

Detection of Positive Covid-19 Vaccine Bias in Reports of Serious Adverse Events. Dr. Peter McCullough

Look for Unsupported Statements Plugging the COVID-19 Vaccines while Delivering Bad News on Side Effects

By [Dr. Peter McCullough](#)

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[Courageous Discourse](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

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The clinical reality of COVID-19 vaccine myocarditis, blood clots, and other medical disasters seems much larger than available reports in the medical literature. Because the vast majority of academic physicians who produce the worlds universe of medical manuscripts start from a pro-vaccine position, there is undoubtedly publication bias.

Publication bias means that compliant doctors at institutions that mandated the COVID-19 vaccines are disincentivized and may be implicitly prohibited from studying and reporting vaccine side effects.

Even compelling papers describing new, important life-threatening conditions may fail to be approved by the institution and never make it to journal submission.

Nevertheless, I have been struck with obvious pro-vaccine bias in papers that are describing horrific adverse events.

You can look for these because they are not supported and appear completely out of place. One wonders if these statements are reflecting a true psychological bias of mass formation or if they are intentionally deceptive so the authors do not appear to "dampening enthusiasm" for the novel shots. In some cases, the authors encourage vaccination despite the harms.

Acute Myocardial Infarction Within 24 Hours After COVID-19 Vaccination



Jonathan G. Sung, MBChB, Piotr S. Sobieszczyk, MD, and Deepak L. Bhatt, MD, MPH*

COVID-19 vaccination was launched in the United States in mid-December 2020. There are limited data on the risk of thrombotic events related to COVID-19 vaccines. In conclusion, we report 2 cases of acute myocardial infarction with onset <24 hours after the first dose of a COVID-19 vaccine in patients presenting with shoulder pain. © 2021 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>) (Am J Cardiol 2021;156:129–131)

Disclosure of Vaccine Bias

As the COVID-19 vaccination campaign moves toward a new phase around the world and vaccines become available to the general public, more data will be available on safety and potential side effects. More data on the nationwide trends of myocardial infarction or other thrombotic events before and after vaccination launch should be carefully obtained and interpreted before commenting on any possible causal relationship. Furthermore, these 2 case reports should not dampen enthusiasm for vaccination but should raise awareness of the possibility of myocardial ischemia in patients having shoulder pain after vaccination.

Sung JG, Sobieszczyk PS, Bhatt DL. Acute Myocardial Infarction Within 24 Hours After COVID-19 Vaccination. Am J Cardiol. 2021 Oct 1;156:129-131. doi: 10.1016/j.amjcard.2021.06.047. Epub 2021 Jul 12. PMID: 34364657; PMCID: PMC8272970.

Be wary of glowing praise for the vaccines like “remarkably effective” or “blockbuster” in papers that present no efficacy data. It has been said that flattery will get you nowhere, expect possibly, publication of a COVID-19 vaccine paper in a medical journal.

[REVIEW ARTICLE]

Lessons Learnt from Case Series of Out-of-hospital Cardiac Arrest and Unexpected Death after COVID-19 Vaccination

Toru Maruyama^{1,2} and Hayata Uesako³

Abstract:

Vaccination against COVID-19 has raised concerns about myocarditis in young men, as out-of-hospital cardiac arrest (OHCA) or sudden death after vaccination has been reported sporadically. Common features of these cases are occurrence in young men, within a few weeks after vaccination, in patients with no structural heart diseases. Cases of unexplained nocturnal death showed fibrotic or hypertrophied myocardium, and one case of OHCA presented ventricular fibrillation (VF) triggered by a prominent J wave on an automated external defibrillator and histopathologic findings compatible with myocarditis. Both myocarditis and J waves are prevalent in young men, and these cases imply that myocarditis augments J waves, which trigger VFs, and primary electrical disorders are a leading cause of death. To prevent such issues, artificial intelligence (AI)-assisted interpretation of historical electrocardiogram findings may help predict future J wave formation leading to VF, as digital ECG findings are well suited for AI interpretation.

Disclosure of Vaccine Bias

Conclusions

Although COVID-19 vaccination is a remarkably effective measure for preventing and attenuating the SARS-CoV-2 pandemic, various adverse events have been reported, such

Maruyama T, Uesako H. Lessons Learnt from Case Series of Out-of-hospital Cardiac Arrest and Unexpected Death after COVID-19 Vaccination. *Intern Med.* 2023 Nov 15;62(22):3267-3275. doi: 10.2169/internalmedicine.2298-23. Epub 2023 Aug 23. PMID: 37612082; PMCID: PMC10713381.

Circulation Research

COMPENDIUM ON COVID-19 AND CARDIOVASCULAR DISEASE

Vaccination-Associated Myocarditis and Myocardial Injury

Natasha L. Altman¹, Amber A. Berning, Sarah C. Mann, Robert A. Quaife², Edward A. Gill³, Scott R. Auerbach, Thomas B. Campbell⁴, Michael R. Bristow⁵

Disclosure of Vaccine Bias

recover quickly. The Advisory Committee on Immunization Practices, therefore, recommends all persons 6 months and older receive the COVID-19 vaccine as the benefits of COVID-19 vaccination outweigh the rare risk of myocarditis.¹⁴⁵ However, the long-term effects of even mild vaccine-associated myocardial injury are unknown, and resolved cases may exhibit some degree of permanent damage such as interstitial fibrosis. Therefore,

For the mRNA platform vaccines, as of November 21, 2022, the respective doses of BNT162b2 or mRNA 1273 administered have been: U.S., 387M, and 255 M; Japan, 255 M and 80 M; EU, 653 M and 153M.⁶³ Clearly, these are blockbuster, life-saving biologics that are being administered at an unprecedented rate, and any potential serious adverse event associated with them needs to be subjected to careful scrutiny.

Altman NL, Berning AA, Mann SC, Quaife RA, Gill EA, Auerbach SR, Campbell TB, Bristow MR. Vaccination-Associated Myocarditis and Myocardial Injury. *Circ Res.* 2023 May 12;132(10):1338-1357. doi: 10.1161/CIRCRESAHA.122.321881. Epub 2023 May 11. PMID: 37167355; PMCID: PMC10171307.

Any time you see “the risks are far outweighed by the benefits” without a formal risk-benefit analysis, you are receiving dangerous pro-vaccine bias. This is particularly true for vaccine induced death. It is very hard to argue that case away and encourage more shots.

THERAPEUTIC ADVANCES in
Drug Safety

Review

Serious neurological adverse events following immunization against SARS-CoV-2: a narrative review of the literature

Sara Eslait-Olaciregui, Kevin Llinás-Caballero, David Patiño-Manjarrés, Thomas Urbina-Ariza, Juan Fernando Cediél-Becerra and Camilo Alberto Domínguez-Domínguez 

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Abstract

Amid the coronavirus disease 2019 (COVID-19) pandemic, massive immunization campaigns became the most promising public health measure. During clinical trials, certain neurological adverse effects following immunization (AEFIs) were observed; however, acceptable safety profiles lead to emergency authorization for the distribution and use of the vaccines. To contribute to pharmacovigilance and lessen the potential negative impact that vaccine hesitancy would have on immunization programs, we conducted a review of the scientific literature concerning the epidemiological data, clinical presentation, and potential mechanisms of these neurological AEFIs. There is some epidemiological evidence linking COVID-19 vaccines to cerebral venous sinus thrombosis, arterial ischemic stroke, convulsive disorder, Guillain-Barré syndrome, facial nerve palsy, and other neurological conditions. Cerebral venous sinus thrombosis has been associated with a thrombotic thrombocytopenia induced by the vaccine, similar to that induced by heparin, which suggests similar pathogenic mechanisms (likely involving antibodies against platelet factor 4, a chemokine released from activated platelets). Arterial ischemic stroke is another thrombotic condition observed among some COVID-19 vaccine recipients. Vaccine-induced convulsive disorder might be the result of structural abnormalities potentially caused by the vaccine or autoimmune mechanisms. Guillain-Barré syndrome and facial nerve palsy may also be linked to the immunization event, possibly due to immune mechanisms such as uncontrolled cytokine release, autoantibody production, or bystander effect. However, these events are mostly uncommon and the evidence for the association with the vaccine is not conclusive. Furthermore, the potential pathophysiological mechanisms remain largely unknown. **Nevertheless, neurological AEFIs can be serious, life-threatening or even fatal. In sum, COVID-19 vaccines are generally safe and the risk of neurological AEFIs does not outweigh the benefits of immunization.** However, early diagnosis and treatment of neurological AEFIs are of utmost importance, and both health professionals and the public should be aware of these conditions.

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Disclosure of Vaccine Bias

Eslait-Olaciregui S, Llinás-Caballero K, Patiño-Manjarrés D, Urbina-Ariza T, Cediél-Becerra JF, Domínguez-Domínguez CA. Serious neurological adverse events following immunization against SARS-CoV-2: a narrative review of the literature. *Ther Adv Drug Saf.* 2023 May 21;14:20420986231165674. doi: 10.1177/20420986231165674. PMID: 37223456; PMCID: PMC10201278.

Other obvious statements such as “vaccines have been integral in our pandemic response” or “vaccines have saved millions of lives” or accolades such as “cutting-edge mRNA technology” or “breakthrough” or “cornerstone” seem out of place when the paper is describing vaccine victims either permanently damaged or sadly dead after the shot.

REVIEW

Acute myocardial infarction and myocarditis following COVID-19 vaccination

Y.N. Aye^{1,†}, A.S. Mai^{2,†}, A. Zhang¹, O.Z.H. Lim², N. Lin¹, C.H. Ng², M.Y. Chan^{1,2}, J. Yip^{1,2}, P.-H. Loh^{1,2,‡} and N.W.S. Chew ^{1,‡,*}

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Disclosure of Vaccine Bias

in the Philippines serving as a reminder.¹⁵ Population-based studies might help elucidate if myocarditis and AMI rates are higher in the vaccination era compared to prepandemic times. For now, COVID-19 vaccines remain the cornerstone in our fight against the contagion.

Aye YN, Mai AS, Zhang A, Lim OZH, Lin N, Ng CH, Chan MY, Yip J, Loh PH, Chew NWS. Acute myocardial infarction and myocarditis following COVID-19 vaccination. QJM. 2023 Apr 29;116(4):279-283. doi: 10.1093/qjmed/hcab252. PMID: 34586408; PMCID: PMC8522388.

Probably the most severe form of positive vaccine bias and hubris would be “the vaccines are indicated or recommended for everyone” when a manuscript is not evaluating the overall population benefit it should not be making recommendations.

Assessment of Risk for Sudden Cardiac Death Among Adolescents and Young Adults After Receipt of COVID-19 Vaccine — Oregon, June 2021–December 2022

Juventila Liko, MD¹; Paul R. Cieslak, MD¹

Abstract

COVID-19 vaccination has been associated with myocarditis in adolescents and young adults, and concerns have been raised about possible vaccine-related cardiac fatalities in this age group. In April 2021, cases of myocarditis after COVID-19 vaccination, particularly among young male vaccine recipients, were reported to the Vaccine Adverse Event Reporting System.

in Israel estimated that the risk for myocarditis associated with receipt of mRNA COVID-19 vaccine was 2.13 per 100,000 among vaccine recipients, and was highest among adolescents and young adult males (10.69 per 100,000) (2). Published accounts suggest that postvaccination myocarditis is typically mild and associated with good outcomes after brief hospitalization (3,4). As of July 17, 2023, no fatal cases of myocarditis

Disclosure of Vaccine Bias

Implications for Public Health Practice

These data do not support an association between receipt of mRNA COVID-19 vaccine and sudden cardiac death among previously healthy young persons. COVID-19 vaccination is recommended for all persons aged ≥6 months to prevent COVID-19 and complications, including death.

Liko J, Cieslak PR. Assessment of Risk for Sudden Cardiac Death Among Adolescents and Young Adults After Receipt of COVID-19 Vaccine – Oregon, June 2021–December 2022. MMWR Morb Mortal Wkly Rep. 2024 Apr 11;73(14):317–320. doi: 10.15585/mmwr.mm7314a5. PMID: 38602888; PMCID: PMC11008789.

I hope these examples are helpful. The goal of reviewing papers is to evaluate the data yourself and in the context of vaccine side effects, overall risk-benefit statements by likely vaccinated authors from mandating institutions should be freely disposable.

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