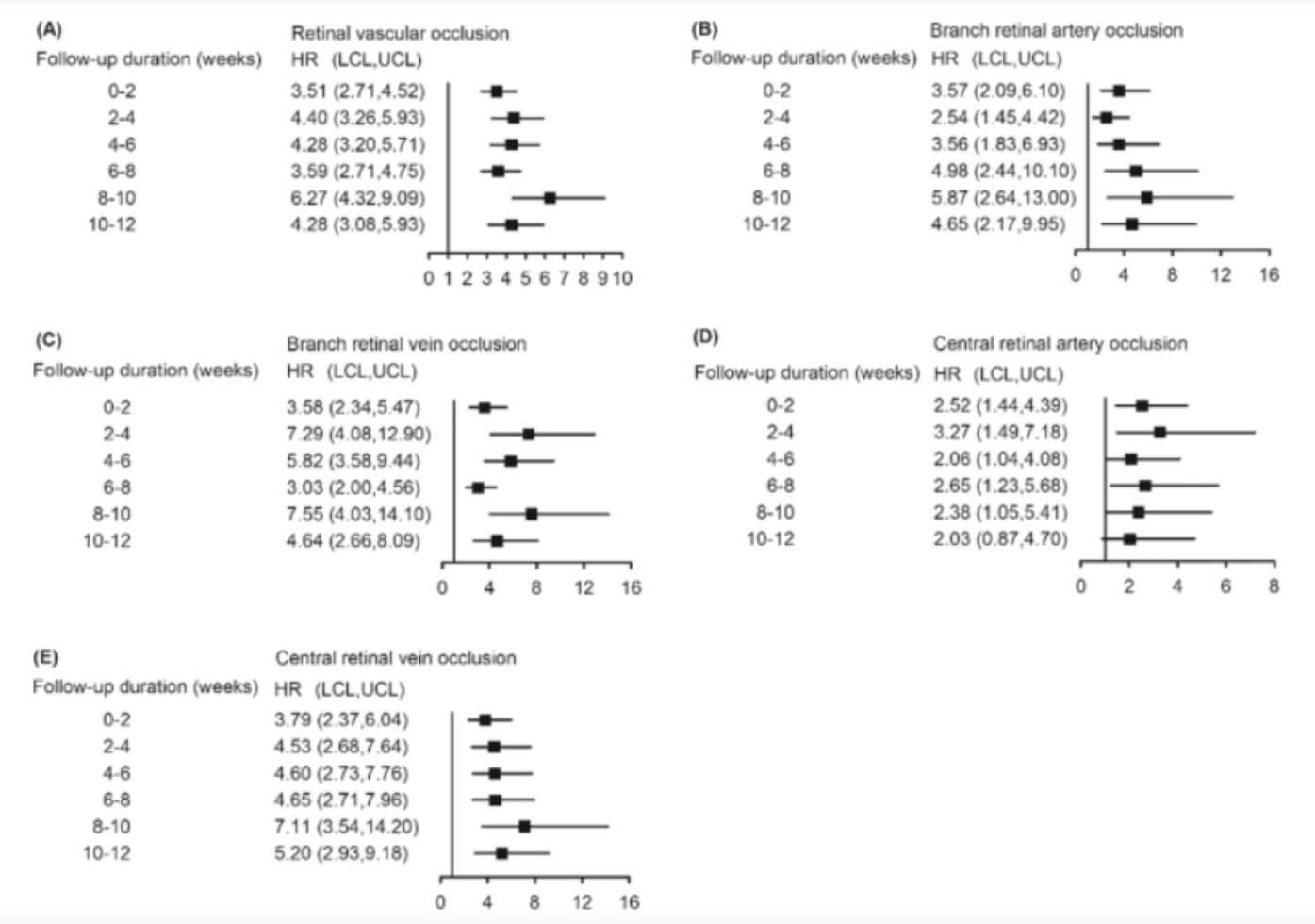
HR = Hazard Ratio
LCL = Lower Confidence Limit
UCL = Upper Confidence Limit




## Risk within first 12 weeks

The hazards of retinal vascular occlusion and its subtypes were higher within the first 12 weeks. Because of this acute (immediate) effect, results were analysed twice each week for the first 12 weeks.

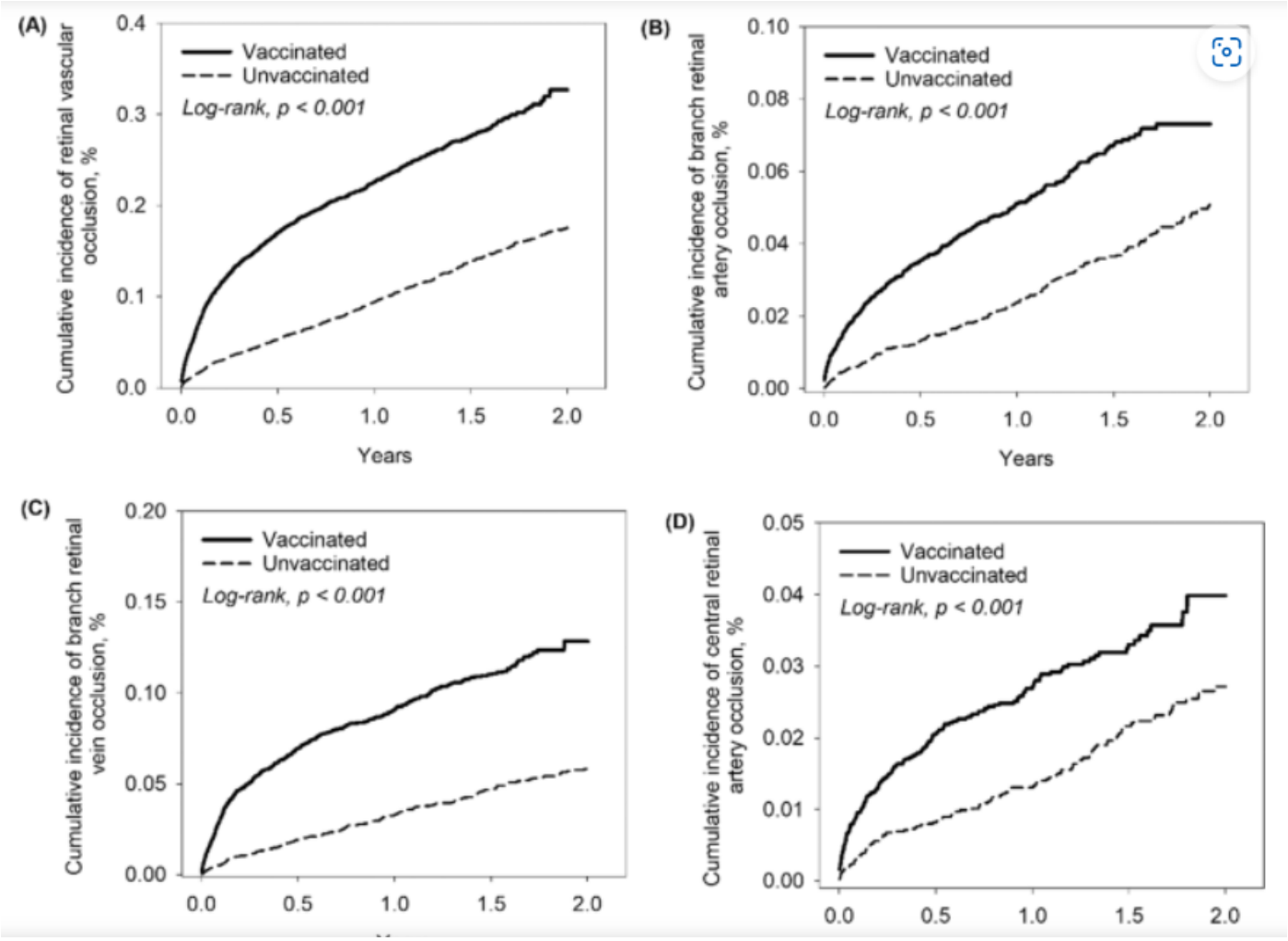
**The risk of retinal vascular occlusion in the vaccinated cohort rose to 7.55 times higher than that in the unvaccinated.**



For the vaccinated, the cumulative incidence as time passes is steeper initially, showing that the risk is much greater during the acute phase (within the first 12 weeks). It is not evenly spread over time, but greater soon after vaccination.

For the unvaccinated, the cumulative incidence as time passes  has a constant gradient, showing that it is evenly spread over time.

All probabilities are highly significant at **p less than 0.001**




## Mechanism

RVO is related to thromboembolism caused by vessel compression, vasospasm, or degeneration of vascular walls [Karia, 2010].

Degeneration of the vascular walls. This is EXACTLY what happens when the vaccine enters the circulation. The lining of blood vessels are exposed the lipid nano particles. The LNPs enter the cells lining the blood vessels (called endothelial cells) and the mRNA causes these cells to manufacture the spike protein. This spike is then expressed on the surface of the cells. The immune system immediately recognises this spike as foreign and attacks the cells – destroying the lining of the blood vessels.

This can occur anywhere in the body – where-ever the vaccine happens to circulate. If the vaccine reaches the brain, or retinal veins ….. you can understand what will happen - vision will be impaired, or sight lost altogether. It’s a matter of chance. See references for additional information.

## A Clear and Present Danger

Given that the World Health Organisation pushed so hard for these shots and promoted them as safe and effective, is it not dangerous that the same World Health Organisation seeks to amend International Health Regulations to allow it to mandate medical treatments for all future pandemics upon all 190 member countries – a medical tyranny?

It seeks not to advise, but to command medical policies for all 190 member states – come the next "pandemic" – and make these policies binding and mandatory.

It seeks not to allow open discussion, but to suppress any alternative scientific view – labelling such as "mis-information", and "info-terrorism" – and use constant monitoring and surveillance of subject populations to enforce this.

It should be noted that such regulations would violate all constitutional rights in all countries by imposing medical treatment without informed consent. Such regulations would also violate the sovereignty of all member countries by allowing a foreign, unelected body to decide who can travel, who can work, who should be put into isolation, and who can have access to resources.

These international Health Regulations will automatically come into effect by default, unless member governments explicitly opt out within a limited time frame. If governments do nothing, the default is this tyranny will happen.

**What Can You Do?**

Should this tyranny become reality –

1. **Don't comply**.
2. **Prepare** now by developing greater independence of means.
3. **Share** info and tell many
4. **Get active** with local groups
5. **Support** MPs who have been outspoken against the lies and have laid their careers on the line for the truth
6. **Support** doctors who have been outspoken against the lies and have laid their careers on the line for the truth
7. **Support** MPs who can push for direct democracy, a restitution of your constitutional rights, a greater independence of state from federal government, and a dissolution of the private-public so called partnership – that enables governments to be rewarded for allowing private enterprises to skip regulation.

## References

Karia, N. Retinal vein occlusion: pathophysiology and treatment options. *Clin. Ophthalmol.* **4**, 809–816 (2010).

Blood Clots : How Bad is my Batch - Blood Clots

Blood Effects : How Bad is my Batch – Blood Effects

Amyloid Clots : How Bad is my Batch – Amyloid Clots

Autopsy : How Bad is my Batch – Autopsy