

Seattle, King County Reports 18.5% Increase in Cardiac Arrests from Pre-Pandemic Years

By Dr. Peter McCullough

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Courageous Discourse

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I did my internal medicine residency at the University of Washington in Seattle. In the 1980's it was the most competitive internal medicine training program in the country as more medical students ranked it #1 on their list than all others. One great privilege of the program was to work with the Seattle King County elite "MEDIC ONE" paramedic units which led the way on out-of-hospital resuscitation research. The Seattle King County cardiac arrest statistics are among the most accurate in the United States.

It is well known that COVID-19 vaccine myocarditis is asymptomatic in about half of victims and that cardiac arrest is a common initial presentation even years after injection. <u>Hulscher et al</u> have shown when autopsies are performed in the vaccinated, suspected myocarditis is confirmed to be the cause of death. Sadly, in these cases there is no chance for antecedent screening, detection, or management.



Autopsy findings in cases of fatal COVID-19 vaccineinduced myocarditis

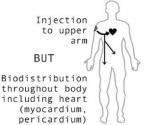
Nicolas Hulscher^{1*} , Roger Hodkinson², William Makis^{2,3} and Peter A. McCullough^{2,4,5}

¹University of Michigan School of Public Health, Ann Arbor, MI, USA; ²The Wellness Company, Boca Raton, FL, USA; ³Cross Cancer Institute, Alberta Health Services, Edmonton, Canada; ⁴Truth for Health Foundation, Tucson, AZ, USA; and ⁵McCullough Foundation, Dallas, TX, USA

Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis

Figure 6 COVID-19 vaccine-induced myocarditis characteristics.

mRNA "VACCINE"→ MYOCARDITIS → OUTCOMES



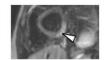
RISK FACTORS

Peak risk men ages 18-24 Genetic predisposition: SCNSA mutation

- "Hot lots" of well-manufactured, high-purity mRNA adenoviral DNA
- · Cumulative spike protein exposure · Pericyte uptake of mRNA and production of spike protein

SYMPTOMS

57% SUBCLINICAL (few/no symptoms) 43% symptomatic: chest pain, effort intolerance, palpitations, near/syncope ("passing out") fever, malaise, myalgia



Cardiac MRI showing Late Gadolinium Enhancement (LGE)

DIAGNOSIS

- · Presenting, ~90% hospitalized
- ECG changes
 Troponin, BNP, ST2, Galectin 3
- Arrhythmias
 Ventricular dysfunction
- · Positive MRI for LGE (see above)
- Biopsy shows spike-protein+ inflammation

DETECTION



IF DETECTED: NO EXERCISE

· Meds, defibrill. in high-risk patients; repeat testing for resolution



UNDETECTED: SUDDEN DEATH MAY RESULT

- During athletic exertion
- · While asleep in early morning hours

monday man

ARRHYTHMIAS

- Ventricular TachycardiaVentricular Fibrillation

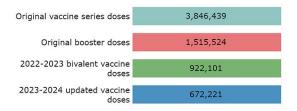


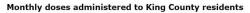


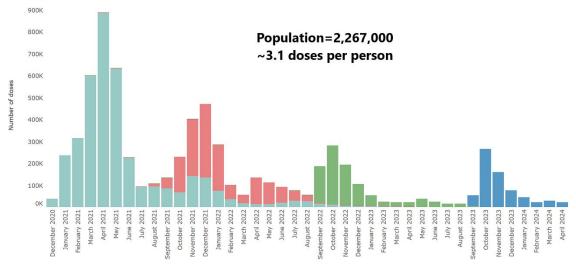
King County has reported very high COVID-19 vaccination rates with administration of 6.96 million doses in a population of 2.27 million residents. This equates to 3.1 doses per person.

Total vaccine doses administered to King County residents









The year-end <u>Public Health Seattle and King County Annual 2023 Emergency Medical Services Division Report</u> discloses the full year ending 2022 since it takes time to gather outcomes through hospitalization. As you can see there has been an alarming 18.5% increase in the rates of out of hospital cardiac arrest from pre-pandemic years. The big jump up occurred in 2021 with rollout of mass, indiscriminate COVID-19 vaccination. Among these cases who get the best EMS care in the world, there is only a 16% survival rate.



EMERGENCY MEDICAL SERVICES DIVISION

2023 ANNUAL REPORT

TO THE KING COUNTY COUNCIL

2022: 18.5% Increase from pre-pandemic years

Overall number of cardiac arrests for which ALS resuscitation efforts were attempted for patients two (2) years or older with no advance directives to limit care: 2019 2020 2021 1,308 1,350 1,298 1,499 1,598 Cardiac Arrests 2022 Highlight: Overall survival to hospital discharge based on arrest before or after arrival of EMS personnel and initially monitored cardiac arrest rhythm: Patients Survived Initial Cardiac Arrest Rhythm STRATEGIC Arrest Before Arrival of EMS 1,378 16% 224 INITIATIVES Ventricular Fibrillation/ Pulseless Ventricular Tachycardia VF/pVT) 288 114 40% Asystole 703 Pulseless Electrical Activity (PEA) Not Shockable, unknown if PEA or asystole Pulses on First Check 263 21% 83 11 13% 0% Arrest After Arrival of EMS 220 64 29% 37 68% Ventricular Tachycardia (VF/pVT) Asystole Pulseless Electrical Activity (PEA) Not Shockable, unknown if PEA or asystole Pulse on First Check 41 17% 20% 33% Unknown

These data are a call for among other strategic initiatives, to immediately merge the vaccine administration records with cardiac arrest data and investigate patterns by time and cumulative doses received.

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