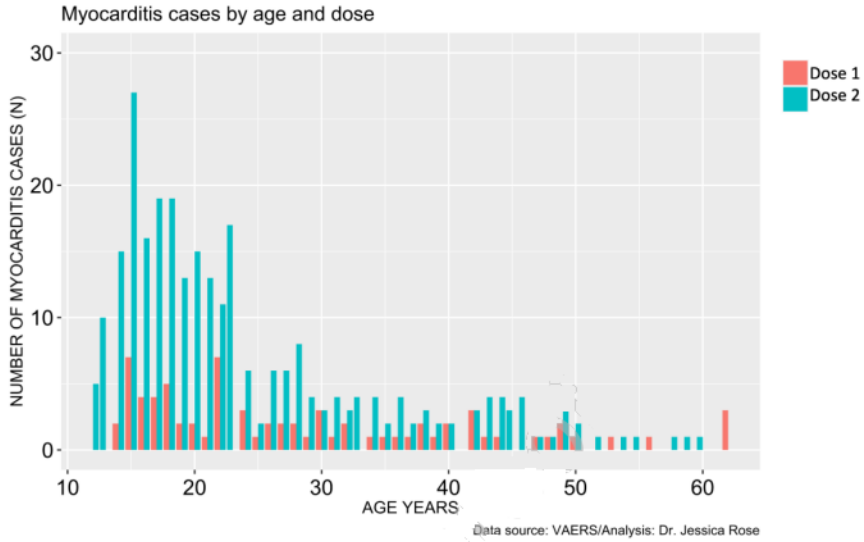
The 1-2 Punch of the Covid Jab - knockout in round 2

by Craig Paardekooper

Background

It has been reported from analysis of VAERS by Jessica Rose, that there is a significantly higher incidence of myocarditis following dose 2 of Pfizer BNT162b2 compared to dose 1. This applies to all age groups, but especially to younger age groups. Dr Rose found that for 15 year-olds, incidence of myocarditis after dose 2 was 6 x that after dose 1.



As you can see, for EVERY age group between 14 and 60 the number of myocarditis cases after dose 2 always exceeds the number of myocarditis cases after dose 1.

A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products (substack.com)

Method

I wanted to check this for myself, so I took all of the 2021 VAERS data for the USA as my data source. The database was downloaded on the 15th August 2022.

The total number of adverse reaction reports for dose 1 and dose 2 were counted. (I used **vlookup** to import the doses column into the main table).

The number of cases where the symptoms included myocarditis was counted (I used **vlookup** to import the 5 symptoms columns into the main table).

The number of cases of myocarditis per 100,000 reports was then calculated for each dose.

Results

Myocarditis

Dose 1 : 353809 records	Myocarditis cases : 259	= 73 cases per 100,000 reports
Dose 2 : 189591 records	Myocarditis cases : 519	= 273 cases per 100,000 reports

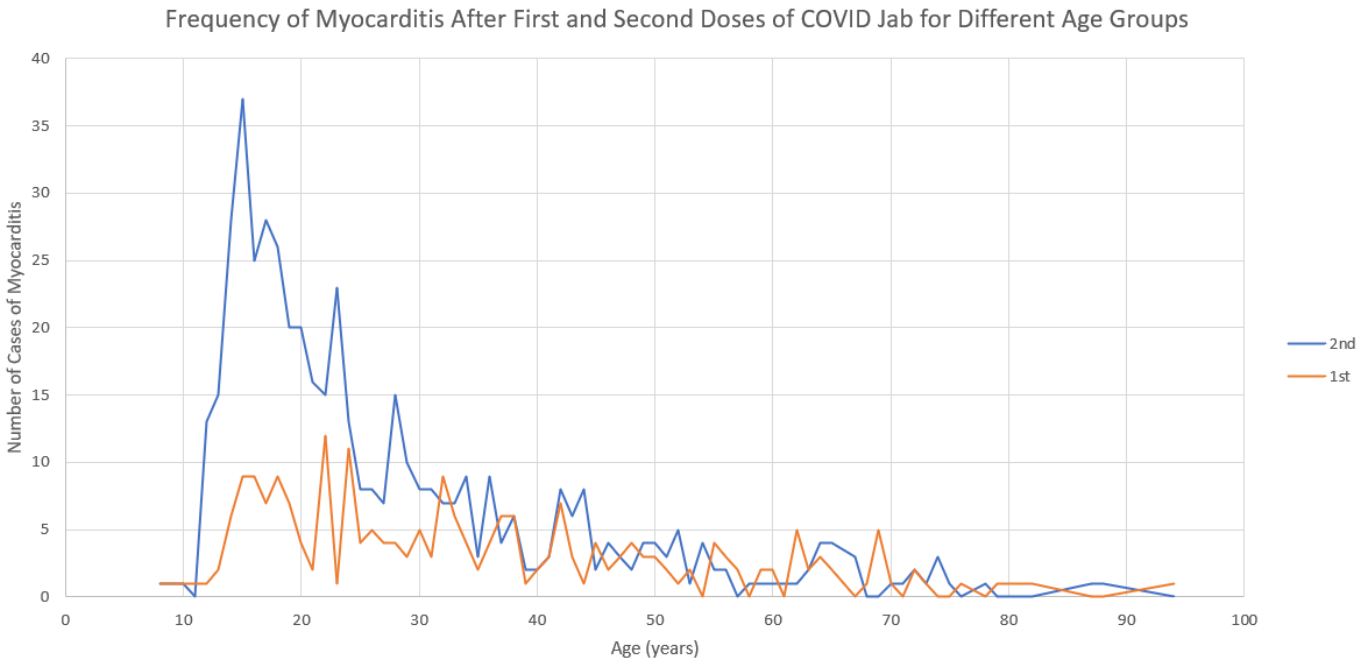
On average, the incidence of myocarditis after dose 2 is 3.74 x the incidence after dose 1.

Chest Pain

Dose 1 : 353809 records	Chest pain cases : 9264	= 2600 cases per 100,000 reports
Dose 2 : 189591 records	Chest pain cases : 6665	= 3500 cases per 100,000 reports

On average, the incidence of chest pain after dose 2 is 1.34 x the incidence after dose 1.

Looking at Different Age Groups



This graph shows the number of cases of myocarditis after dose 1 and after dose 2. It is already apparent that dose 2 is worse than dose 1, but the situation is worse yet, since fewer people have taken dose 2 compared to dose 1.

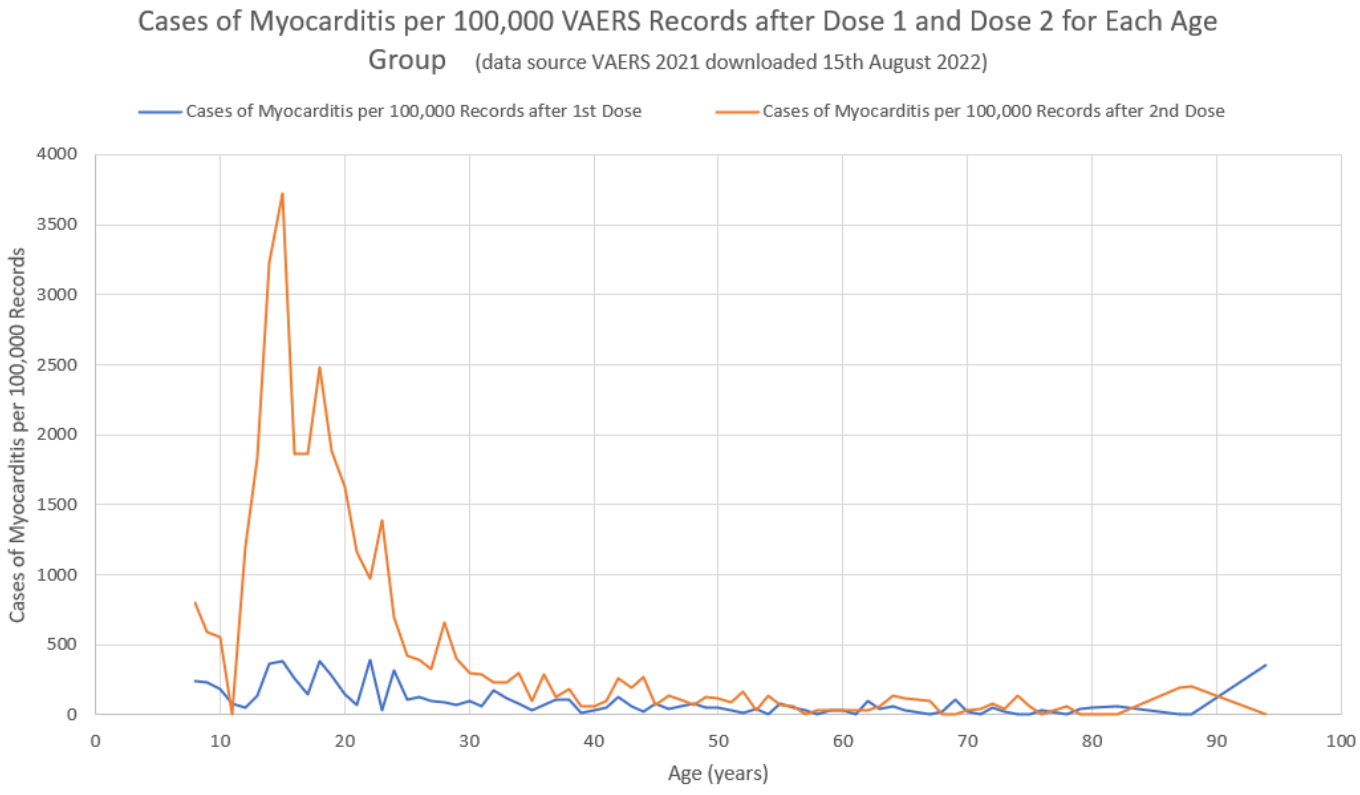
To put this problem into perspective, the number of records for dose 1 in VAERS was 353809, whilst the number of records for dose 2 was 189591.

So I needed to take into account the population size for each age at dose 1, and the same for the population size for each age at dose 2. I then obtained the number of cases of myocarditis per 100,000 reports for each age group.

I divided the number of myocarditis cases for each age by the total number of VAERS reports for each age , to obtain the number of cases of myocarditis per 100,000 reports for each age.

Age	Number of Cases of Myocarditis after 2nd Dose	Number of Cases of Myocarditis after 1st Dose	Number of Records for 1st Dose	Number of Records for 2nd Dose	Age	Cases of Myocarditis per 100,000 Records after 1st Dose	Cases of Myocarditis per 100,000 Records after 2nd Dose
8	1	1	418	125.0	8	239	800
9	1	1	433	168.0	9	231	595
10	1	1	547	180.0	10	183	556
11	0	1	1249	278.0	11	80	0
12	13	1	1811	1085.0	12	55	1198
13	15	2	1506	815.0	13	133	1840
14	28	6	1659	866.0	14	362	3233
15	37	9	2341	993.0	15	384	3726
16	25	9	3400	1341.0	16	265	1864
17	28	7	4631	1501.0	17	151	1865
18	26	9	2361	1047.0	18	381	2483
19	20	7	2477	1062.0	19	283	1883
20	20	4	2648	1228.0	20	151	1629
21	16	2	2772	1373.0	21	72	1165
22	15	12	3036	1539.0	22	395	975
23	23	1	3216	1659.0	23	31	1386
24	13	11	3418	1859.0	24	322	699
25	8	4	3684	1912.0	25	109	418
26	8	5	3908	2037.0	26	128	393
27	7	4	4046	2146.0	27	99	326
28	15	4	4269	2268.0	28	94	661
29	10	3	4510	2486.0	29	67	402
30	8	5	4882	2654.0	30	102	301
31	8	3	5000	2786.0	31	60	287
32	7	9	5002	3002.0	32	180	233
33	7	6	5204	2994.0	33	115	234
34	9	4	5214	3041.0	34	77	296
35	3	2	5360	3022.0	35	37	99
36	9	4	5527	3149.0	36	72	286
37	4	6	5551	3076.0	37	108	130
38	6	6	5467	3201.0	38	110	187
39	2	1	5491	3122.0	39	18	64
40	2	2	5458	3194.0	40	37	63
41	3	3	5424	3051.0	41	55	98
42	8	7	5303	3089.0	42	132	259
43	6	3	5211	3106.0	43	58	193
44	8	1	5026	2962.0	44	20	270
45	2	4	5063	2878.0	45	79	69
46	4	2	5134	2929.0	46	39	137
47	3	3	4949	2847.0	47	61	105
48	2	4	5201	2965.0	48	77	67
49	4	3	5405	3124.0	49	56	128
50	4	3	5985	3355.0	50	50	119
51	3	2	5596	3171.0	51	36	95
52	5	1	5287	3060.0	52	19	163
53	1	2	5147	2848.0	53	39	35
54	4	0	5247	2951.0	54	0	136
55	2	4	5193	2973.0	55	77	67
56	2	3	5517	3112.0	56	54	64
57	0	2	5489	3122.0	57	36	0
58	1	0	5548	3092.0	58	0	32
59	1	2	5422	3223.0	59	37	31

60	1	2	5594	3261.0	60	36	31
61	1	0	5273	3045.0	61	0	33
62	1	5	5145	2982.0	62	97	34
63	2	2	5068	3072.0	63	39	65
64	4	3	4991	2870.0	64	60	139
65	4	2	5636	3296.0	65	35	121
67	3	0	4990	3034.0	67	0	99
68	0	1	4858	2874.0	68	21	0
69	0	5	4574	2743.0	69	109	0
70	1	1	4482	2683.0	70	22	37
71	1	0	4216	2523.0	71	0	40
72	2	2	4138	2362.0	72	48	85
73	1	1	4069	2319.0	73	25	43
74	3	0	3829	2196.0	74	0	137
75	1	0	3037	1718.0	75	0	58
76	0	1	2894	1622.0	76	35	0
78	1	0	2735	1557.0	78	0	64
79	0	1	2261	1266.0	79	44	0
80	0	1	2049	1170.0	80	49	0
82	0	1	1656	999.0	82	60	0
87	1	0	898	522.0	87	0	192
88	1	0	765	483.0	88	0	207
94	0	1	278	177.0	94	360	0



Observations

- The incidence of myocarditis is higher in younger age groups after both dose 1 and dose 2
- The second dose produces a significantly higher incidence of myocarditis compared to the first dose (up to 10 x)
- The second dose is only more toxic than the first dose for younger age groups (below 40 years old). Why is this??? The degree of toxicity rises to 3.7% of records for dose 2 compared to 0.4% of records for dose 1.

Additional Studies Confirm Link to Second Dose

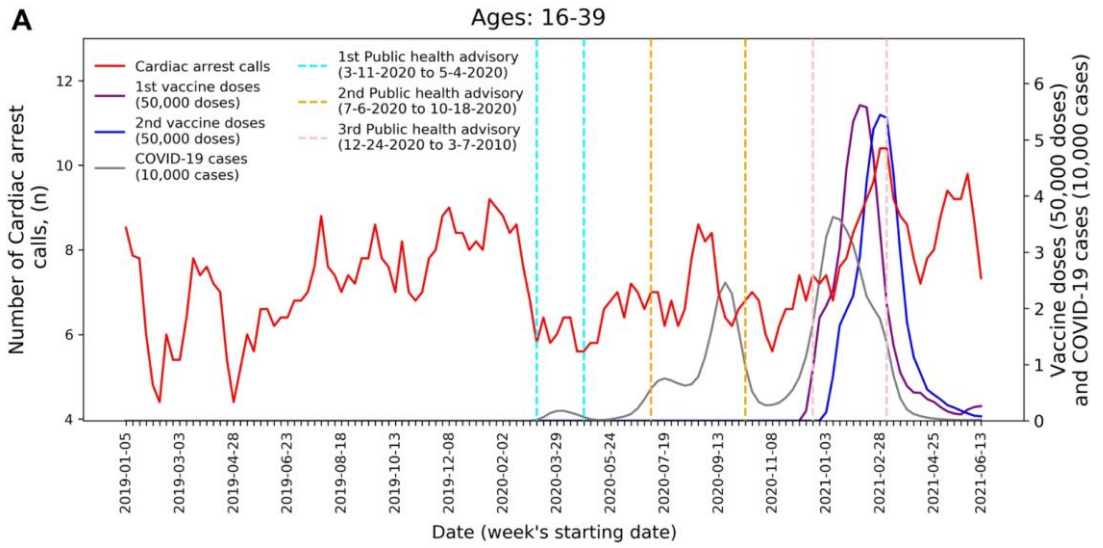
Vigibase Study

A study using Vigibase (the WHO's database of adverse event reports) found that the incidence of myocarditis was 5 fold higher after dose 2 compared to after dose 1 for the age range 12-17 years-old.

See [who.pdf (howbad.info)]

MIT Study

A study my MIT found a 25% increase in emergency calls for cardiac arrests in 16-39 year olds in Israel – coinciding with the vaccine roll-out in January to April 2021. This increase did not coincide with the incidences of COVID infection which were decreasing during this period – but they did coincide with the increase in COVID vaccine administration. The increase began simultaneously with the rollout of the first dose, and peaked with the rollout of the second dose. See - [Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave | Scientific Reports (nature.com)]



The same pattern occurred for acute coronary syndrome