

# Omicron Variant Sends Vaccine Makers' Stocks Soaring, as VAERS Data Show 913,000 Reported Adverse Events after COVID Vaccines

By [Children's Health Defense](#)

Global Research, December 03, 2021

[Children's Health Defense](#) 30 November 2021

Region: [USA](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the "Translate Website" drop down menu on the top banner of our home page (Desktop version).

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

Visit and follow us on Instagram at [@crg\\_globalresearch](#).

\*\*\*

*VAERS data released Monday by the Centers for Disease Control and Prevention included a total of 913,268 reports of adverse events from all age groups following COVID vaccines, including 19,249 deaths and 143,395 serious injuries between Dec. 14, 2020, and Nov. 19, 2021.*

The Centers for Disease Control and Prevention released new data late Monday showing a total of [913,268 adverse events](#) following COVID vaccines were reported between Dec. 14, 2020, and Nov. 19, 2021, 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 [19,249 reports of deaths](#) — an increase of 396 over the previous week — and [143,395 reports of serious injuries](#), including deaths, during the same time period — up 4,269 compared with the previous week.

Excluding "[foreign reports](#)" to VAERS, [664,745 adverse events](#), including [8,898 deaths](#) and [56,297 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and Nov. 19, 2021.

[Foreign reports](#) are reports received by U.S. manufacturers from their foreign subsidiaries. Under U.S. Food and Drug Administration regulations, if a manufacturer is notified of a foreign case report that describes an event that is both serious and does not appear on the product's labeling, the manufacturer is required to submit the report to VAERS.

Of the 8,898 U.S. [deaths reported](#) as of Nov. 19, 20% occurred within 24 hours of vaccination, 26% occurred within 48 hours of vaccination and 56% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated.

In the U.S., 447.7 million COVID vaccine doses had been administered as of Nov. 19. This [includes](#): 260 million doses of Pfizer, 171 million doses of Moderna and 16 million doses of Johnson & Johnson (J&J).



From the 11/19/2021 release of VAERS data:

### Found 913,268 cases where Vaccine is COVID19

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

Table:

Event Outcome	Count	Percent
Death	18,248	2.11%
Permanent Disability	38,867	3.38%
Office Visit	143,275	15.69%
Emergency Room	88	0.01%
Emergency Doctor/Room	107,315	11.69%
Hospitalized	97,292	10.65%
Hospitalized, Prolonged	298	0.03%
Recovered	274,200	30.03%
Birth Defect	871	0.09%
Life Threatening	31,562	3.45%
Not Serious	205,416	22.49%
<b>TOTAL</b>	<b>1,004,457</b>	<b>110.74%</b>

† Because some cases have multiple observations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 913,268 (the number of cases found), and the Total Percentage is greater than 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](#).

U.S. VAERS data from Dec. 14, 2020, to Nov. 19, 2021 for 5- to 11-year-olds show:

- 2,093 [total adverse events](#), including [22 rated as serious](#) and 1 [reported death](#) that occurred in an 11-year-old girl from Georgia vaccinated Sept. 14, prior to the authorization of Pfizer’s COVID vaccine in the 5 to 11 age group.
- 1,103 [adverse events](#) have been reported in the 5 to 11 age group since Nov. 1.
- The rest of the reports in VAERS for children in the 5 to 11 age group occurred prior to the authorization of Pfizer’s COVID vaccine, and are due to “product administered to patient of inappropriate age.”

U.S. VAERS data from Dec. 14, 2020, to Nov. 19, 2021 for 12- to 17-year-olds show:

- 23,484 [total adverse events](#), including [1,439 rated as serious](#) and [31 reported deaths](#).

The most recent death involves a 16-year-old girl from Georgia (VAERS I.D. [1865389](#)) who died reportedly from a heart condition and multi-organ failure two days after receiving Pfizer's COVID vaccine.

Other recent deaths include a 16-year-old girl from Missouri (VAERS I.D. [1823671](#)) who died after receiving her second dose of Pfizer, and a 17-year-old female from Washington (VAERS I.D. [1828901](#)) who died Oct. 29 reportedly from a heart condition after receiving her second dose of Pfizer.

- [59 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 96% of cases attributed to [Pfizer's vaccine](#).
- [560 reports](#) of myocarditis and pericarditis (heart inflammation) with [549 cases](#) attributed to Pfizer's vaccine.
- [139 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to Nov. 12, 2021, for all age groups combined, show:

- 19% of deaths were related to cardiac disorders.
- 54% of those who died were male, 42% were female and the remaining death reports did not include gender of the deceased.
- The [average age](#) of death was 72.7.
- As of Nov. 19, [4,424 pregnant women](#) reported adverse events related to COVID vaccines, including 1,390 reports of [miscarriage or premature birth](#).
- Of the [3,197 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 41% to [Moderna](#) and 8% to [J&J](#).
- 760 reports of [Guillain-Barré syndrome](#) (GBS), with 41% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 28% to [J&J](#).
- [2,149 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [11,209 reports](#) of blood clotting disorders. Of those, [4,960 reports](#) were attributed to Pfizer, [4,000 reports](#) to Moderna and [2,195 reports](#) to J&J.
- [3,209 cases](#) of myocarditis and pericarditis with [1,999 cases](#) attributed to Pfizer, [1,067 cases](#) to Moderna and [133 cases](#) to J&J's COVID vaccine.

### **Man with natural immunity forced to get vaccinated against COVID to remain on lung transplant list, dies after second dose of Moderna**

Bobby Bolin, a [49-year-old Texas man](#) who previously had COVID, was told he would have to get vaccinated against COVID in order to be eligible for a double-lung transplant, even though he had already recovered from the virus.

49-year-old Texas man who recovered from COVID—but was required to be fully vaccinated against virus before being approved for a life-saving lung transplant—died when he developed a pulmonary embolism and heart issues after his second Moderna vaccine. <https://t.co/YHCwKb2llp>

— Robert F. Kennedy Jr (@RobertKennedyJr) [November 29, 2021](#)

After his second Moderna shot, received on April 17, Bolin developed a pulmonary embolism

and [atrial fibrillation](#) — a heart condition characterized by an irregular heartbeat, shortness of breath, chest pain and extreme fatigue. His health rapidly deteriorated and he passed away Aug. 20, before receiving new lungs.

In an exclusive interview with [The Defender](#), his wife, Amy Bolin, said there was no reason her husband should have been forced to get the vaccine in order to receive new lungs, but unfortunately, he was desperate and very sick.

Amy said she didn't know what timeline her husband had with his organs, but she saw a complete change in him over four months' time and doesn't want others to face the same things they experienced.

### **Pfizer, Moderna vaccines 'dramatically increase' heart attack risk**

In an analysis [presented during a meeting](#) of the American Heart Association, Dr. Steven Gundry, a pioneer in infant heart transplant surgery, said mRNA COVID vaccines put many patients at higher risk of a new acute coronary syndrome, such as a heart attack.

The [analysis concluded](#) in part that mRNA vaccines “dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy and other vascular events following vaccination.”

Thousands of heart-related injuries have been reported following COVID mRNA vaccines, and scientists have established a myriad of heart- and blood-related effects in some patients, including young people.

Among the adverse events linked to the vaccines are [thrombosis blood clots](#) and heart inflammation known as [myocarditis](#) and pericarditis.

### **COVID vaccine stocks surge amid fears of new omicron variant**

Shares of major COVID vaccine makers surged amid the latest pandemic fears surrounding the new [Omicron](#) variant, [CNN Business reported](#).

Moderna climbed more than 20% during Black Friday's short trading session on Wall Street and increased by an additional 10% on Monday.

Shares of BioNTech, which partners with Pfizer to produce COVID vaccines, soared 14% on Friday and were up 3% Monday, as Pfizer gained 6% Friday.

Investors are hoping the vaccine makers will be able to quickly update their COVID vaccines to offer protection for the Omicron variant.

Moderna [said Friday](#) it “will rapidly advance an Omicron-specific booster candidate” while [Pfizer said](#) it hoped to have an update of its vaccine ready in 100 days if Omicron shows resistance to its current vaccine.

Moderna CEO predicts reduction in COVID vaccine effectiveness against Omicron variant

Stéphane Bancel, CEO of Moderna, said in an interview Tuesday current COVID vaccines will likely be much less effective against the new Omicron variant, compared with previous

variants, [The Washington Post reported](#).

“I just don’t know how much, because we need to wait for the data,” Bancel said. “But all the scientists I’ve talked to ... are, like, ‘This is not going to be good.’”

Bancel said scientists did not expect such a highly mutative variant to emerge for another year or two, noting 32 of the 50 mutations in Omicron involve the [spike protein](#) — the area targeted by existing COVID vaccines.

In early March, [Dr. Geert Vanden Bossche](#), a vaccinologist who worked with GSK Biologicals, Novartis Vaccines, Solvay Biologicals, Bill & Melinda Gates Foundation’s Global Health Discovery team in Seattle and Global Alliance for Vaccines and Immunization in Geneva, broke down the [dangers of mass vaccination](#) for COVID compared to natural infection and concluded:

“There can be no doubt that continued mass vaccination campaigns will enable new, more infectious viral variants to become increasingly dominant and ultimately result in a dramatic incline in new cases despite enhanced vaccine coverage rates. There can be no doubt either that this situation will soon lead to complete resistance of circulating variants to the current vaccines.”

As [The Defender reported](#) March 26, a combination of lockdowns and [extreme selection pressure](#) on the virus induced by the intense global mass vaccination program, might diminish the number of cases, hospitalizations and deaths in the short-term, but will ultimately induce the creation of more mutants of concern.

This is the result of what Vanden Bossche called “immune escape,” which will in turn trigger vaccine companies to further refine vaccines that will add to, not reduce, the selection pressure, producing ever more transmissible and potentially deadly variants.

Vanden Bossche argued the selection pressure would cause greater convergence in SARS-CoV-2 mutations affecting the spike protein of the virus responsible for breaking through the mucosal surfaces of our airways — the route used by the virus to enter the human body — effectively outsmarting the highly specific antigen-based vaccines that are being used and tweaked, dependent on the circulating variants.

\*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg\_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

*Featured image is from CHD*

The original source of this article is [Children's Health Defense](#)  
Copyright © [Children’s Health Defense](#), [Children's Health Defense](#), 2021

---

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

## **Become a Member of Global Research**

Articles by: **Children's  
Health Defense**

**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](mailto:publications@globalresearch.ca)

[www.globalresearch.ca](http://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](mailto:publications@globalresearch.ca)