

Risk Stratification: COVID-19 Vaccine-Induced Cardiac Arrest

Integration of Clinical, Laboratory, and Imaging Data Aid in Prognosis

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Theme: [Science and Medicine](#)

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We continue to see vaccinated persons suffer cardiac arrests three years after most took the shots in 2021. Both Pfizer and Moderna mRNA have been found in human heart muscle at autopsy. Spike protein has been stained in [biopsy samples](#) of young men suffering from myocarditis.

Victims have been found to have circulating Spike protein but [ineffective antibodies](#), probably IgG4 subclass, that fail to neutralize Spike and allow its assault on the heart.

[Positron emission tomography](#) data have disclosed a shift from free fatty acid to glucose in the human heart of virtually everyone who has taken a COVID-19 vaccine.

The PET pattern looks like global ischemia. This could be due to vaccine Spike protein [hemagglutination](#) in myocardial capillaries or cellular changes in mitochondrial respiration and substrate metabolism. Small patches of dysfunctional, inflamed, or scarred myocardium are sufficient to serve as a nidus for re-entrant ventricular tachycardia that can degrade to ventricular fibrillation and lead to cardiac arrest.

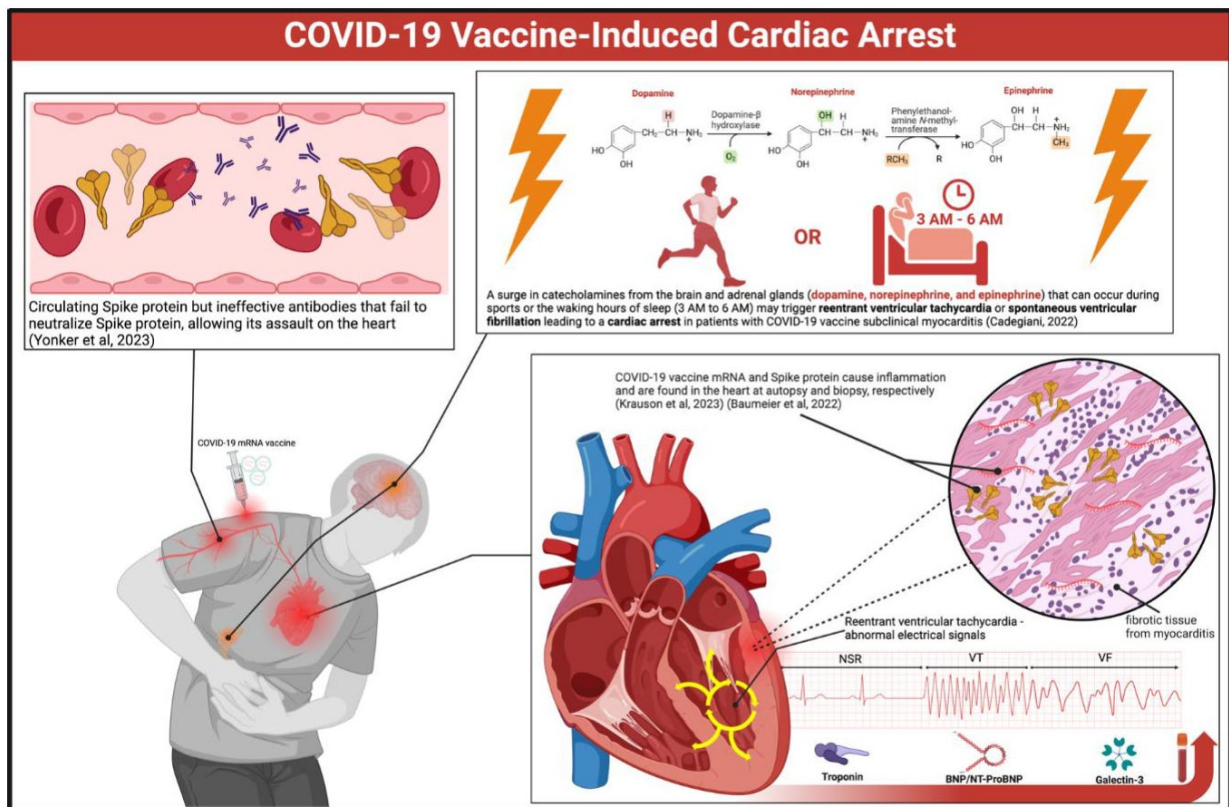


Figure 1. COVID-19 Vaccine-induced Cardiac Arrest. Abbreviations: NSR = normal sinus rhythm, VT = ventricular tachycardia, VF = ventricular fibrillation, BNP/NT-proBNP = brain natriuretic peptide and N-terminal proBNP. *All the studies referenced in this figure are listed in the reference section of this manuscript. Created with BioRender.com.

Hulscher et al have demonstrated cardiac arrest within a few weeks of vaccination is caused by vaccine myocarditis with no prior premonitory phase that allows for detection.

With the passage of time, we have learned much from the clinical evaluation of a large number, 5-10% of vaccine victims, who have symptoms months to years after injection.

Among those with clinical myocarditis early after injection and reported to VAERS, **Rose et al** has reported a mortality rate of 2.9%.

Takada et al have reported the mortality rate of COVID-19 vaccine myopericarditis in the Japanese Drug Adverse Event Reporting System is 9.6% at 62 days.

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