

Deadly Blood Clots Caused by COVID-19 Vaccine

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As of March 16, 2021, 19 European countries plus Thailand¹ had suspended the use of AstraZeneca’s vaccine, either in full or in part, following reports of deadly blood clots.^{2,3} March 2, 2021, The Defender reported⁴ U.K. data showing the AstraZeneca vaccine was responsible for 77% more adverse events and 25% more deaths than the Pfizer vaccine, which in the U.S. has been connected with a majority of death reports in the Vaccine Adverse Reporting System (VAERS).

AstraZeneca’s vaccine has received emergency use authorization in Europe but not in the U.S., where the Pfizer, Moderna and Johnson & Johnson vaccines are available. Contrary to the Moderna and Pfizer vaccines, the AstraZeneca and Johnson & Johnson vaccines use a viral vector to deliver double-stranded DNA for the SARS-CoV-2 spike protein into your cells.⁵

Business Insider has created a comparison chart⁶ of the four vaccines — Moderna, Pfizer, AstraZeneca and Johnson & Johnson — currently available in the U.S. and Europe.

Norway Links Lethal Blood Clots to AstraZeneca Vaccine

While virtually all post-vaccination deaths so far have been shrugged off as coincidence, even when occurring in healthy individuals in their 20s and 30s, doctors at Oslo University Hospital have now announced the blood clotting disorders experienced by some recipients of the [AstraZeneca vaccine](#) are in fact caused by the vaccine.⁷

We have the reason. Nothing but the vaccine can explain why these individuals had this immune response. ~ Professor Pål Andre Holme, Oslo University Hospital

A March 18, 2021, article in Science Norway reads, in part:⁸

“‘Our theory that this is a powerful immune response most likely triggered by the vaccine, has been confirmed,’ says professor and chief physician Pål Andre Holme. Three Norwegian health workers under the age of 50 have been hospitalized. One is dead ...

‘In collaboration with experts in the field from the University Hospital of North

Norway HF, we have found specific antibodies against blood platelets that can cause these reactions, and which we know from other fields of medicine, but then with medical drugs as the cause of the reaction,' the chief physician explains ...

When asked to clarify why he says 'most likely' in the quote, Holme confidently responds that the reason for these rare cases of blood clots has been found.

'We have the reason. Nothing but the vaccine can explain why these individuals had this immune response,' he states. [Norwegian national newspaper] VG also asks how Holme can know that the immune response is not caused by something other than the vaccine.

'There is nothing in the patient history of these individuals that can give such a powerful immune response. I am confident that the antibodies that we have found are the cause, and I see no other explanation than it being the vaccine which triggers it,' he responds."

The three health workers reported acute pain, bleeding, low platelet counts and were found to have blood clots in "unusual places," such as their stomachs and brains. Later that same day, March 18, 2021, the European Medicines Agency ruled the AstraZeneca vaccine is "safe and effective, despite some concerns over possible side effects," CNBC reported,⁹ and that benefits of the vaccine outweigh the risks.

Meanwhile, March 22, 2021, Norway Today reported the Norwegian Medicines Agency had received two new reports of blood clots with deadly consequences following vaccination with the AstraZeneca vaccine. In a press release, the agency stated that "The Norwegian Medicines Agency cannot rule out that these cases may have a connection with the AstraZeneca vaccine."¹⁰ One of the two victims was a health care worker.

German Experts Weigh In

A March 19, 2021, German Spektrum article¹¹ reviews preliminary findings by German investigators, which add further weight to Holme's findings in Norway. It reads, in part (translation from German using translate.com):

"The effects of the suspended vaccinations with the AstraZeneca vaccine are believed to have been due to a particular immune response that activates platelets and thus triggers thrombosis. This preliminary conclusion is being made by a working group made up of Andreas Greinacher from the University Hospital Greifswald.

The effect corresponds in many details to a heparin-induced thrombocytopenia (HIT) type 2,¹² in which antibodies against a protein complex are formed in connection with heparin, which in turn respond to a receptor on the platelets ...

The team demonstrated the similarity of thrombosis with HIT in the blood of four patients with sinus vein thrombosis. Antibodies appear to form against a complex of heparin and the signaling molecule PF4, which in turn interact with the receptor CD32 of the platelets and thus activate them.

This triggers the clotting cascade, which leads to the thrombosis. The antibodies produced in the vaccinated individuals were very similar to those found in HIT, Greinacher said at a news conference. So far, however, it is still unclear where these antibodies come from, whether they form against the vaccine virus or the spike antigen or perhaps against a factor only involved in the immune response.”

According to Greinacher, people with a history of thrombosis probably do not have a higher risk of complications from the vaccine due to the mechanism of harm. He also points out that there is treatment against HIT, which the team believes “should also work in the case of the suspected vaccination side effect.”

Spektrum reports that, based on these findings, the Society for Thrombosis and Hemostasis Research suggests vaccinated individuals who experience thrombosis or neurological symptoms such as dizziness, headache or visual impairment on the fifth day post-vaccination and onward should be tested for HIT type 2.

The HIT type 2 test will detect antibodies against the heparin complex and, if positive, the Society recommends administering intravenous immunoglobulin G to prevent the activation of CD32 and interrupt the mechanism that results in thrombosis.

AstraZeneca Efficacy Data Being Questioned

March 22, 2021, AstraZeneca¹³ announced its Phase 3 U.S.-based trial showed the vaccine was 79% effective at preventing symptomatic cases of COVID-19 and 100% effective against severe or critical disease and hospitalization, with no increased risk for adverse effects compared to placebo.

According to The Associated Press,¹⁴ partial results from trials in the U.K, Brazil and South Africa — where a “manufacturing mistake” had led to some participants receiving only half of their first dose — suggested the vaccine was 70% effective.

The AP goes on to cite a number of individuals saying the U.S. results should allay concerns about the AstraZeneca vaccine.

That narrative broke apart the very next day, March 23, 2021, when the U.S. National Institute of Allergy and Infectious Diseases (NIAID) issued a statement^{15,16,17} first thing in the morning, saying the Data and Safety Monitoring board (DSMB) had notified them that AstraZeneca’s data may include “outdated information” that cast doubt on its effectiveness. As reported by The Defender:¹⁸

“Notably, in its most recent data, AstraZeneca neglected to include key information, such as the number of trial participants who developed ‘severe COVID.’ AstraZeneca President Ruud Dobber, during an interview on CNBC’s Squawk Box, said the number was ‘5,’ shortly after the data were released.”

“We urge the company to work with the DSMB to review the efficacy data and ensure the most accurate, up-to-date efficacy data be made public as quickly as possible,” the NIAID said in its statement.¹⁹

Dr. Anthony Fauci, who heads the NIAID and was one of the people quoted by the AP as saying the U.S. trial ought to put concerns to rest, went on the defensive, saying “This is really what you call an unforced error because the fact is, this is very likely a very good vaccine. If you look at it the data, they really are quite good, but when they put it into the press release, it wasn’t completely accurate.”²⁰

AstraZeneca responded²¹ saying the data were based on a “pre-specified interim analysis with a data cut-off” of February 17, 2021, and promised to share more data with the independent review board.

In a Tweet,²² Francois Balloux, professor and director of the UCL Genetics Institute, called the NIAID’s statement “highly unusual,” noting it “comes close to accusing Oxford/AZ of having willfully misrepresented” some of its trial results.

Stephen Evans, professor of pharmacoepidemiology at the London School of Hygiene and Tropical Medicine, called the NIAID’s statement “unprecedented,” as while the DSMB will “sometimes disagree with investigators over vaccine trial results,” they typically do so “in private,” not publicly.²³

This isn’t the first time AstraZeneca has been challenged over its data handling, though. As reported by The Defender:²⁴

“‘The way they handled their data early on, AstraZeneca basically shot themselves in the foot,’ Julian Tang, a virologist at the University of Leicester, said even before the latest issue arose.

AstraZeneca has received criticism over its studies since the first data released in the UK, which purported to show the vaccine was 70% effective, yet failed to account for a manufacturing mistake and didn’t include enough participants over 65 to determine efficacy among older patients ...”

Full Throttle Forward Despite Risks

Despite concerns about data mishandling and two independent investigations finding a mechanism of harm, the World Health Organization and the European Medicines Agency are saying the AstraZeneca vaccine is good to go and urge countries to keep using it.

March 18, 2021, the EMA issued a press release²⁵ giving the AstraZeneca the green-light, despite admitting it is associated with “very rare cases of blood clots associated with thrombocytopenia, i.e., low levels of blood platelets.” The justification, as usual, is that the benefits outweigh the risks.^{26,27,28}

But do they? What exactly are the benefits? You can still contract the virus. You can still spread the virus. All it promises to do is lessen your symptoms when you get infected. Sure, the idea is that by lessening symptoms, you’ll reduce your risk of hospitalization and death, but lessening symptoms is not what a vaccine is supposed to do. A vaccine is supposed to make you immune to the disease in question, and none of the COVID-19 vaccines does that.

I've discussed this in previous articles, including "[COVID-19 mRNA Shots Are Legally Not Vaccines](#)," "[COVID-19 'Vaccines' Are Gene Therapy](#)" and "[How COVID-19 'Vaccines' May Destroy the Lives of Millions](#)."

What's more, COVID-19 is really only a serious risk to the very old and people with two or more comorbidities. For the rest, its lethality is on par with the common flu.^{29,30,31,32,33} It may be different in terms of symptoms and complications, but the actual lethality is about the same.

Data³⁴ have shown the overall noninstitutionalized infection fatality ratio for all age groups is 0.26%. If you're under the age of 40, your risk of dying from COVID-19 if you get infected is just 0.01%.

Meanwhile, as reviewed in "[COVID-19 Vaccine Tested on Babies Even as Death Toll Mounts](#)," the lethality rate of COVID-19 vaccines is somewhere between 0.0024% and 0.0028%, and that's assuming all deaths are being reported to the Vaccine Adverse Event Reporting System (VAERS), which is doubtful.

The key difference between being harmed or killed by COVID-19 and being harmed or killed by the vaccine is that the illness kills those who are old, sick and frail, while reports show the vaccine is killing young and healthy people. From my perspective, the argument that the vaccine benefits outweigh the risks simply does not hold water.

Side Effects 3X More Common in Those Previously Infected

In related news, according to researchers at King's College, people who have already had COVID are three times more likely to experience vaccine side effects than those who have not been exposed to the virus, and this appears true for both mRNA and DNA versions of the vaccine.³⁵

They gleaned this information from the college's ZOE app, which has logged more than 700,000 vaccinations. According to that data, 35.7% of those given the Pfizer vaccine who had previously been infected reported side effects, compared to just 12.2% of those not previously infected.

Looking at the AstraZeneca vaccine specifically, 52.7% of previously infected had side effects, compared to 31.9% of those who had not been previously infected.

While The Telegraph reports this as being a beneficial thing, saying "More severe side effects are often a sign of better immunity, and emerging research suggests just one dose of vaccine gives a similar protective effect to two doses in people who have had a previous infection," some experts vehemently disagree.

Proper Timing May Eliminate Some Vaccine Risks

In January 2021, **Dr. Hooman Noorchashm**, a cardiac surgeon and patient advocate, sent a public letter³⁶ to the U.S. Food and Drug Administration commissioner detailing the risks of vaccinating individuals who have previously been infected with SARS-CoV-2, or who have an active SARS-CoV-2 infection.

He urged the FDA to require prescreening for SARS-CoV-2 viral proteins to reduce the risk of injuries and deaths following vaccination, as the vaccine may trigger an adverse immune response in those who have already been infected with the virus.

Fox TV host Tucker Carlson recently interviewed him about these risks as well. In that interview, Noorchashm said:³⁷

“I think it’s a dramatic error on part of public health officials to try to put this vaccine into a one-size-fits-all paradigm ... We’re going to take this problem we have with the COVID-19 pandemic, where a half-percent of the population is susceptible to dying, and compound it by causing totally avoidable harm by vaccinating people who are already infected ...

The signal is deafening, the people who are having complications or adverse events are the people who have recently or are currently or previously infected [with COVID]. I don’t think we can ignore this.”

In an emailed response to The Defender, Noorchashm fleshed out his concerns, saying:³⁸

“Viral antigens persist in the tissues of the naturally infected for months. When the vaccine is used too early after a natural infection, or worse during an active infection, the vaccine force activates a powerful immune response that attacks the tissues where the natural viral antigens are persisting. This, I suggest, is the cause of the high level of adverse events and, likely deaths, we are seeing in the recently infected following vaccination.”

Noorchashm is now pushing for the implementation of a prevaccine screening campaign (#ScreenB4Vaccine), using PCR or rapid antigen testing to determine whether the individual has an active infection, and an IgG antibody test to determine past infection.

If either test is positive, he recommends delaying vaccination for a minimum of three to six months to allow your IgG levels to wane. At that point, he recommends testing your blood IgG level and use that as a guide to decide the timing of your vaccination. As reported by The Defender:³⁹

“Noorchashm told Carlson that he’s been wrongly accused of stoking vaccine hesitancy, when just the opposite is true — if public health officials want people to trust the vaccines, they need to do everything possible to avoid creating situations where the vaccines can actually cause harm.

‘People aren’t stupid,’ Noorchashm said. ‘If you explain how the vaccine works, and give them the information on how to keep themselves safe,’ that is how you build trust.”

What to Do if You Regret Getting the COVID-19 Vaccine

If you already got the vaccine and now regret it, you may be able to address your symptoms using the same strategies you’d use to treat actual SARS-CoV-2 infection. I review these

strategies at the end of "[Why COVID Vaccine Testing Is a Farce.](#)"

Additionally, if you're experiencing side effects, please help raise public awareness by reporting it. The Children's Health Defense is calling on all who have suffered a side effect from a COVID-19 vaccine to do these three things:⁴⁰

1. If you live in the U.S., [file a report on VAERS](#)
2. Report the injury on [VaxxTracker.com](#), which is a nongovernmental adverse event tracker (you can file anonymously if you like)
3. [Report the injury on the CHD website](#)

The National Vaccine Information Center (NVIC) recently posted more than 50 video presentations from the pay-for-view Fifth International Public Conference on Vaccination held online October 16 to 18, 2020, and made them available to everyone for free.

The conference's theme was "Protecting Health and Autonomy in the 21st Century" and it featured physicians, scientists and other health professionals, human rights activists, faith community leaders, constitutional and civil rights attorneys, authors and parents of vaccine injured children talking about vaccine science, policy, law and ethics and infectious diseases, including coronavirus and COVID-19 vaccines.

In December 2020, a U.K. company published false and misleading information about NVIC and its conference, which prompted NVIC to open up the whole conference for free viewing. The conference has everything you need to educate yourself and protect your personal freedoms and liberties with respect to your health.

Don't miss out on this incredible opportunity. I was a speaker at this empowering conference and urge you to watch these video presentations before they're censored and taken away by the technocratic elite.

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Notes

¹ [The Sun March 15, 2021, Updated March 16, 2021](#)

² [The Defender March 16, 2021 Countries Suspend AstraZeneca Vaccine](#)

³ [The Defender March 11, 2021](#)

⁴ [The Defender March 2, 2021](#)

⁵ [New York Times February 3, 2021 \(Archived\)](#)

⁶ [Business Insider March 1, 2021](#)

^{7, 8} [Science Norway March 18, 2021](#)

- ⁹ [CNBC March 18, 2021](#)
- ¹⁰ [Norway Today March 22, 2021](#)
- ¹¹ [Spektrum March 19, 2021](#)
- ¹² [Cleveland Clinic Type 2 Heparin-Induced Thrombocytopenia](#)
- ¹³ [AstraZeneca Press Release March 22, 2021](#)
- ¹⁴ [AP March 22, 2021](#)
- ^{15, 19} [NIH NIAID Statement of AstraZeneca Vaccine March 23, 2021](#)
- ^{16, 20} [The Verge March 23, 2021](#)
- ^{17, 18, 23, 24, 37, 38, 39} [The Defender March 23, 2021](#)
- ²¹ [AstraZeneca Press Release March 23, 2021](#)
- ²² [Twitter Prof Francois Balloux March 23, 2021](#)
- ²⁵ [EMA March 18, 2021](#)
- ²⁶ [New York Times March 22, 2021](#)
- ²⁷ [NBC News March 15, 2021](#)
- ²⁸ [World Pharma News March 17, 2021](#)
- ²⁹ [The Mercury News May 20, 2020 \(Archived\)](#)
- ^{30, 34} [Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352](#)
- ³¹ [Breitbart May 7, 2020](#)
- ³² [Scott Atlas US Senate Testimony May 6, 2020 \(PDF\)](#)
- ³³ [John Ioannidis US Senate Testimony May 6, 2020 \(PDF\)](#)
- ³⁵ [The Telegraph March 5, 2021 \(Archived\)](#)
- ³⁶ [Medium February 15, 2021](#)
- ⁴⁰ [The Defender January 25, 2021](#)

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