

How Frequent is Myocarditis ?

... after the jab

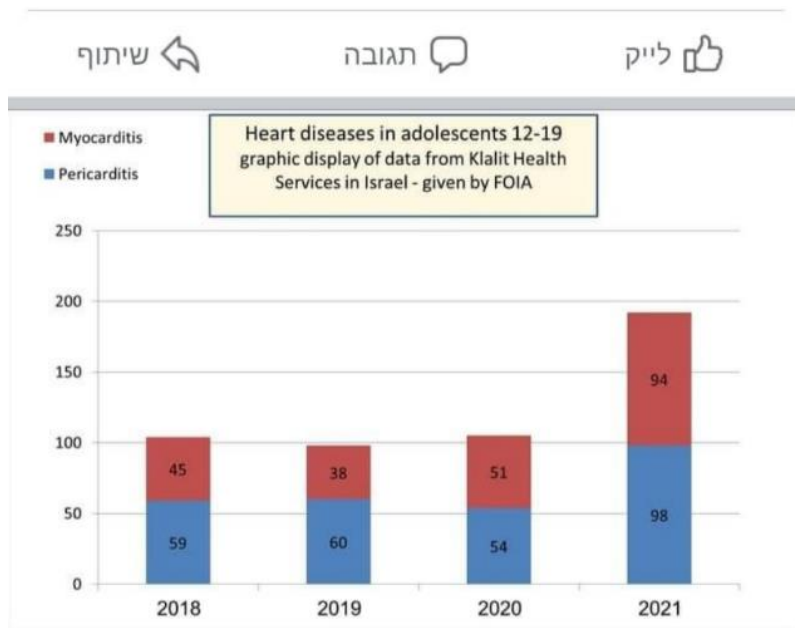
by Craig Paardekooper

HART says that following Covid 19 “vaccination”, the incidence of myocarditis from the Israel study was 1 in 6000, but the incidence from the Thailand study was 1 in 43 - that's 100 fold difference.

<https://www.hartgroup.org/6-month-cardiac-follow-up-data-finally-arrives/>

The Israeli Data

The Israeli study they refer to shows almost 100% more Myocarditis and Pericarditis events in 2021 - in adolescents 12-19 in Klalit health services (the largest health organization in Israel). This data was obtained by Foia. But Klalit didn't want to send the covid vac's status of the patients.



David Shuldman obtained this data by FOIA request to the Ministry of Health in Israel.

[Shuldman on X](#)

The full story of this FOIA can be viewed

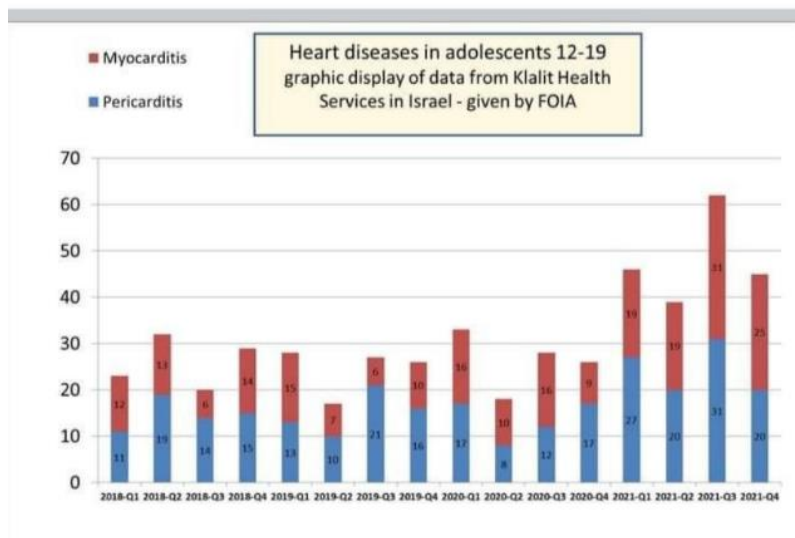
[Shuldman FOIAs](#)

The MOH was extremely reluctant to release the data and it took several court hearings and court orders to obtain the data that was released.

You can see that the incidence of myocarditis doubles in 2021 for adolescents in the 12-19 age range.

You can follow David Shuldman on X –

@david_shuldman



שיתוף

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The German Data

In Germany here are the hospitalization records for myocarditis in 2021 by month

Altersgruppe	Myokarditis-Fälle: Quelle InEK (alle ICD Codes mit "Myokarditis", Hauptdiagnosen) all icd myocarditis codes, main diagnosis												
	3-5 Jahre	6-9 Jahre	10-15 Jahre	16-17 Jahre	18-29 Jahre	30-39 Jahre	40-49 Jahre	50-54 Jahre	55-59 Jahre	60-64 Jahre	65-74 Jahre	75-79 Jahre	80+ Jahre
Jan 19	0	0	8	23	146	99	69	48	46	31	37	11	11
Feb 19	0	1	13	22	137	97	65	42	27	30	32	22	14
Mrz 19	0	1	6	21	147	100	81	50	45	28	52	17	15
Apr 19	1	1	9	16	133	97	71	42	42	22	35	18	11
Mai 19	1	2	10	14	145	89	77	30	30	26	37	11	18
Jun 19	5	0	10	17	141	96	48	28	32	23	33	11	9
Jul 19	0	1	8	20	116	75	74	40	26	27	29	14	9
Aug 19	2	2	11	19	133	79	59	21	39	22	28	13	8
Sep 19	0	2	10	15	114	96	44	40	31	17	29	13	10
Okt 19	1	2	10	13	152	88	67	47	29	16	32	14	16
Nov 19	0	1	6	8	151	91	63	37	36	25	30	19	10
Dez 19	0	1	11	24	169	90	58	31	36	12	27	15	6
Jan 20	1	1	13	20	153	121	69	33	47	22	29	13	21
Feb 20	1	4	5	9	137	84	63	34	38	38	21	14	10
Mrz 20	0	5	9	10	97	74	58	31	22	32	28	18	18
Apr 20	1	2	6	4	60	50	44	33	18	13	25	8	13
Mai 20	0	2	8	13	65	48	41	26	33	13	38	12	11
Jun 20	0	3	5	15	81	57	42	25	21	20	43	17	11
Jul 20	0	1	12	14	89	56	43	32	28	23	30	12	11
Aug 20	1	2	4	17	91	46	46	19	26	19	34	8	13
Sep 20	1	0	10	14	89	51	39	26	25	19	35	17	15
Okt 20	0	2	5	15	91	67	49	25	30	27	39	11	14
Nov 20	2	2	6	10	89	46	46	17	31	21	32	12	11
Dez 20	2	3	9	15	75	69	39	12	22	16	20	6	18
Jan 21	0	2	9	20	76	55	57	25	20	23	36	13	15
Feb 21	0	3	3	11	73	52	41	24	23	21	38	18	13
Mrz 21	1	2	7	14	85	60	58	24	29	28	29	11	14
Apr 21	2	1	6	15	95	51	43	28	29	17	24	11	17
Mai 21	1	2	10	21	114	79	53	26	29	19	36	12	13
Jun 21	0	4	12	20	185	96	70	37	37	23	35	13	20
Jul 21	0	2	12	39	270	112	70	38	41	30	52	12	16
Aug 21	1	1	24	47	244	109	72	29	29	30	37	15	22
Sep 21	0	2	33	49	190	118	67	35	28	27	35	17	11
Okt 21	0	2	37	34	169	97	64	31	34	29	36	7	8
Nov 21	1	0	31	36	175	101	64	34	22	20	31	10	19
Dez 21	0	4	24	22	210	140	68	40	33	23	36	9	12
Jan 22	3	6	33	45	221	130	84	40	32	37	32	10	17
Feb 22	0	5	21	46	149	101	82	24	41	40	35	13	16
Mrz 22	1	5	26	28	138	105	62	30	39	23	47	7	21
Apr 22	0	0	16	24	159	101	63	29	29	29	24	7	16
Mai 22	1	4	11	19	148	72	57	33	30	17	22	8	15

Germany - hospitalizations for Myocarditis

Source is <https://datenbrowser.inek.org/nutzungsbedingungen>

So we can see that in Germany myocarditis rate for adolescents doubled after June 2021. This confirms the doubling observed in data received from the Israeli Ministry of Health.

Absolute Increase

So if the rate of myocarditis doubled in 2021, what does that mean in absolute figures ? To answer this we can look at the total number of myocarditis cases during each year prior to 2021.

The number of myocarditis incidence increased by 62.19%, from 780,410 cases in 1990 to 1,265,770 cases in 2019. The ASIR decreased by 4.42% (95%CI, from -0.26% to -0.21%) over the past 30 years. The number of deaths from myocarditis increased by 65.40% from 19,618 in 1990 to 324,490 in 2019, but the ASDR was relatively stable over the investigated period. ASDR increased in low-middle SDI regions (EAPC=0.48; 95%CI, 0.24 to 0.72) and decreased in low SDI regions (EAPC=-0.97; 95%CI, from -1.05 to -0.89). The age-standardized DALY rate decreased by 1.19% (95%CI, from -1.33% to -1.04%) per year.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10116728/> (pdf)

So there were 1,265,770 cases of myocarditis in 2019. If this doubled in 2021, then we would have an extra 1.2 million cases of myocarditis **per year**.

By 2023, 5.55 billion people had received the Covid jab – about 72.3% of the world’s population. Israel reported an incidence rate of 1 in 6230 after dose 2 of the Covid jab.

Meanwhile, Israel and the US had already started rolling out vaccines to children and reports of myocarditis soon followed. Seeing reports on Reuters, I contacted the lead author of the Israeli report, who very helpfully replied immediately putting me in touch with his research fellow, asking him to give me the same data they had provided to “*the other English group*” (ie the JCVI), and who then arranged a Zoom call for me plus Norman Fenton, Martin Neill, Scott McLachlan and Jonathan Engler. They gave us very worrying data, Table 1, showing that the risk of post-vaccination myocarditis was inversely related to age (a more than ten-fold higher incidence in the 16–19-year-old males than in the over 30s) ie the exact opposite of the risk from covid. This immediately put a lie to the one size fits all ‘SAFE AND EFFECTIVE’ mantra.

Age	Dose 1	Dose 2
16-19	1 in 90,511	1 in 6,230
20-24	1 in 132,724	1 in 10,463
25-29	No cases	1 in 25,304
30+	1 in 393,941	1 in 71,785

Table 1. Incidence of myocarditis in young males per vaccination doses. Israel, August 2021

<https://www.hartgroup.org/6-month-cardiac-follow-up-data-finally-arrives/>

If 5.55 billion received the jab, then the number of myocarditis cases would be $5,550,000,000 / 6230 = 890,850$.

The Thai Data

The Thai study looked at 301 participants and found that the incidence of sub-clinical symptoms associated with heart damage was –

Tachycardia – 7.64%

Shortness of breath – 6.64%

Palpitations – 4.32%

Chest pain – 4.32%


Hypertension – 3.99%

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

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[A peer-reviewed article of this Preprint also exists.](#)

Mansanguan, S.; Charunwatthana, P.; Piyaphanee, W.; Dechkhajorn, W.; Poolcharoen, A.; Mansanguan, C. Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents. *Trop. Med. Infect. Dis.* **2022**, *7*, 196. 

Journal reference: *Trop. Med. Infect. Dis.* 2022, 7, 196
DOI: 10.3390/tropicalmed7080196

Abstract

This study focuses on cardiovascular effects, particularly myocarditis and pericarditis events, after BNT162b2 mRNA COVID-19 vaccine injection in Thai adolescents. This prospective cohort study enrolled students from two schools aged 13–18 years who received the second dose of the BNT162b2 mRNA COVID-19 vaccine. Data including demographics, symptoms, vital signs, ECG, echocardiography and cardiac enzymes were collected at baseline, Day 3, Day 7, and Day 14 (optional) using case record forms. We enrolled 314 participants; of these, 13 participants were lost to follow up, leaving 301 participants for analysis. The most common cardiovascular effects were tachycardia (7.64%), shortness of breath (6.64%), palpitation (4.32%), chest pain (4.32%), and hypertension (3.99%). Seven participants (2.33%) exhibited at least one elevated cardiac biomarker or positive lab assessments. Cardiovascular effects were found in 29.24% of patients, ranging from tachycardia, palpitation, and myopericarditis. Myopericarditis was confirmed in one patient after vaccination. Two patients had suspected pericarditis and four patients had suspected subclinical myocarditis. Conclusion: Cardiovascular effects in adolescents after BNT162b2 mRNA COVID-19 vaccination included tachycardia, palpitation, and myocarditis. The clinical presentation of myopericarditis after vaccination was usually mild, with all cases fully recovering within 14 days. Hence, adolescents receiving mRNA vaccines should be monitored for side effects. Clinical Trial Registration: NCT05288231

The full Thai study can be downloaded [here](#).

“It took two schools in [Thailand](#) to do the study we should have done here, with symptom diary cards and before and after ECGs and cardiac enzyme blood tests. Scarily, they found **1 in 43 children** with evidence of clinical or sub clinical myopericarditis after their second dose of Pfizer BioNTech. Similar high numbers were reported from another prospective study from [Switzerland](#), where 1 in 35 hospital employees developed raised cardiac troponin levels 3 days post vaccination.”

<https://www.hartgroup.org/6-month-cardiac-follow-up-data-finally-arrives/>

The Swiss Study

777 employees at the University Hospital of Basel, Switzerland, were vaccinated with the 1st Covid-19 booster (3rd jab) in December 2021 and January 2022. In all cases, after 3 days their troponin levels were measured. 3.7% (1 in 27) of the women had elevated troponin levels indicative of some heart damage. 0.8% of the men had elevated troponin - see [Study](#). See also [pdf](#)

Summary so far

1. In both the German and Israeli data we had a doubling of myocarditis in 2021
2. Based on a previous annual incidence of myocarditis of 1.2 million per year, a doubling would approximate to 1.2 million excess cases of myocarditis in 2021.... Sad.
3. In the German data we can see that there was no excess of myocarditis in 2020. In fact, during the 2020 Covid “pandemic” there was a reduction in myocarditis. Cases only escalated in 2021.
4. In both the German and Israeli data the incidence of myocarditis was elevated more for young adults and adolescents than for older age groups, which is opposite to the trend for “Covid infection” where the aged were most vulnerable, and the young barely effected if at all. (so should we really be attributing this myocarditis to Covid or “long-Covid”?)
5. An incidence of sub-clinical effects of approximately 1 in 43 for the Thai study that counted effects such as chest pain, troponin increases and palpitations.
6. An incidence of serious clinical effects requiring hospitalization of 1 in 6230 people.

The difference between the clinical incidence and sub-clinical incidence is 144 times..

So if we had 1.2 million extra cases of myocarditis in 2021, then there would be $1.2 \times 144 = 172$ million people who developed sub-clinical symptoms associated with heart damage. They may not have ended up in intensive care, but this sub-clinical damage would have impacted their ability to do strenuous exercise and physical work such as is needed in rural communities.

Should we really have tried to push this vaccine upon African communities where poor families rely on both parents and youngsters to do daily chores such as fetching wood, water, digging fields, collecting foliage for cattle and sheparding sheep flocks.

Can you imagine the terrible burden imposed on such families if a parent or child was rendered unfit by this experimental vaccine?

V-Safe Incidences of Heart Related Symptoms

Data is from all 4 releases, up until June 15th 2024, reported by 1,092,715 Covid <<vaccine>> recipients.

Chest Pain ref <https://howbad.info/v-safe-chest-pain2.pdf>

- Total number of V-Safe reports with symptom keyword CHEST PAIN = 7621
- Percentage of V-Safe reports with symptom keyword CHEST PAIN = 0.41874 %
- (V-Safe) Total number of Covid <<vaccine>> recipients with this symptom = 6338
- (V-Safe) Percentage of Covid <<vaccine>> recipients with this symptom = 0.58002 %

Palpitations ref <https://howbad.info/v-safe-palpitations2.pdf>

- Total number of V-Safe reports with symptom keyword PALPITATIONS = 5849
- Percentage of V-Safe reports with symptom keyword PALPITATIONS = 0.32137 %
- (V-Safe) Total number of Covid <<vaccine>> recipients with this symptom = 4585
- (V-Safe) Percentage of Covid <<vaccine>> recipients with this symptom = 0.4196 %

Tachycardia ref <https://howbad.info/v-safe-tachycardia2.pdf>

- Total number of V-Safe reports with symptom keyword TACHYCARDIA = 3786
- Percentage of V-Safe reports with symptom keyword TACHYCARDIA = 0.20802 %
- (V-Safe) Total number of Covid <<vaccine>> recipients with this symptom = 3081
- (V-Safe) Percentage of Covid <<vaccine>> recipients with this symptom = 0.28196 %

Myocarditis ref <https://howbad.info/v-safe-myocarditis2.pdf>

- Total number of V-Safe reports with symptom keyword MYOCARDITIS = 22
- Percentage of V-Safe reports with symptom keyword MYOCARDITIS = 0.00121 %
- (V-Safe) Total number of Covid <<vaccine>> recipients with this symptom = 13
- (V-Safe) Percentage of Covid <<vaccine>> recipients with this symptom = 0.00119 %

Pericarditis ref <https://howbad.info/v-safe-pericarditis2.pdf>

- Total number of V-Safe reports with symptom keyword PERICARDITIS = 71
- Percentage of V-Safe reports with symptom keyword PERICARDITIS = 0.0039 %
- (V-Safe) Total number of Covid <<vaccine>> recipients with this symptom = 47
- (V-Safe) Percentage of Covid <<vaccine>> recipients with this symptom = 0.0043 %

It can be seen from this that the incidence of sub-clinical symptoms in the V-Safe reports such as chest pain (0.4196%) is 100 fold greater than the incidence of clinical symptoms such as pericarditis (0.0043%).

So what can explain the increase of cases of myocarditis in 2021 ?

To answer this, we can compare the incidence cardiac symptoms for different vaccines and for different drugs.

Worst Vaccines

Select Symptom:

Myocarditis

Show 10 entries

Search:

Vaccine Lower Confidence Limit of Proportional Reporting Ratio

COVID19	12.41667918859488
SMALL	4.103481176580291

Showing 1 to 2 of 2 entries

Previous 1 Next

The reported incidence of myocarditis following Covid19 jabs is 12.4 x compared to the baseline average for all other vaccines. It is 3 x the rate for Smallpox vaccine . [Source](#)

So the Covid19 jab is strongly associated with myocarditis far more than any of the other 100 vaccines in the VAERS database.

myocarditis

Show 10 entries

Search:

Drug Lower Confidence Limit of Proportional Reporting Ratio

IPILIMUMAB	6.13
BAVENCIO	6.11
TISLELIZUMAB	5.93
LIBTAYO	4.4
POTELIGEO	4.39
OPDIVO	4.38
AVELUMAB	4.36
KEYTRUDA	4.01
COMIRNATY	4
PEMBROLIZUMAB	3.87

Showing 1 to 10 of 16 entries

Previous 1 2 Next

The reported incidence of myocarditis following Covid 19 jabs (Comirnaty) is 4 x compared to the baseline average for all other drugs which includes 1504 drugs, substances and the 100 vaccines.

So the Covid19 jab is strongly associated with myocarditis even in comparison to these drugs, some of which are even more cardio-toxic than the Covid jab. [Source](#)

Summary so far

Temporal Association : In the German and Israeli data we saw a doubling of the rate of myocarditis in 2021. This coincided with the rollout of the Covid jabs, so it was a temporal association.

Product Association : We now see that there is a strong product association between the Covid jabs and myocarditis. This explains the temporal association.

So we can see how “rare” cardiac symptoms are. It varies depending upon whether we are talking about sub-clinical symptoms or clinical symptoms. For sub-clinical symptoms we have a very high incidence – which

means that the health of almost 200 million people has been impaired by these jabs – but not enough to land these people in intensive care... yet.

Are the effects “mild”?

For those developing myocarditis, follow up MRI scans show significant scarring of the myocardium in 60% of the subjects. 43% of all myocarditis cases required intensive care.

In August 2021, an American multicentre study of children with post-vaccination myocarditis was **published**, reporting on 63 patients aged 13–20 presenting to 16 cardiology centres with cardiac symptoms following an mRNA Covid vaccine (all but one were after the second dose); 43% required admission to intensive care. The children underwent cardiac MRI scanning which revealed significant changes in no fewer than 88% of those studied. Although symptoms settled quickly, the authors concluded, **“Close follow-up and further studies are needed to understand the long-term implications and mechanism of these myocardial tissue changes.”**

Meanwhile, the JCVI committee met again, and members were clearly concerned about myocarditis in adolescents. They undertook a Zoom call with cardiologists from the US and they **minuted** a wish for at least a further 6 months in order to look at follow-up data from this group.

I contacted Supriya Jain, the lead author on the American study, which yielded a very friendly response and a Zoom call. A senior coauthor also joined the meeting. They confirmed that they had been on the call to the JCVI. They noted that although the children in their study had relatively mild symptoms which were settling, they had been surprised by the level of abnormalities on the cardiac scans. The test they used, Late Gadolinium Enhancement (LGE), is known to be **predictive of late deaths** in the first 6 years following viral myocarditis. In their published paper at that time they had only got follow-up scans on 6 children, showing 2 with no change, 2 with some improvement and 2 which complete resolution. They were planning a full 6-month follow-up and she promised to send me the results when available.

However, eventually last month, almost 3 years to the day since our letter to the Four CMOs, Dr Jain’s follow-up paper was **published in the Lancet**. It does not make for happy reading, with no less than 60% of the children and young people having persistent abnormalities on their cardiac scans. What the long term clinical outcome will be for these young people with their whole lives ahead of them, only time will tell.

<https://www.hartgroup.org/6-month-cardiac-follow-up-data-finally-arrives/>

Is it Temporary ?

This depends on how fast scarring of the myocardium can heal. The problem is that heart tissue does not regenerate quickly if at all. And the heart cannot be rested to allow for healing since it must continue beating under high pressure despite its injuries. So heart injury is not temporary.