

COVID Jabs Impact Both Male and Female Fertility

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The first COVID shots rolled out in December 2020, and it didn’t take long before doctors and scientists started warning of possible reproductive effects, as the jab may cross-react with syncytin and reproductive genes in sperm, ova and placenta in ways that might impair reproduction

According to one recent investigation, 42% of women with regular menstrual cycles said they bled more heavily than usual after vaccination; 39% of those on gender-affirming hormone treatments reported breakthrough bleeding, as did 71% of women on long-acting contraceptives and 66% of postmenopausal women

Other recent research has found the Pfizer COVID jab impairs semen concentration and motile count in men for about three months

Miscarriages, fetal deaths and stillbirths have also risen after the rollout of the COVID shots. In November 2021, Lions Gate Hospital in North Vancouver, British Columbia (BC), delivered 13 stillborn babies in a 24-hour period, and all of the mothers had received the COVID jab

Many countries are now reporting sudden declines in live birth rates, including Germany, the U.K., Taiwan, Hungary and Sweden. In the five countries with the highest COVID jab uptake, fertility has dropped by an average of 15.2%, whereas the five countries with the lowest COVID jab uptake have seen an average decline of just 4.66%

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The first COVID shots rolled out in December 2020, and it didn’t take long before doctors and scientists started warning of possible reproductive effects.

Among them were Janci Chunn Lindsay, Ph.D., director of toxicology and molecular biology for Toxicology Support Services LLC, who in April 2021 submitted a public comment¹ to the U.S. Centers for Disease Control and Prevention’s Advisory Committee on Immunization

Practices (ACIP), highlighting the high potential for adverse effects on fertility.

I previously interviewed Lindsay in 2021. That article is not updated with the new information, but the interview (above) is a good primer for the information she shares below. In many ways, she predicted what we are now observing.

She stressed there's credible evidence that the COVID shots may cross-react with syncytin and reproductive genes in sperm, ova and placenta in ways that might impair reproductive outcomes. "We could potentially be sterilizing an entire generation," she warned.

Lindsay also pointed out that reports of significant menstrual irregularities and vaginal hemorrhaging in women who received the injections by then already numbered in the thousands, and that this too was a safety signal that should not be ignored.

4 in 10 COVID-Jabbed Women Report Menstrual Irregularities

As it turns out, early reports of menstrual irregularities were not a fluke. More recent investigations have confirmed that, indeed, many women experience menstrual irregularities after the shots. As reported by NBC News in mid-July 2022:²

"An analysis³ published Friday in the journal *Science Advances* found that 42% of people with regular menstrual cycles said they bled more heavily than usual after vaccination. Meanwhile, 44% reported no change and around 14% reported a lighter period.

Among nonmenstruating people — those post-menopause or who use certain long-term contraceptives, for example — the study suggests many experienced breakthrough or unexpected bleeding after their COVID shots."

Other categories of people reporting abnormal breakthrough bleeding included 39% of those on gender-affirming hormone treatments, 71% of women on long-acting contraceptives and 66% of postmenopausal women.⁴

Older women, those who used hormonal contraception, had been pregnant previously, or had diagnoses of endometriosis, fibroids or polycystic ovarian syndrome were more likely to experience heavier bleeding than normal after their shots.

Are Menstrual Irregularities Inconsequential?

It's worth noting that the COVID trials did not ask female participants about their menses, and didn't collect any data on reproductive impacts. Yet, despite this clear lack of data collection, the official narrative is that everything is fine — the shots are safe and won't impact fertility.

Just how do they know? They don't, and that's what makes such claims so egregious. Making matters worse, media reporting these findings continue to insist that post-jab menstrual irregularities are "normal" and not a sign that reproductive capacity is being impacted. For example, *Science* writes:⁵

"Clarifying the issue is vital. 'It's important to know about,' says Victoria Male, a reproductive immunologist at Imperial College London. 'Let's say you got the vaccine

and the next day you felt really dreadful the way some people do.’

If you hadn’t been informed of the chance of fever, muscle aches, and other effects that quickly dissipate, ‘you would be really worried,’ she said. Illuminating the chance of menstrual irregularities and confirming they aren’t a health risk also helps combat widespread misinformation that COVID-19 vaccines impair fertility, Male and others say.”

Again, no one knows whether the shots affect fertility or not for the simple fact that it hasn’t been studied. No study means no data, which means no knowledge. It’s that simple. Any claims to the contrary are based on pure guesswork, and guessing is not science.

And, while a woman’s menstrual cycle can fluctuate, abrupt changes have historically not been brushed off as inconsequential. On the contrary, suddenly abnormal menses has been listed as a potential sign of things like:^{6,7,8}

- Uterine and/or cervical cancer
- Bleeding disorders
- Thyroid dysfunction and/or pituitary disorders affecting your hormonal balance
- Infection and/or disease
- Perimenopause

Menstrual Cycle Length Is Also Affected

Research⁹ published April 1, 2022, in the journal *Obstetrics and Gynecology*, also found an association between the COVID jab and changes in menstrual cycle length. The change was small — about one day shorter than pre-injection after the second dose — and was not deemed to be of any great concern. Still, in my mind, the change indicates that something is happening. The question is what?

Infection Can Suppress Ovarian Function

Some investigators have suggested the menstrual irregularities seen in female COVID patients and the COVID-jabbed alike may be attributed to an immune response to the spike protein.

Back in January 2021, a Chinese study¹⁰ published in *Reproductive BioMedicine Online* found that 28% of unvaccinated women of reproductive age diagnosed with COVID-19 had a change in the length of their cycle, 19% had prolonged cycles and 25% had a change in menstrual blood volume.

The researchers hypothesized that “the menstruation changes of these patients might be the consequence of transient sex hormone changes” caused by a temporary suppression of ovarian function during infection.

Dr. Natalie Crawford, a fertility specialist, has suggested that the menstrual irregularities seen in female COVID-19 patients may be linked to a cellular immunity response, and since the COVID shot instructs your body to make the SARS-CoV-2 spike protein, which your immune system then responds to, the effects of the jab may be similar to the natural infection.¹¹ In a 2021 *BMJ* editorial, Male, quoted by Science above, presented a similar

view:¹²

“Menstrual changes have been reported after both mRNA and adenovirus vectored COVID-19 vaccines, suggesting that, if there is a connection, it is likely to be a result of the immune response to vaccination rather than a specific vaccine component. Vaccination against human papillomavirus (HPV) has also been associated with menstrual changes.

... Biologically plausible mechanisms linking immune stimulation with menstrual changes include immunological influences on the hormones driving the menstrual cycle or effects mediated by immune cells in the lining of the uterus, which are involved in the cyclical build-up and breakdown of this tissue. Research exploring a possible association between COVID-19 vaccines and menstrual changes may also help understand the mechanism.”

That doesn't mean menstrual irregularities are of no consequence, though. After all, it appears we're dealing with a manmade virus, and the mRNA in the shot that programs for spike protein production is genetically engineered on top of that.

Perhaps this is why a greater percentage of women report menstrual irregularities following the COVID jab, compared to the percentage of women who experience irregularities following natural infection?

It may also be worth looking into the parallels between the blood clotting disorders reported — both in some COVID-19 cases and post-COVID-19 jab — and Von Willebrand disease,¹³ a chronic condition that prevents normal blood clotting, thus resulting in excessively heavy periods.

Miscarriages, Fetal Deaths and Stillbirths Have Skyrocketed

Menstrual irregularities aren't the only safety signal. Miscarriages, fetal deaths and stillbirths have also risen after the rollout of the COVID shots. In November 2021, Lions Gate Hospital in North Vancouver, British Columbia (BC), delivered an astonishing 13 stillborn babies in a 24-hour period, and all of the mothers had received the COVID jab.¹⁴

In a typical month, there may be one stillborn baby at the hospital, making 13 stillbirths in 24 hours highly unusual. Scotland has also experienced an unusual rise in infant death rates. During September 2021, at least 21 babies under 4 weeks old died — a rate of 4.9 per 1,000 births. Historically, the average death rate among newborns in Scotland is about 2 per 1,000 births.¹⁵

Yet, despite stillbirths going up after the introduction of the COVID jabs — as opposed to rising beforehand — studies linking stillbirths to SARS-CoV-2 infection have been used to encourage pregnant women to get the shot.¹⁶

So, basically, it's been discovered that the infection itself can cause stillbirth (and we know the spike protein of the virus is the part that causes most of the problems), yet they want you to believe that the spike protein produced by the shot will somehow have a protective impact on pregnancy.

This line of reasoning falls apart even further when you consider that scientists are now saying post-job menstrual irregularities are likely due to immune responses that arise in response to both the virus and the jab. If that's true, then why would the COVID shot not also be able to cause stillbirths to the same or greater degree than the virus?

There Are No Data to Support COVID Jab for Pregnant Women

Health officials are adamant that pregnant women get a COVID-19 injection, but the data don't support its safety. The CDC-sponsored study¹⁷ published in The New England Journal of Medicine (NEJM) that was widely used to support the U.S. recommendation for pregnant women to get injected was corrected in October 2021, with the correction stating:¹⁸

"In the table footnotes, the following content should have been appended to the double dagger footnote:

'No denominator was available to calculate a risk estimate for spontaneous abortions, because at the time of this report, follow-up through 20 weeks was not yet available for 905 of the 1224 participants vaccinated within 30 days before the first day of the last menstrual period or in the first trimester. Furthermore, any risk estimate would need to account for gestational week-specific risk of spontaneous abortion.'

COVID Jab Affects Male Fertility Too

Other recent research^{19,20} has found the Pfizer COVID jab also "temporarily impairs semen concentration and motile count" in men. As noted by the authors:²¹

"The development of COVID-19 vaccinations represents a notable scientific achievement. Nevertheless, concerns have been raised regarding their possible detrimental impact on male fertility ...

Thirty-seven SD [semen donors] from three sperm banks that provided 216 samples were included in that retrospective longitudinal multicenter cohort study. BNT162b2 vaccination included two doses, and vaccination completion was scheduled 7 days after the second dose.

The study included four phases: T0 — pre-vaccination baseline control, which encompassed 1-2 initial samples per SD; T1, T2 and T3 — short, intermediate, and long terms evaluations, respectively. Each included 1-3 semen samples per donor provided 15-45, 75-125 and over 145 days after vaccination completion, respectively ...

Repetitive measurements revealed -15.4% sperm concentration decrease on T2 (CI -25.5%-3.9%, p = 0.01) leading to total motile count 22.1% reduction (CI -35% - -6.6%, p = 0.007) compared to T0.

Similarly, analysis of first semen sample only and samples' mean per donor resulted in concentration and total motile count (TMC) reductions on T2 compared to T0 — median decline of 12 million/ml and 31.2 million motile spermatozoa, respectively ... on first sample evaluation and median decline of 9.5×10^6 and 27.3 million motile spermatozoa ... on samples' mean examination. T3 evaluation demonstrated overall recovery without ...

This longitudinal study focused on SD demonstrates selective temporary sperm concentration and TMC deterioration 3 months after vaccination followed by later recovery verified by diverse statistical analyses.”

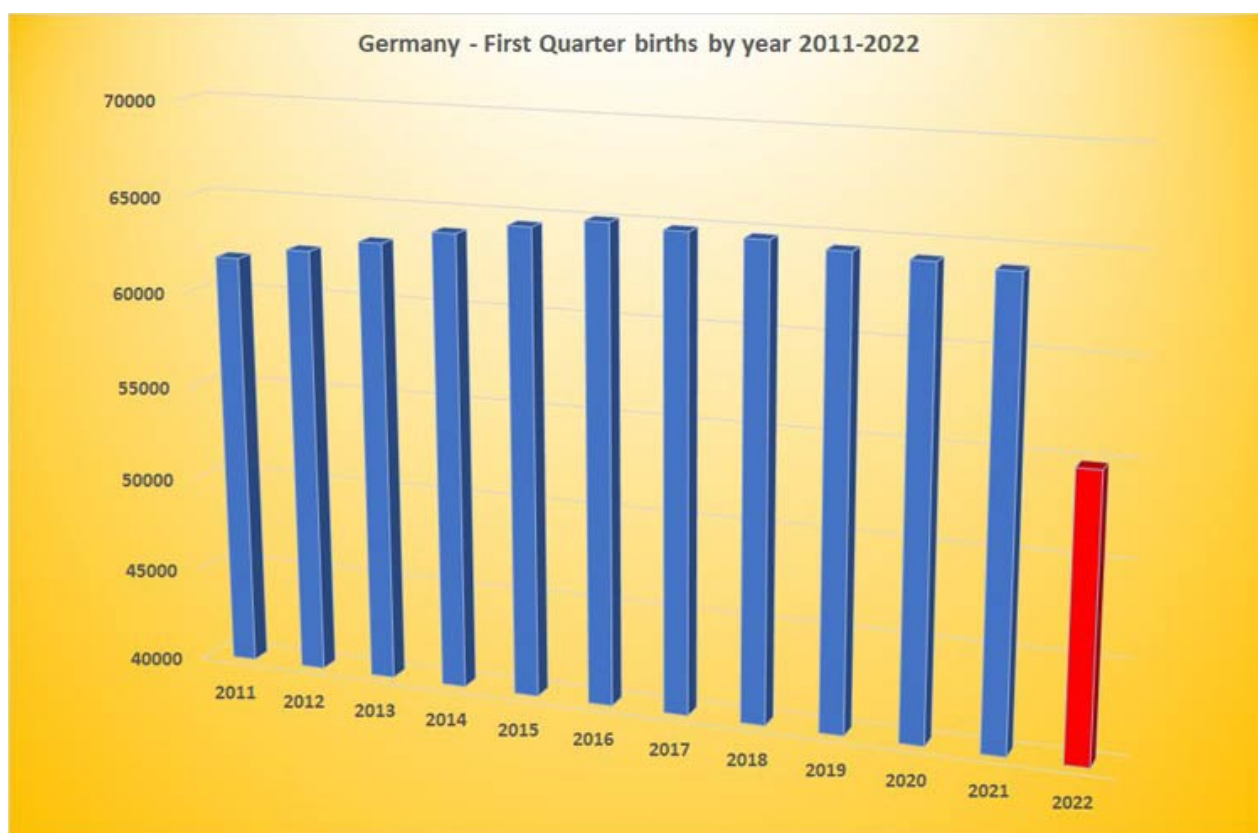
As with women’s menstrual problems, the authors blame these adverse effects in men on a “systemic immune response” to the COVID shot. However, while they claim men’s reproductive capacity will recover in about three months, this could still be a tremendous problem.

Remember, the mRNA shots are recommended at three-month intervals for the original series, and boosters are now being recommended at varying intervals thereafter. If you destroy a man’s sperm for three months every time he gets a COVID shot, you’re significantly reducing the probability of him fathering a child for a good part of any given year.

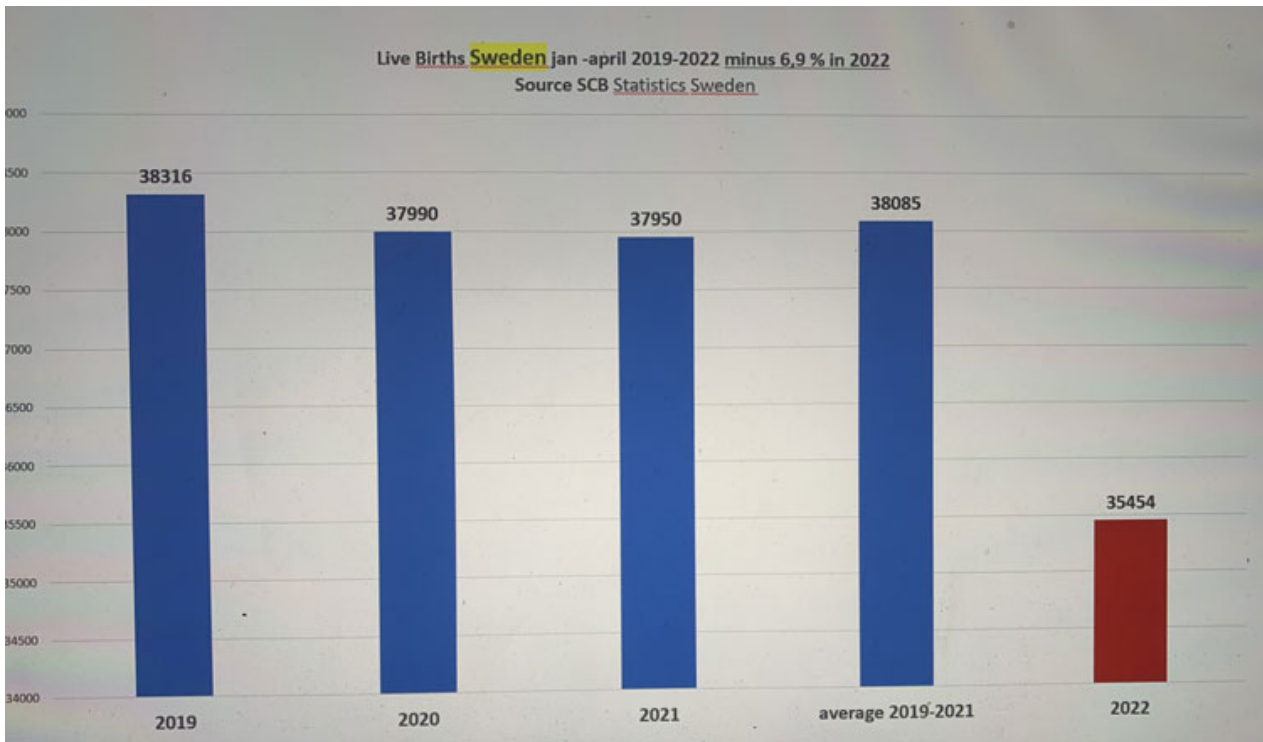
Massive Depopulation Underway

Whether accidental or intentional, the fact of the matter is that we’re now seeing an abrupt drop in live births along with an equally [sudden rise in excess deaths](#) among adults. The end result will be a reduction in the global population.

That seems inevitable at this point, and the timing of these trends correspond with the release of these experimental COVID gene transfer injections. For example, Germany recently released data showing a 10% decline in birth rate during the first quarter of 2022.²²



The live birth rate graph for Sweden looks much the same.^{23,24}



Other countries are also seeing unexpected birth rate reductions, nine months after the start of the mass vaccination campaign against COVID. Between January and April 2022, Switzerland's birth rate was 15% lower than expected, the U.K.'s was down by 10% and Taiwan's was down 23%.^{25,26,27}

In the five countries with the highest COVID job uptake, fertility has dropped by an average of 15.2%, whereas the five countries with the lowest COVID job uptake have seen an average reduction of just 4.66%.

In a July 5, 2022, Counter Signal article, Mike Campbell reported concerns expressed by Hungarian MP Dúró Dóra during a Parliamentary speech:²⁸

"In January this year, something happened that has not happened for decades. The birth rate fell by 20% compared to the same period last year. And what is even more worrying is that the fertility has also fallen — something not seen since 2011 ...

[A] researcher at the KRTK Institute of Economics points out that this drastic decline came just nine months after the COVID mass vaccinations began in Hungary."

After looking into further, Campbell discovered that in the five countries with the highest COVID job uptake, fertility has dropped by an average of 15.2%, whereas the five countries with the lowest COVID job uptake have seen an average reduction of just 4.66%.

The U.S. is also showing signs of a drop in live births. Provisional data from North Dakota shows a 10% decline in February 2022, 13% reduction in March and an 11% reduction in April, compared to the corresponding months in 2021.²⁹ Below is a chart from Birth Gauge³⁰ on Twitter comparing live birth data for 2021 and 2022 in a large number of countries.

Birth data 2022

	2021	2022	Chng	Mths	TFR 2015	TFR 2020	TFR 2021	TFR fcast
Ireland					1,87	1,63	1,72	
Finland	16,224	14,510	-10,6	4	1,65	1,37	1,46	1,30
Iceland	1,140	1,110	-2,6	3	1,81	1,72	1,82	1,73
Norway	13,726	12,869	-6,2	3	1,73	1,48	1,56	1,46
Sweden	28,127	26,644	-5,3	3	1,85	1,66	1,67	1,57
Denmark	15,148	14,298	-5,6	3	1,71	1,67	1,72	1,62
Germany	121,640	107,701	-11,5	2	1,60	1,53	1,57	
Austria					1,49	1,44	1,47	
Switzerland	20,077	18,288	-8,9	3	1,54	1,46	1,51	1,37
Netherlands	56,671	53,090	-6,3	4	1,66	1,55	1,62	1,50
Belgium	27,339	27,957	2,3	3	1,69	1,55	1,60	1,55
France	228,200	234,400	2,7	4	1,96	1,82	1,83	1,81
Portugal	18,343	18,972	3,4	3	1,31	1,40	1,34	1,25
Spain	77,209	79,885	3,5	3	1,33	1,19	1,20	1,15
Italy	94,461	90,798	-3,9	3	1,33	1,24	1,25	1,17
Greece	34,284	30,286	-11,7	5	1,33	1,37	1,42	1,28
Estonia	4,227	3,694	-12,6	4	1,58	1,58	1,59	1,43
Latvia	4,024	3,939	-2,1	3	1,71	1,55	1,54	1,54
Lithuania	7,113	6,576	-7,5	4	1,70	1,48	1,46	1,33
Poland*	82,200	77,500	-5,7	3	1,44	1,52	1,45	1,40
Czechia					1,57	1,71	1,83	
Slovakia	13,891	12,695	-8,6	3	1,40	1,59	1,62	1,52
Hungary	29,331	26,206	-10,7	4	1,44	1,56	1,59	1,44
Slovenia	4,431	4,092	-7,7	3	1,57	1,59	1,63	1,53
Croatia	9,033	8,654	-4,2	3	1,40	1,49	1,54	1,51
Serbia*	18,894	19,164	1,4	4	1,61	1,62	1,62	1,68
Romania	39,274	39,257	0,0	3	1,48	1,63	1,67	1,71
Bulgaria	12,641	12,393	-2,0	3	1,53	1,56	1,58	1,59
Moldova					1,68	1,62	1,55	
North Macedonia*	3,896	4,009	2,9	3	1,89	1,70	1,68	1,76
Montenegro	1,662	1,644	-1,1	3	1,74	1,75	1,75	1,75
Bosnia & Herzeg.					1,24	1,19	1,22	
Albania*	6,006	6,056	0,8	3	1,80	1,53	1,51	1,54
Russia	336,961	320,376	-4,9	3	1,78	1,51	1,52	1,49
Ukraine*	21,931	18,062	-17,6	1	1,63	1,34	1,28	
UK: England & Wales					1,82	1,58	1,61	
Northern Ireland	7,449	6,940	-6,8	4	1,96	1,71	1,82	1,71
Scotland	15,395	15,538	0,9	4	1,56	1,29	1,32	1,33

	2021	2022	Chng	Mths	TFR 2015	TFR 2020	TFR 2021	TFR fcast
USA					1,84	1,64	1,66	1,63
Australia					1,80	1,58	1,64	1,58
New Zealand	14,070	15,555	10,6	3	2,00	1,61	1,64	1,75
Puerto Rico					1,34	0,92	1,00	
Costa Rica	8,259	8,504	3,0	2	1,76	1,41	1,31	
Chile					1,80	1,38	1,22	
Kazakhstan	100,454	95,603	-4,8	3	2,73	3,13	3,29	
Uzbekistan	244,726	268,159	9,6	4	2,49	2,86	3,08	3,38
Kyrgyzstan	35,824	34,399	-4,0	3	3,19	3,01	3,04	
Georgia					2,30	1,97	1,95	
Armenia	8,618	8,098	-6,0	3	1,64	1,66	1,71	1,65
Azerbaijan	20,984	20,462	-2,5	2	2,12	1,69	1,53	
Iran	263,869	306,113	7,8	3	2,14	1,64	1,61	1,76
Egypt	168,000	185,300	10,3	1	3,68	2,93	2,82	
Israel	43,368	43,088	-0,6	3	3,09	2,90	2,99	2,94
Mongolia	24,000	19,200	-20,0	4	3,01	2,94	2,77	2,24
Japan	192,211	192,977	0,4	3	1,45	1,33	1,30	1,31
South Korea	70,170	68,177	-2,8	3	1,24	0,84	0,81	0,80
Taiwan	47,181	46,764	-0,9	4	1,18	0,99	0,93	0,84
Hong Kong	11,135	5,155	*	3	1,20	0,87	0,77	
Macao	1,173	1,178	0,4	3	1,14	0,89	0,81	0,81
Singapore	8,949	8,995	0,5	3	1,24	1,10	1,12	1,06
Thailand	209,791	191,670	-8,6	5	1,52	1,27	1,18	1,08
Malaysia					2,00	1,70	1,63	
Mauritius					1,36	1,46	1,40	
CA: British Columbia					1,38	1,18	1,20	
Quebec	19,550	19,200	-1,8	3	1,67	1,52	1,56	1,50

Forecasts based on selected subnational areas (experimental, treat data with caution):

	TFR 2015	TFR 2020	TFR 2021	TFR fcast
UK	1,80	1,56	1,59	1,54
Canada	1,60	1,40	1,43	1,37
Brazil	1,86	1,67	1,60	1,55
Argentina	2,35	1,57	1,59	1,62
China	1,75	1,28	1,16	1,08

Values in grey are based on developments in some subnational regions and are less reliable

This year, the TFR forecast for some countries will be calculated based on a comparison between 2020 and 2022

* Corrected for unaccounted emigration

* In HK, birth registration in February and March 2022 was inhibited

Mths: Number of months of data available, e.g. 3 means data from January to March

Chng: Percentage change compared to the same period one year earlier
2021 and 2022 data refer to the same period within the year

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Take Responsibility for Your Health

At this time, women are not being warned about the risks for miscarriage, menstrual irregularities and the potential for fertility problems and stillbirths, even though all of these safety signals are glaringly obvious. As obstetrician-gynecologist specialist, Dr. James Thorp, told The Epoch Times in April 2022:³¹

“I’ve seen many, many, many complications in pregnant women, in moms and in fetuses, in children, offspring, fetal death, miscarriage, death of the fetus inside the mom... What I’ve seen in the last two years is unprecedented.”

Tragically, doctors are under a worldwide gag order. They steer patients away from the COVID shot at the risk of losing their medical license. This puts patients in an incredibly risky situation, as most rely on their doctors to tell them the truth. Few expect doctors to lie or hide life saving information from them simply to protect their own career. So, we’re in unprecedented times in more ways than one.

What this means is that you have no choice, really, but to do your own research and gauge the risks as best you can. There are tons of data out there — data that the mainstream media won’t touch, and if they do, they still insist adverse events aren’t a sign of danger. In such situations, you simply have to put on your thinking cap and think it through for yourself.

As of July 15, 2022, the U.S. Vaccine Adverse Event Reporting System (VAERS) had logged 1,350,947 adverse event reports following the COVID jab, including 29,635 deaths,³² and

there's evidence that reports are being deleted from the system by the thousands. You can learn more about that in "[Thousands of Deaths and Adverse Reactions Deleted From VAERS.](#)"

The safety signals coming from the COVID jabs exceed anything else in medical history. No drug or vaccine has ever been associated with as many injuries and deaths, including harm to the unborn.

At this point, it appears we're looking at a certain depopulation event. The question then is, are you willing to accept the risks? Are you willing to risk your fertility, even if only temporarily? Are you willing to risk the life of your baby? Are you willing to risk your own? If not, the answer is simple. Don't take the jab, and if you've already taken one or two (or three), never take another.

*

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Notes

¹ [SoundCloud Dr. Janci Chunn Lindsay CDC ACIP Public Comment April 23, 2021](#)

² [NBC News July 15, 2022](#)

^{3, 5} [Science July 15, 2022](#)

⁴ [Yahoo News July 17, 2022](#)

⁶ [Cleveland Clinic Abnormal Menstruation](#)

⁷ [NIH Menstrual Irregularities](#)

⁸ [Menopause Now June 18, 2020](#)

⁹ [Obstetrics and Gynecology April 1, 2022: 139\(4\):481-489](#)

¹⁰ [Reproductive BioMedicine 2021 Jan; 42\(1\): 260-267](#)

¹¹ [The Defender April 28, 2021](#)

¹² [BMJ 2021;374:n2211](#)

¹³ [Mayo Clinic Von Willebrand Disease](#)

¹⁴ [The Phaser November 18, 2021](#)

¹⁵ [BBC News November 19, 2021](#)

¹⁶ [WDSU November 24, 2021](#)

¹⁷ [N Engl J Med 2021; 384:2273-2282](#)

¹⁸ [N Engl J Med 2021; 385:1536, Correction October 14, 2021](#)

^{19, 21} [Andrology June 17, 2022 DOI: 10.111/andr.13209](#)

²⁰ [Expose June 26, 2022](#)

²² [Expose News July 18, 2022](#)

^{23, 25, 28} [The Counter Signal July 5, 2022](#)

²⁴ [Twitter Havard Skjaervik June 27, 2022](#)

^{26, 29} [Igor Chudov Substack June 25, 2022](#)

²⁷ [SWPRS June 2022](#)

³⁰ [Twitter Birth Gauge June 3, 2022](#)

³¹ [Epoch Times April 27, 2022](#)

³² [OpenVAERS data as of July 15, 2022](#)

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