

url= <https://www.youtube.com/watch?v=4YqkY7v3TPY&t=633s>

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The truth about myocarditis and Covid vaccines

Two facts — both of which are widely misinterpreted

<https://www.dailymail.co.uk/health/article-12339279/Covid-vaccine-myocarditis-heart-Elon-Musk-bronny-james.html>

Fact One

mRNA jabs can cause myocarditis,

an extremely rare complication that causes inflammation of the heart muscle)

Fact two

That heart-related deaths are massively above levels seen pre-pandemic.

Conflating the two is not only incorrect, but irresponsible.

Swiss study

Myocardial Injury after COVID-19 mRNA-1273 Booster Vaccination

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/ejhf.2978>

mRNA-1273 vaccine-associated myocardial injury was adjudicated in 22 participants (2.8%).

One in 35 recipients (2.8%) had vaccine-associated myocardial injury

Matched controls, elevated high-sensitivity cardiac troponin T concentration

Significantly higher in post vaccination group p less than 0.001

N = 777 per group

Thai study

Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9414075/>

After BNT162b2, 2nd dose, Thai adolescents, aged 13–18 years, n = 314

Most common cardiovascular signs and symptoms

Tachycardia (7.64%)

Shortness of breath (6.64%)

Palpitation (4.32%)

Chest pain (4.32%)

Hypertension (3.99%)

One participant could have more than one sign and/or symptom

Cardiovascular manifestations were found in 29.24% of patients

Seven participants (2.33%) exhibited at least one elevated cardiac biomarker

Myopericarditis was confirmed in one patient after vaccination.

Two patients had suspected pericarditis

Four patients had suspected subclinical myocarditis

The clinical presentation of myopericarditis after vaccination was usually mild and temporary, with all cases fully recovering within 14 days.

Hence, adolescents receiving mRNA vaccines should be monitored for cardiovascular side effects.

Israeli study

A prospective study on myocardial injury after BNT162b2 mRNA COVID-19 fourth dose vaccination in healthy persons

<https://pubmed.ncbi.nlm.nih.gov/36097...>

Incidence of myocardial injury after fourth dose BNT162b2 mRNA vaccine (Pfizer-BioNTech)

N = 324

High-sensitivity cardiac troponin (hs-cTn)

Vaccine-related myocardial injury was defined as hs-cTn elevation above the 99th percentile upper reference limit, and more than 50% increase from baseline measurement.

Reported vaccine-related adverse reactions

Fatigue in 39 (12.04%)

Myalgia in 32 (9.88%)

Sore throat in 21 (6.48%)

Headache in 18 (5.5%)

Fever $\geq 38^{\circ}\text{C}$ in 16 (4.94%)

Chest pain in 12 (3.7%)

Palpitations in 7 (2.16%)

Shortness of breath in one (0.3%)

Vaccine-related myocardial injury in two (0.62%)

The two cases had mild or no symptoms and no clinical sequela.

US study

Autopsy Proven Fatal COVID-19 Vaccine-Induced Myocarditis

<https://www.preprints.org/manuscript/202307.1198/v1>

All autopsy studies, vaccine-induced myocarditis as a possible cause of death

Most cases had symptoms consistent with myocarditis prior to death

We established that all 28 deaths were causally linked to COVID-19 vaccination by independent adjudication. Number of days from last COVID-19 vaccination until death

UK government data on excess deaths

<https://app.powerbi.com/view?r=eyJrIjoiYmUwNmFhMjYtNGZhYS00NDk2LWFiMjAtOTg0OGNhNmFiNGM0IiwidCI6ImVINGUxNDk5LTRhMzUtNGIyZS1hZDQ3LTVmM2NmOWRlODY2NiIsImMiOiJh9>

Age groups and causes of death



Dr. John Campbell