Cardiac Disorders in the WHO's Database

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Vigiaccess is the public interface of the **WHO's** adverse events monitoring system, where you can enter a pharmaceutical, and it will output the summary statistics of adverse events and demographics for that product. Vigiaccess can be viewed at http://www.vigiaccess.org

Vigiaccess is simply the public front end for **Vigibase**, which is the entire WHO database. Vigiaccess is limited because it does not allow bespoke searches, whilst Vigibase does allow bespoke searches, but access to Vigibase is restricted to medical and academic personnel and requires a subscription.

As of the 21st August 2022, Vigiaccess has 4,100,000 records of adverse events following vaccination with COVID-19 gene therapy jabs.

Here is a screenshot of the adverse reactions as of 21st August 2022 –

- Blood and lymphatic system disorders (2%, 190 120 ADRs)
- Cardiac disorders (3%, 265 927 ADRs)
- Congenital, familial and genetic disorders (0%, 3 006 ADRs)
- Ear and labyrinth disorders (1%, 129 309 ADRs)
- Endocrine disorders (0%, 9 249 ADRs)
- Eye disorders (1%, 144 540 ADRs)
- Gastrointestinal disorders (7%, 735 995 ADRs)
- General disorders and administration site conditions (25%, 2 518 200 ADRs)
- Hepatobiliary disorders (0%, 9 910 ADRs)
- Immune system disorders (1%, 72 808 ADRs)
- Infections and infestations (5%, 525 692 ADRs)
- Injury, poisoning and procedural complications (3%, 259 938 ADRs)
- Investigations (7%, 675 247 ADRs)
- Metabolism and nutrition disorders (1%, 84 253 ADRs)
- Musculoskeletal and connective tissue disorders (11%, 1 088 655 ADRs)
- Neoplasms benign, malignant and unspecified (incl cysts and polyps) (0%, 10 081 ADRs)
- Nervous system disorders (16%, 1 615 139 ADRs)
- Pregnancy, puerperium and perinatal conditions (0%, 12 062 ADRs)
- Product issues (0%, 8 587 ADRs)
- Psychiatric disorders (2%, 187 332 ADRs)
- Renal and urinary disorders (0%, 37 165 ADRs)
- Reproductive system and breast disorders (2%, 223 942 ADRs)
- Respiratory, thoracic and mediastinal disorders (4%, 435 443 ADRs)
- Skin and subcutaneous tissue disorders (5%, 509 919 ADRs)
- Social circumstances (0%, 33 140 ADRs)
- Surgical and medical procedures (1%, 87 591 ADRs)
- Vascular disorders (2%, 206 680 ADRs)

Cardiac Disorders

We are particularly interested in cardiac disorders – which amount to 3% of all recorded adverse events. These are serious disorders, since they arise from damage to the heart muscle after receiving the COVID jab.

As of 21st August 2022, Vigiaccess has recorded 265927 cases of cardiac damage following the COVID-19 jab.

Palpitations (84 854)
Tachycardia (63 637)
Arrhythmia (27 953)
Myocarditis (25 435)
Pericarditis (20 800)
Atrial fibrillation (11 995)
Angina pectoris (11 273)
Myocardial infarction (8 376)
Cardiovascular disorder (5 261)
Cardiac arrest (4 939)
Cardiac failure (4 606)
Extrasystoles (4 598)
Pericardial effusion (4 362)
Bradycardia (4 232)
Acute myocardial infarction (4 197)
Cardiac flutter (4 143)
Cardiac disorder (3 723)
Cardiac discomfort (3 145)
Myopericarditis (2 878)
Ventricular extrasystoles (2 541)
Sinus tachycardia (2 298)
Cardio-respiratory arrest (1 690)
Supraventricular tachycardia (1 480)
Cardiac failure congestive (1 375)
Cardiomegaly (1 353)
Atrial flutter (1 152)
Acute coronary syndrome (1 082)
Ventricular tachycardia (913)
Cardiomyopathy (881)
Postural orthostatic tachycardia syndrome (881)
Coronary artery disease (811)
Supraventricular extrasystoles (796)
Ventricular fibrillation (777)
Cardiogenic shock (693)
Cardiac failure acute (691)
Mitral valve incompetence (648)
Myocardial ischaemia (560)
Left ventricular dysfunction (526)
Atrioventricular block (505)
Carditis (500)
Cardiac fibrillation (499)
Bundle branch block right (476)
Sinus bradycardia (443)
Tachyarrhythmia (438)
Coronary artery occlusion (413)
Congestive cardiomyopathy (403)
Bundle branch block left (396)
Atrioventricular block complete (391)
Coronary artery thrombosis (372)
Intracardiac thrombus (365)

You can see that ALL of these are very serious. This isn't like a transient headache or a sore arm. These are all serious disturbances of the heart brought about by damage and destruction of the heart muscle, and the people who suffer from these disorders have reduced capacity for physical exertion, extreme fatigue, are often in constant pain and often rendered unemployable or even disabled.

So those who take the COVID jab in order to keep their jobs, may actually be doing the exact opposite – ensuring that they are rendered permanently ill with heart damage – and hence unemployable. Such has been the fate for many pilots, the fate for many soldiers and the fate for many sports people who willingly took the jab to keep their jobs. If you want some examples you can find them here –

Airforce : Army flight surgeon says pilots risk 'sudden cardiac death' from COVID vaccine side effect | American Military News

Military : https://www.howbad.info/military1.pdf

Sports : athletes.pdf (howbad.info)

Vigibase

Vigiaccess doesn't allow us to go any deeper than this, so to gain further information about cardiac disorders we must look to those who have accessed Vigibase.

Here is the study – [Myocarditis and pericarditis in adolescents after first and second doses of mRNA COVID-19 vaccines - PubMed (nih.gov)]

And here are their results -

Results

In total, we analyzed 4,942 reports with mRNA COVID-19 vaccines in adolescents aged 12 to 17 years old (Tozinameran = 4,659; Elasomeran = 283). We identified 242 pericarditis and/or myocarditis (49 pericarditis only, 191 myocarditis only, 2 myopericaditis) and 233 were reported with Tozinameran and 9 with Elasomeran (**Table**). Among these cases, patients were mostly boys (205, 85%) and with a mean 15.8±1.4 age of years. Most of reports were serious (229, 95%) including 191 (79%) leading to hospitalization. The evolution was fatal in only one case. Reports of pericarditis and/or myocarditis came mostly from Germany (59; 24 %), followed by France (40, 17 %) and Italy (24; 10%) and from physicians in 150 cases (62%). The most frequent co-reported symptoms were chest pain, pyrexia or dyspnea. The time onset was 4 days for D1 and 3 days for D2 (3 days for NA) (**Figure 1**).

Compared with the first dose of mRNA COVID-19 vaccines, the second dose was associated with an increased risk of reporting pericarditis and/or myocarditis (ROR 4.95; 95%CI 3.14, 7.89) **(Figure 2)**. The ROR remained significant when analysis was limited to myocarditis only (ROR 4.98; 95%CI 3.05, 8.27) or pericarditis only (ROR 5.44; 95%CI 2.01, 16.10). No differences were found when we compared age group (12-15 versus 16-17 years) whatever the dose (except for the analyse with NA). The risk of reporting pericarditis and/or myocarditis was 10 times higher in boys than in girls at both the first dose (ROR 10.1; 95%CI 4.26, 29.6) and second dose (ROR 10.2; 95%CI 4.88, 25.0). No difference between the two types of vaccines could be demonstrated (D2; ROR 2.20; 95%CI 0.48, 7.61). Consistent results were observed in sensitivity analyses restricting data to reports made by physicians.

Discussion

This study evaluated more than 4,900 adverse effects of mRNA COVID-19 vaccines in adolescents mainly reported by European countries. We found that the second dose of vaccine was associated with a 5-fold increase in the reporting odds of myocarditis and/or pericarditis compared to first dose of vaccine. This risk was higher in boys particularly for myocarditis. Our results suggest no differences according age group or type of vaccine. As the US pharmacovigilance data did not include dose information (dose 1 or dose 2), we were unable to analyze the reports. This lack of information is a potential limitation of our study on the transferability of the results to the US vaccination context and may have limited the statistical power of our study, particularly when comparing the two vaccines. However, to our knowledge, this is the first investigation based on non-US data which provide additional data on vaccine safety in adolescents. Such pharmacovigilance analyses could be subject to

reporting bias, but our results add new information relatively to young adolescents (12-15 years), the difference between age group and type of mRNA COVID-19 vaccines and corroborate the higher risk of second dose particular in boys.[5,6,11] While randomized clinical trials show that mRNA COVID-19 vaccines represent an effective method of preventing infection, our finding should be integrated as component of the vaccine strategy to limit the impact of cardiac adverse effects, in balance with the exceptional severe form of covid-19 in adolescent. Our study calls for corroboration in large real-world studies and evaluation of long-term consequences of this vaccine-associated pericarditis/myocarditis.

The researchers found that -

- a full 4.9% of reports (242 out of 4942 reports) for 12-17 year-olds were myocarditis or pericarditis.
- the incidence of myocarditis after the second dose was 5 times that after the first dose .
- 95% of the myocarditis/pericarditis cases were rated as serious and 79% required hospitalization

Young vs Old

So there is a higher incidence of myocarditis and pericarditis in adolescents (4.9% of reports) than the incidence for all age groups combined (3% of reports) – indicating that there is a strong skew towards younger age groups in the Vigibase database.

First vs Second Dose

Fact checkers would have us to believe that the incidence of myocarditis is no greater than the background rate - or the rate due to COVID virus.

Even if we ASSUME that the myocarditis after the first dose was just the background rate or the rate due to COVID, then why does this “background rate” jump up by 5 x after the second dose?

We are forced to conclude that at least 80% of the myocarditis is indeed caused by the vaccine , in 12 to 17 year-olds - that’s a lot of suffering for the very young.

Severity

The other surprising finding of this study was the degree of seriousness of these myocarditis events. 95% were rated as serious and 79% required hospitalization.

Conclusions

Vigibase confirms the findings from **VAERS** that young people are more at risk from myocarditis and pericarditis compared to older age groups, and also confirms the findings from **VAERS** that second dose confers far greater risk of myocarditis and pericarditis (5 x the risk) compared to the first.

Vigibase also confirms that these cardiac issues are NOT MILD, but are serious adverse events, 4 out of 5 leading to hospitalization.

Getting Access to Vigibase

It is important for researchers, statisticians and doctors to look at ways of obtaining access to Vigibase, so they can perform searches on a par with VAERS. Therefore, one of the reasons for this article is to ask researchers in this field if we can come together in an official capacity to obtain authorization for access. See - [VigiBase Extract Case Level | UMC (who-umc.org)]