

# SEIZURE

By Craig Paardekooper

The VAERS Data for COVID19 Monovalent and COVID19 Bivalent

<b>SYMPTOM1</b>	<b>COVID19</b>	<b>COVID19-2</b>
Seizure	10633	99
Generalised tonic-clonic seizure	1202	7
Seizure like phenomena	591	16
Partial seizures	307	8
Psychogenic seizure	126	0
Focal dyscognitive seizures	52	0
Atonic seizures	39	0
Seizure cluster	20	0
Simple partial seizures	13	0
Partial seizures with secondary generalisation	11	0
Seizure anoxic	8	0
Generalised onset non-motor seizure	6	0
Alcoholic seizure	5	0
Change in seizure presentation	5	0
Neonatal seizure	5	0
Autonomic seizure	4	1
Migraine-triggered seizure	4	0
Hypoglycaemic seizure	3	0
Faciobrachial dystonic seizure	2	0
Epilepsy with myoclonic-atonic seizure	1	0
Gelastic seizure	1	0
Neonatal epileptic seizure	1	0
Post stroke seizure	1	0
Seizure prophylaxis	1	0

So there are a large number of reported cases of seizures following COVID19 vaccine.

## SAFETY ALARMS

### ALARM 1 : EXCESSIVE INCIDENCE :

Any vaccine with an excessive incidence of this adverse effect will have a proportional reporting ratio greater than 1.

### ALARM 2 : HIGHLY EXCESSIVE INCIDENCE :

A PRR ratio greater than 2 means seizures are occurring with more than twice the frequency compared to the other vaccines.

### ALARM 3 : EXTREME INCIDENCE : LOWER CONFIDENCE INTERVAL OF PRR STILL EXCEEDS 2

The 95% confidence interval of the PRR is the range within which it can vary. If the lower limit of this range still exceeds 2, then we are looking at a very strong safety signal.

## MEASURES OF RELATIVE INCIDENCE OF SEIZURE WITH COVID VACCINES

Here are the Proportional Reporting Ratios for each symptom of seizure. If the value is greater than 1, then there is an excessive incidence. If the value is greater than 2, then the vaccine has more than double the incidence compared to other vaccines.

<b>SYMPTOM1</b>	<b>COVID19</b>
Alcoholic seizure	inf
Epilepsy with myoclonic-atonic seizures	inf
Faciobrachial dystonic seizure	inf
Gelastic seizure	inf
Hypoglycaemic seizure	inf
Migraine-triggered seizure	inf
Neonatal epileptic seizure	inf
Seizure prophylaxis	inf
Generalised onset non-motor seizure	2.39
Focal dyscognitive seizures	2.30
Change in seizure presentation	1.99
Neonatal seizure	1.99
Psychogenic seizure	1.67
Seizure	1.29
Generalised tonic-clonic seizure	1.24

<b>SYMPTOM1</b>	<b>COVID19-2</b>
Autonomic seizure	10.77306468
Partial seizures	1.340648049
Seizure like phenomena	1.123448086
Seizure	0.540407805
Generalised tonic-clonic seizure	0.333678995

The monovalent COVID vaccine has high PRR scores for “generalized non-motor seizure”, “focal dyscognitive seizure” and “neonatal seizure”

The bivalent COVID vaccine has a high PRR score for autonomic seizure.

# ARE THESE RESULTS SIGNIFICANT ?

The following tables show the lower confidence interval of the PRR (95% confidence interval)

## Worst Vaccines

Select Symptom:

Show  entries

Search:

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
HPVX	<u>8.837835628995501</u>
MENB	<u>5.74419765838649</u>
HPV9	<u>3.23581669649938</u>
HPV2	<u>3.149553101815464</u>
DF	<u>2.854155822455133</u>
DTAPHEPBIP	<u>2.7731588049179057</u>
MEN	<u>1.9147513514175196</u>
FLUN4	<u>1.34064498312885</u>
DTAP	<u>1.2745846848393048</u>
MNQ	<u>1.2625932097616923</u>
COVID19	<u>1.2404349277112936</u>
FLU4	<u>1.2287849969868363</u>
IPV	<u>1.181123989012851</u>

# Worst Vaccines

Select Symptom: Seizure like phenomena

Show 50 entries

Search:

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
HPV9	<u>9.65238898881904</u>
MNQ	<u>5.607997633802879</u>
MENB	<u>4.574641883879186</u>
HPV4	<u>4.257455083779299</u>
FLUC4	<u>4.256232787896873</u>
FLU4	<u>1.7172860531820864</u>
DTAP	<u>1.355569469291484</u>
HEPA	<u>1.3479850328665175</u>
PNC13	<u>1.108182270205784</u>

## Worst Vaccines

Select Symptom: Atonic seizures

Show 50 entries

Search:

Vaccine



Lower Confidence Limit of Proportional Reporting Ratio

HPV2

23.713170567520056

Showing 1 to 1 of 1 entries

## Worst Vaccines

Select Symptom: Focal dyscognitive seizures

Show 50 entries

Search:

Vaccine



Lower Confidence Limit of Proportional Reporting Ratio

COVID19

1.133338710266735

Showing 1 to 1 of 1 entries

## Worst Vaccines

Select Symptom: Generalised tonic-clonic seizure

Show 50 entries

Search:

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
MENB	6.142448135340278
HPV9	3.057485785658085
MNQ	1.7004966311845726
MMR	1.3073255442173688
HPV4	1.1913267742819391
COVID19	1.102451666986342

## Worst Vaccines

Select Symptom: Partial seizures

Show 50 entries

Search:

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
MENB	6.072277146403551
HPV4	1.6465004044880551

# Worst Vaccines

Select Symptom: Psychogenic seizure

Show 50 entries

Search:

Vaccine	Lower Confidence Limit of Proportional Reporting Ratio
HPVX	37.73738433572562
HPV4	2.037230866792008
COVID19	1.1226337562657425

From these tables it can be seen that for HPV vaccine, Meningitis vaccine and DTAP vaccine the lower limit of the confidence interval far exceeds 2. So these vaccines generate very strong safety signals for seizure.

In comparison COVID vaccines are associated with an elevated risk of seizure, but it does not constitute a safety signal. (for a safety signal, the lower confidence interval must exceed 2)

## EXPERIMENTAL CONFIRMATION

Is there a “seizure” effect? A study was carried out by the FDA to find out –

### **Evaluation of Febrile Seizure Risk Following Ancestral Monovalent COVID-19 mRNA Vaccination Among U.S. Children Aged 2-5 Years**

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What did they find ?

**Key Points**

**Question:** Among children aged 2-5 years, is the risk of febrile seizure elevated immediately following monovalent COVID-19 mRNA vaccination compared with a later period after vaccination?

**Findings:** In this self-controlled case series that included participants aged 2-5 years from three commercial insurance databases, the incidence rate ratio of febrile seizures was significantly elevated in the 0-1 days following mRNA-1273 administration. Absolute risk was small.

**Meaning:** The incidence of febrile seizures was elevated immediately following vaccination with the monovalent mRNA-1273 COVID-19 vaccine in children aged 2-5 years. Based on the current body of evidence, the safety profile of monovalent mRNA vaccines remains favorable for use in young children.

So the FDA has observed an elevated incidence of seizures following COVID vaccination.

Seizures immediately after COVID vaccination (within 24 hours) occurred with three times the incidence compared to seizures later on (within 63 days). So there is definitely a seizure effect.

Note, here the researchers are NOT comparing incidence WITHOUT the vaccine to incidence WITH a vaccine. Rather they are comparing immediate incidence WITH the vaccine to later incidence WITH the vaccine. Even then, the immediate incidence is 3 times higher than the later incidence.

One wonders what the increase in rate of febrile seizure is when a control group of unvaccinated children is compared to the vaccinated children.

As we have seen from the previous VAERS tables, the incidence of seizures is elevated by about 24% compared to the average for the other 99 vaccines. The injection of a large % of the US population with this vaccine has therefore led to a correspondingly large number of reports of seizure - 10,633 reported instances. While this is not as bad as the horrendous rates with HPV, MEN and DTAP vaccines, it is still a concern, since it maybe only one symptom of underlying brain damage incurred.

The researchers conclude that the safety profile remains “favorable”. “Favorable” is of course a subjective term. Was it regarded as “favorable” by the 10,633 people who reported seizures to the VAERS system?

We can agree with the FDA that there is an injurious seizure effect, and we can add that it raises the risk of seizure by about 24% compared to other vaccines.

Though this increased risk is small compared to the risks with other vaccines such as DTAP and HPV, unfortunately when applied to a large population, the result is many injuries.

If 10,633 reports of seizure occurred in the US with 300 million people injected with the COVID jab, then how many reports of seizure might we expect from a global program where 5 billion people were injected?

You can find this study here – <https://howbad.info/seizurefda.pdf>