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TOXIC EXPOSURES

Teens 5 Times More Likely to Develop Heart Conditions After mRNA COVID Vaccines

Teenagers were up to five times more likely to develop myocarditis and pericarditis, and up to 10 times more likely to experience an anaphylactic reaction shortly after receiving an initial two-dose series of the mRNA COVID-19 vaccines, according to a new peer-reviewed study. Children's Health Defense Chief Scientific Officer Brian Hooker said that myocarditis and pericarditis "significantly increase long-term mortality in these individuals."

by Michael Nevradakis, Ph.D.
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Teenagers were up to five times more likely to develop myocarditis and pericarditis, and up to 10 times more likely to experience an anaphylactic reaction shortly after receiving an initial two-dose series of the mRNA COVID-19 vaccines, according to a new peer-reviewed study.

The study, published last week in Scientific Reports, also found an increased risk of appendicitis, epilepsy and convulsions, and lymphadenopathy — or swollen lymph nodes — in teens who received two doses of the Pfizer or Moderna COVID-19 shots.

The study was conducted by 13 Norwegian researchers using data from the Norwegian Patient Registry and the Norwegian Cause of Death Registry.

The researchers examined the data for 496,432 teenagers ages 12-19 in Norway — both vaccinated and unvaccinated — to analyze the short- and mid-term safety of the mRNA COVID-19 vaccines among teenagers.

Key findings included:

- A fivefold higher rate of myocarditis and pericarditis among teenagers following the second dose (adjusted incidence rate ratio of 5.27) compared to unvaccinated teens.
- A 37-fold higher rate of myocarditis and pericarditis among 12- to 15-year-olds who received the two-dose series, albeit among a small number of cases.
- An approximately tenfold higher rate of anaphylactic reactions after the second dose, though based on a small number of cases.
- A 65% higher risk of epilepsy and convulsions in infection-free teenagers who received the two-dose series.
- A 47% higher risk of acute appendicitis nearly two months (56 days) after completing the two-dose COVID-19 vaccine series.

The incidence of adverse events increased after the second dose, with fewer reports occurring after the first dose.

Heart conditions were primarily identified among 18- to 19-year-olds, known to be a high-risk group for conditions like myocarditis.

The study did not identify any vaccine-related deaths and found "no statistically significant associations with all-cause mortality" within 28 days of receiving the two doses.

German Tapia, Ph.D., a researcher with the Norwegian Institute of Public Health and one of the co-authors of the study, told The Epoch Times that "the number of observed outcomes and statistically significant associations were generally low, with some exceptions."

However, Dr. Clayton J. Baker, an internal medicine physician, said the study "provides further confirmation that the second dose increases the toxicity of the product dramatically. It also confirms that the COVID-19 mRNA shots cause myocarditis in adolescents."

Refusal to get second dose may have saved lives

The authors of the study said the findings "confirm the SARS-CoV-2 mRNA vaccine safety." But several vaccine safety experts disagreed.

"The results of this study are consistent with multiple prior studies showing significant increased risk of myocarditis, as well as several other severe adverse reactions, in adolescents who received the mRNA COVID-19 shots, especially after second doses," Baker said.

Baker said the "statistically significant, tenfold increased risk of anaphylaxis after the second dose is very alarming," as it "indicates severe immune dysfunction in a significant number of children upon receiving a second dose."

Steve Kirsch, founder of the Vaccine Safety Research Foundation, said the strongest risks identified in the study "were dose-dependent — largely occurring after the second dose." He called this "biologically and causally meaningful" because it "strongly suggests that the vaccine caused the harm."

Karl Jablonowski, Ph.D., senior research scientist for Children's Health Defense (CHD), noted that many teenagers in the sample did not receive a second dose of the COVID-19 vaccine, and the decision not to receive a second dose — or to remain unvaccinated — may have saved lives.

"Refusal to get a second dose may have saved many of the youngest children from a disease of the heart," Jablonowski said. "In the 28 days after 227,609 children and young adults received the second dose of the COVID-19 vaccine, the authors expected one or two cases of myocarditis and pericarditis. They recorded 11."

Study design undercounted adverse events, experts say

According to the researchers, the study's primary limitation was that the adverse event outcomes identified were "rare" and led to "unreliable estimates."

They said that "more adolescent studies are necessary" to further study age-specific adverse events, "especially in relation to new mRNA vaccines or boosters."

But some experts questioned the researchers' methodology and the conclusions they developed based on the study's findings.

The researchers focused their primary analysis on adverse events within risk windows ranging from two to 56 days following vaccination, depending on the type of adverse event.

Experts suggested the 54-day range was too short to capture all possible vaccine-related injuries.

Baker said:

> "The chosen risk windows for the diagnoses studied are suspect. Many seem arbitrary and too short. Fourteen days for appendicitis? The likely mechanism would be immune dysfunction followed by an infectious episode, which could easily take more than two weeks.
>
> "Twenty-eight days for myocarditis? Symptoms could very plausibly take longer than one month to manifest."

CHD Chief Scientific Officer Brian Hooker said that myocarditis and pericarditis "significantly increase long-term mortality in these individuals."

"Around 25%-30% of these injuries will result in serious long-term sequelae in these patients," Hooker said.

A 2024 study funded by the U.S. Food and Drug Administration (FDA) and published in The Lancet found that 60% of young people who were hospitalized with myocarditis after receiving an mRNA COVID-19 vaccine still showed signs of myocardial injury roughly six months after getting the shot.

The researchers briefly acknowledged the limitations of the short risk window they examined, observing "some statistically significant associations after the risk windows," including "acute appendicitis, anaphylactic reaction, all-cause death, and myocarditis and pericarditis" when restricting the analysis to subjects without reported infections.

Similarly, the researchers observed some statistically significant links after the risk windows when focusing their analysis on the "age-stratified sensitivity analysis" — a secondary analysis the researchers performed that broke down the sample into smaller age brackets, with the intent to validate the main study's results.

This analysis found statistically significant associations with adverse events, including all-cause death, acute appendicitis, facial nerve palsy and anaphylaxis.

Some experts noted that the study barely emphasized these negative findings.

"That's not an academic oversight — it's deliberate narrative control," Kirsch said.

Kirsch suggested that the researchers "avoided even mentioning myocarditis in the abstract, aside from a vague phrase like 'increased IRRs [incidence rate ratios] observed following second-dose vaccination' — which could mean anything from swollen lymph nodes to mild fever."

Baker said the researchers appear to have done this despite clear evidence of a link between mRNA COVID-19 vaccination, myocarditis and other conditions.

"The evidence is indisputable — the COVID-19 mRNA shots cause myocarditis in adolescents and young adults in statistically significant amounts. Furthermore, the increased risk of anaphylaxis is unacceptable," Baker said.

"They know the vast majority of readers never look past the first page," Kirsch said. "Instead of calling [the adverse events] a warning that demands broader sampling, they called them 'insignificant due to rarity.' That is indefensible."

Did researchers protect vaccine makers?

Some experts suggested that the researchers' interpretation of their results appears oriented toward defending vaccine manufacturers. Hooker said that some of the study's authors have "serious financial conflicts of interest with the vaccine industry."

In their ethics declaration, some of the researchers listed funding from pharma companies, including AstraZeneca, Bristol-Myers Squibb, GSK and Novo Nordisk.

"It appears that they seem to believe that they have a duty to protect the drug companies instead of objectively interpreting very troubling signals and calling for larger sample sizes. That would have been the correct thing to do," Kirsch said.

Some experts said the new study's results add to calls to withdraw mRNA products from the marketplace.

"Coupled with the extremely low risk of serious illness from COVID-19 infection in young people, these products have no business being on the market," Baker said.

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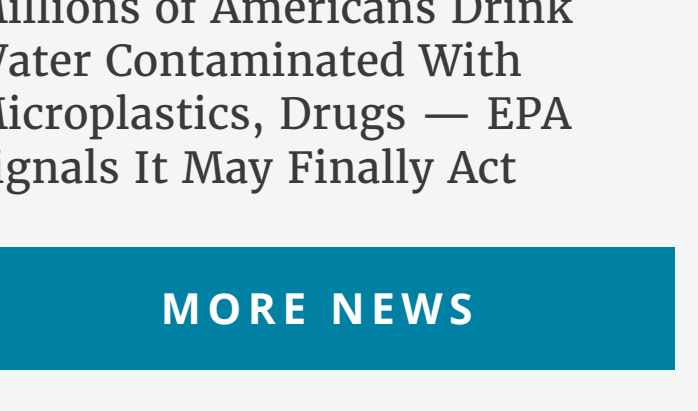

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