

100+ Ontario Youth Sent to Hospital for Vaccine-Related Heart Problems, Report Shows

According to a report released last week by Public Health Ontario, as of Aug. 7, there were 106 incidents of post-vaccine myocarditis and pericarditis in people under the age of 25 in Ontario.

By [Megan Redshaw](#)

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A [report](#) released last week by Public Health Ontario (PHO) showed the incidence of heart inflammation following mRNA vaccination was significantly more prevalent in young people.

As of Aug. 7, there were 106 incidents of myocarditis and pericarditis in people under the age of 25 in Ontario — slightly more than half of the total of all such incidents, the [Toronto Sun reported](#).

There were 31 cases in the 12- to 17-year age group and 75 cases in 18- to 24-year-olds. Eighty percent of all cases were in males.

“The reporting rate of myocarditis/pericarditis was higher following the second dose of [mRNA vaccine](#) than after the first, particularly for those receiving the [Moderna](#) vaccine as the second dose of the series (regardless of the product for the first dose),” the report stated.

PHO added the [reporting rate for heart inflammation](#) in those 18 to 24 was seven times higher with Moderna than with Pfizer. Pfizer is currently the only vaccine authorized for use in 12- to 17-year-olds in Ontario.

In early June, PHO [issued](#) an Enhanced Surveillance Directive, requiring Public Health Units to prioritize follow-up for any reports of myocarditis or pericarditis following any COVID mRNA vaccine and to notify PHO of the report.

Since the start of the [COVID](#) immunization program in Ontario on Dec. 13, there have been a total of 314 reports of myocarditis or pericarditis following receipt of mRNA COVID vaccines.

As of Aug. 7, there had been a total of 202 emergency room visits across all age groups for heart inflammation following vaccination, with 146 leading to hospitalization. Three cases resulted in ICU admission.

The report concluded that “COVID-19 vaccines continue to be recommended and are highly effective at preventing symptomatic infection and severe outcomes from COVID-19 disease, which is also associated with a risk of myocarditis.”

Ontario’s Ministry of Health last week [said](#) there are only two valid medical exemptions from COVID-19 vaccinations — an allergic reaction to a component of the vaccine, or if an individual develops myocarditis or pericarditis after the first dose of the vaccine.

[Myocarditis](#) is inflammation of the heart muscle that can lead to cardiac arrhythmia and death. [According to researchers](#) at the National Organization for Rare Disorders, myocarditis can result from infections, but “more commonly the myocarditis is a result of the body’s immune reaction to the initial heart damage.”

[Pericarditis](#) is [often used interchangeably](#) with myocarditis and refers to inflammation of the pericardium, the thin sac surrounding the heart.

According to the most recent data from the [Vaccine Adverse Event Reporting System](#) (VAERS) — the primary government-funded system for reporting adverse vaccine reactions in the U.S. — there have been [482 reports](#) of myocarditis and pericarditis in 12- to 17-year-olds with [474 cases](#) attributed to Pfizer’s vaccine.

There have been [4,100 total reports](#) of myocarditis and pericarditis in all age groups with [3,194 cases](#) attributed to Pfizer and [1,090 cases](#) attributed to Moderna.

Citing risk of heart inflammation, UK advisory panel will not recommend COVID vaccines for healthy 12- to 15-year-olds

Britain’s vaccine advisers last week said they would not recommend vaccination of healthy 12- to 15-year-olds against COVID, preferring a precautionary approach due to the potential for vaccinated teens to develop heart inflammation, [Reuters reported](#).

The Joint Committee on Vaccination and Immunisation also said children were at such a [low risk from the virus](#) that vaccines would offer only a marginal benefit.

The British government said it would consult medical advisers to look at other factors before making a final decision. The UK’s four chief medical officers have been asked to consider the wider impact on schools and society.

The Joint Committee on Vaccination and Immunisation did advise widening the existing vaccine program to include an extra 200,000 teenagers with specific underlying conditions, including chronic heart, lung and liver conditions that put the teens at much higher risk of COVID than healthy children.

Myocarditis not a ‘mild’ adverse reaction

On Aug. 13, [The Defender reported](#) a previously healthy 14-year-old, Aiden Jo, developed severe myocarditis after receiving Pfizer’s COVID vaccine.

Another sad story! Mom so proud that her 14-year-old son could get the COVID vaccine... but now doctors confirm her son meets the criteria for having post-vaccine myocarditis.

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— Robert F. Kennedy Jr (@RobertKennedyJr) [August 11, 2021](#)

Aiden’s mother said she was aware of the potential side effect of heart inflammation, but the Centers for Disease Control and Prevention (CDC) [said](#) it was “very rare and mild.”

“What they didn’t explain is that mild means hospital care and follow-up care indefinitely,” she said. “Aiden’s cardiologist told us no case of myocarditis is ‘mild.’ That’s like saying a heart attack is mild.”

Frightening if true... pic.twitter.com/SU6GXBSzqC

— Osler (@osler78) [August 26, 2021](#)

On June 22, [The Defender reported](#) an 18-year-old from Arkansas, Isaiah Harris, had a heart attack after receiving his second dose of Pfizer’s COVID vaccine.

Harris was hospitalized for four days with [acute myocarditis](#), and doctors said he would have to be on total bed rest for six months and take medications to numb his heart. Harris had no pre-existing conditions prior to suffering a heart attack.

The Defender also reported on a [19-year-old college student](#) who died of heart-related problems after taking the Moderna vaccine, and a [13-year-old](#) who died in his sleep from a heart problem three days after taking the Pfizer vaccine.

On June 23, the CDC’s Advisory Committee on Immunization Practices [held a meeting](#) to discuss cases of myocarditis.

Dr. [Elizabeth Mumper](#), a pediatrician who has seen many patients experience vaccine adverse events in her practice, said she was surprised that some committee members seemed to be making the assumption that the cases of myocarditis and pericarditis would not cause long-term harm.

“We simply do not have the evidence to make COVID vaccine decisions on that assumption,” Mumper said.

Mumper said she is worried there will be many more cases of heart inflammation as the vaccine is rolled out to younger and younger children.

Heart inflammation following COVID vaccines more frequent than expected

U.S. public health officials claim [cases of myocarditis and pericarditis](#) following COVID vaccination are rare — but research [published online](#) in the Journal of the American Medical Association (JAMA) shows they may happen more frequently than reported.

Researchers conducting the study [reviewed](#) 2,000,287 electronic medical records (EMR) of people who received at least one [COVID](#) vaccination.

The records, obtained from 40 hospitals in Washington, Oregon, Montana and California, showed 20 people had vaccine-related myocarditis (1.0 per 100,000) and 37 had pericarditis (1.8 per 100,000).

A [report](#) published in June by the CDC, based on data from VAERS, [suggested an incidence of myocarditis](#) of about 4.8 cases per 1 million following receipt of an mRNA COVID vaccine.

A [study](#) published in JAMA Aug. 4, showed a “similar pattern [to the CDC study], although at higher incidence [of myocarditis and pericarditis] after vaccination, suggesting vaccine adverse event under-reporting.”

According to [Tracy Høeg](#), physician, epidemiologist and associate researcher at UC Davis, the [results of the JAMA study](#) are telling, as recent rates correlate with vaccination, not COVID itself.

The [researchers calculated](#) the average monthly number of cases of myocarditis or pericarditis during the pre-vaccine period of January 2019 through January 2021 was 16.9 compared with 27.3 during the vaccine period of February through May 2021.

The mean numbers of pericarditis cases during the same periods were 49.1 and 78.8, respectively.

The [authors said](#) limitations of their analysis include potential missed cases outside care settings and missed diagnoses of myocarditis or pericarditis, which would underestimate the incidence, as well as inaccurate EMR vaccination information.

“Temporal association does not prove causation, although the short span between vaccination and myocarditis onset and the elevated incidence of myocarditis and pericarditis in the study hospitals lend support to a possible relationship,” [the authors wrote](#).

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Megan Redshaw is a freelance reporter for The Defender. She has a background in political science, a law degree and extensive training in natural health.

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