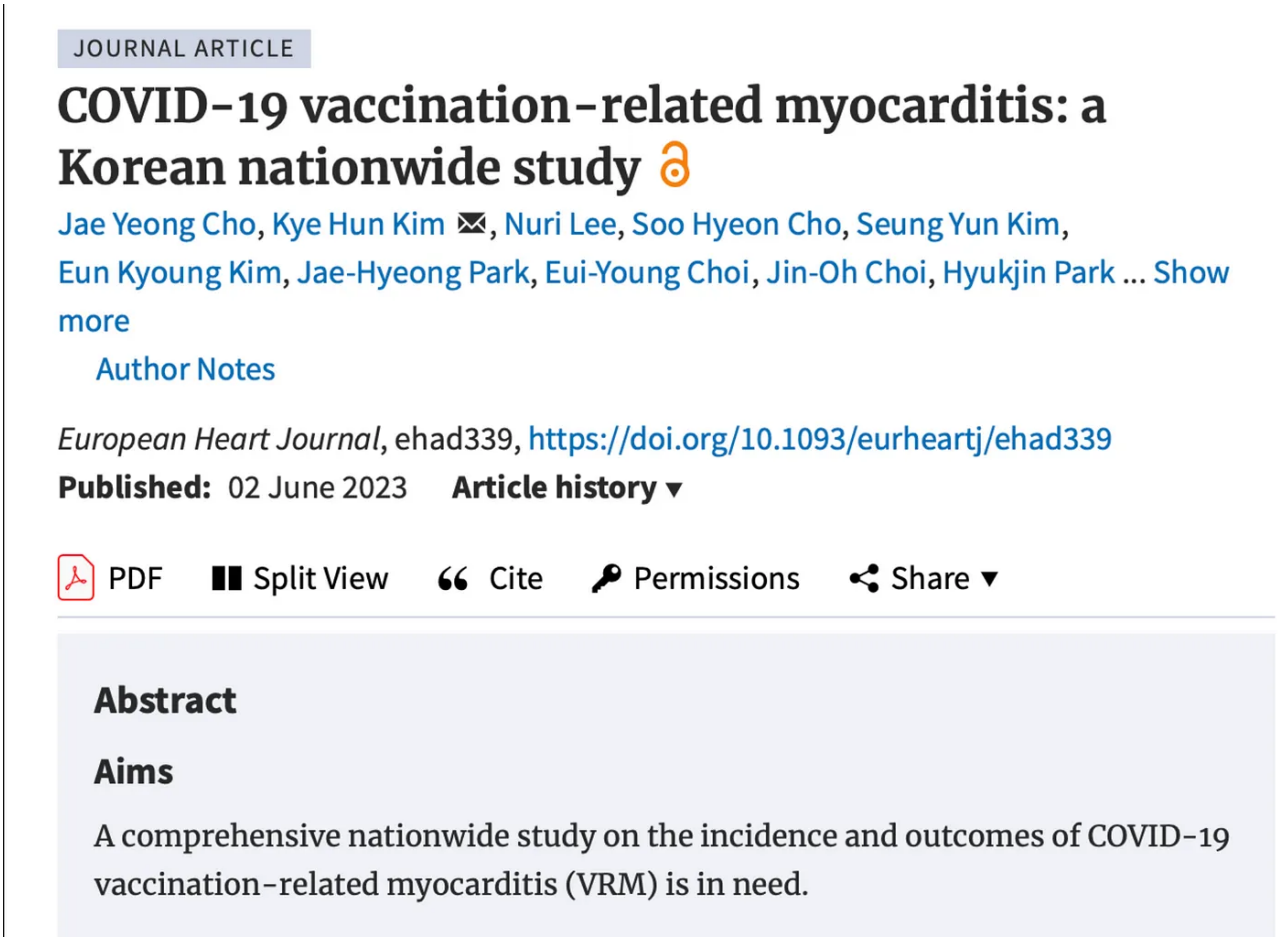
New: Another Study Identifies High Rate of Severe Myocarditis Cases Post COVID Vax

Cardiologist Dr. Anish Koka weighs in: "This should hopefully end the mainstream expert narrative of characterizing vaccine myocarditis as mild."

ROBERT W MALONE MD, MS

JUN 6, 2023



JOURNAL ARTICLE

COVID-19 vaccination-related myocarditis: a Korean nationwide study

Jae Yeong Cho, Kye Hun Kim ✉, Nuri Lee, Soo Hyeon Cho, Seung Yun Kim, Eun Kyoung Kim, Jae-Hyeong Park, Eui-Young Choi, Jin-Oh Choi, Hyukjin Park ... Show more

Author Notes

European Heart Journal, ehad339, https://doi.org/10.1093/eurheartj/ehad339

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Abstract

Aims

A comprehensive nationwide study on the incidence and outcomes of COVID-19 vaccination-related myocarditis (VRM) is in need.

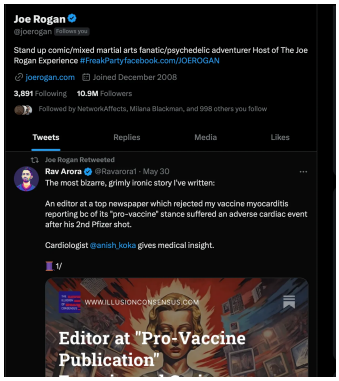
The academic publication in the European Heart Journal can be found here (linked).

Guest essay by Rav Aura, who co-authors a substack with Dr. Jay Battacharia titled "The Illusion of Consensus" (linked). Rav writes on vaccine mandates, civil liberties, and psychedelic therapy. He has been seen on podcasts with Jordan Peterson, Ben Shapiro, Tim Pool, Adam Carolla etc.

Rav Arora's recent viral story on how an editor at a "pro-vaccine newspaper" suffered from a post-vaccine injury was featured in a detailed segment by Bret Weinstein in the DarkHorse podcast. Watch below:

https://twitter.com/Ravarora1/status/1665490990986043393?s=20

Secondly, big thank you to Joe Rogan for also sharing the same piece on Twitter! Read here:



Thanks, Joe Rogan!

JUN 3

Read full story

Ne… …of Severe Myocarditis Ca…

By:

A n… …carditis contains troubling imp… …e mass experiment conducted on … …med consent and a clear und…

My… …come a bizarrely contentious and… …story where one's political orie… …therapeutic. The psychopathic media witch-burning of Joe Rogan for his views on vaccine myocarditis and child vaccination informed by Dr. Tracy Beth Hoeg and Dr. Mandrola's paper in 2021 was the most telling

example that this conversation had been corrupted by forces powerful enough to obscure the data.

Link: https://www.independent.co.uk/tv/culture/joe-rogan-ignores-covid-science-while-reading-it-out-loud-b2190395.html

This new study published in the European Heart Journal is incredibly comprehensive. In South Korea, the Korean Disease Control and Prevention Agency (KDCA) established a reporting system make it legally obligatory to report vaccine adverse events such as myocarditis.

Among 44,276,704 South Koreans vaccinated, 1533 cases of suspected myocarditis were identified under the KDCA. Of the 1,533 total cases, the KDCA's "Expert Adjudication Committee on COVID-19 Vaccination Pericarditis/Myocarditis" confirmed 480 cases. The population-wide risk comes to **1 in 100,000**.

For teenage boys ages 12 - 17, where the risk is most concentrated, the vaccine myocarditis incidence was predictably far higher at **1 in 18,900**. This reported rate is far lower than other estimates from Hong Kong's active surveillance system (**1 in 2,680** after dose 2) and Kaiser Permanente (**1 in 2,650** after dose 2) in the same age group. While a 1 in 18,000 risk is nontrivial on a population-level, several reasons explain why South Korean researchers found a lower rate of myocarditis than various other American, European, and Asian study estimates.

Most importantly, of the vaccinated South Korean population in the study, less than three-quarters took the mRNA jabs (71%), of which 56% took the Pfizer shots. Only 15% of vaccinees took the Moderna shots. This is noteworthy because vaccine-induced myocarditis incidence is far higher in those vaccinated with the Moderna product. The same link has not been robustly identified in non-mRNA Covid vaccines. Almost a third of vaccinated South Koreans took a non-mRNA vaccine (AstraZeneca and the Johnson & Johnson vaccine).

Type of vaccine, *n* (%)		
BNT162b2	24 828 152 (56)	306 (64)
mRNA-1273	6 781 796 (15)	156 (33)
ChAdOx1	11 156 646 (25)	15 (3)
Ad26	1 510 110 (3)	3 (1)

The population of Korea is from Korean Statistical Information Service (http://kosis.kr/eng/).
VRM, vaccine-related myocarditis; BP, blood pressure; CAD, coronary artery disease; CVA, cerebrovascular accident; SD, standard deviation; IQR, interquartile range.

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Secondly, the study did not tally myocarditis rates by vaccine dose for different age groups in men and women. The second dose of the vaccine is known to cause higher rates of myocarditis in young men than the first. In other words, a more careful breakdown by dose and vaccine type would have revealed a far higher incidence of vaccine myocarditis. The researchers did, however, compare myocarditis incidence across vaccine doses broadly (without breaking it down by age and gender, as mentioned):

Table 5 Incidence of COVID-19 VRM according to the type of vaccines and order of vaccination

Type of vaccine	Overall		First vaccination		Second vaccination		Third vaccination	
	n	Incidence (95% CI) no./100 000 persons	*n*	Incidence (95% CI) no./100 000 persons	*n*	Incidence (95% CI) no./100 000 persons	*n*	Incidence (95% CI) no./100 000 persons
BNT162b2	306	1.23 (1.10–1.38)	133	0.54 (0.45–0.64)	140	0.60 (0.50–0.71)	33	0.30 (0.21–0.42)
mRNA-1273	156	2.30 (1.95–2.69)	68	1.00 (0.78–1.27)	77	1.16 (0.92–1.45)	11	0.19 (0.10–0.32)
ChAdOx1	15	0.14 (0.08–0.22)	5	0.05 (0.02–0.11)	10	0.09 (0.04–0.17)	-	-
Ad26	3	0.20 (0.04–0.58)	3	0.20 (0.04–0.58)	-	-	0	0.00
Total	480	1.08 (0.99–1.19)	209	0.47 (0.41–0.54)	227	0.55 (0.48–0.63)	44	0.24 (0.17–0.32)

VRM, vaccine-related myocarditis; CI, confidence interval.

Predictably, Moderna dose two is associated with the highest rate of **1 in 86,000**. Pfizer is the second most dangerous vaccine in this regard, with an incidence of **1 in 166,600** per vaccinated persons after the second dose. Comparatively, the AstraZeneca vaccine is associated with a **1 in 1,111,111** incidence of vaccine-related myocarditis.

Unsurprisingly, this study shows the mRNAs are far more dangerous (at least on the myocarditis front) than other Covid vaccines.

Another reason why researchers identified a lower incidence of myocarditis is the methodology used for the adjudication of myocarditis cases. According to cardiologist Dr. Anish Koka (

Anish Koka MD (Cardiology), who provided his comments on this study, stated that "This also reflects more stringent criteria used by Korean investigators in diagnosing vaccine myocarditis."

As Koka further explained, "the committee rejected the level 3 BC case definition of myocarditis and the level 2 BC case definition that did not have associated cardiac damage evident on a blood test or any case with a positive result for COVID-19 infection." As a result, many probable and likely cases of vaccine myocarditis were excluded due to highly stringent criteria.

Level 1: 'definitive' case	Level 2: 'probable case'	Level 3: 'possible case'
Histopathologic examination of myocardial tissue (autopsy or endomyocardial biopsy) showed myocardial inflammation OR ≥1 new finding of ► Troponin T or I level above upper limit of normal AND ≥1 New cMRI findings consistent with ► Oedema on T2-weighted study, typically patchy in nature ► Late gadolinium enhancement on T1-weighted study with an increased enhancement ratio between myocardial and skeletal muscle typically involving at least one non-ischaemic regional distribution with recovery (myocyte injury) OR Echocardiogram (ECHO) abnormalities biomarkers ≥1 new finding of as per level 2 case	Clinical symptoms and exclusion as per Level three case AND Elevated myocardial biomarkers ≥1 new finding of ► Troponin T level above upper limit of normal ► Troponin I level above upper limit of normal ► CK myocardial band OR Echocardiogram (ECHO) abnormalities ≥1 new finding of ► Focal or diffuse left or right ventricular function abnormalities (eg, decreased ejection fraction) ► Segmental wall motion abnormalities ► Global systolic or diastolic function depression/abnormality ► Ventricular dilation ► Wall thickness change ► Intracavitary thrombi OR ECG abnormalities≥1 new finding of ► Paroxysmal or sustained atrial or ventricular arrhythmias (premature atrial or ventricular beats, and/or supraventricular or ventricular tachycardia, interventricular conduction delay, abnormal Q waves, low voltages) ► AV nodal conduction delays or intraventricular conduction defects (atrioventricular block (grade I–III), new bundle branch block) ► Continuous ambulatory electrocardiographic monitoring that detects frequent atrial or ventricular ectopy	Presence of ≥1 new or worsening of the following clinical symptoms: ► Chest pain/pressure ► Dyspnoea/shortness of breath/pain breathing ► Diaphoresis ► Palpitations ► Sudden death OR Presence of ≥2 new or worsening of the following clinical symptoms: ► Fatigue ► Abdominal Pain ► Syncope ► Oedema ► Cough AND ≥1 new supported finding of inflammation Elevated CRP/ESR or D-Dimer AND Presence of ≥1 new abnormal ECG such as: ► ST-segment or T-wave abnormalities (elevation or inversion) ► PACs and PVCs AND ► No other identifiable cause of the symptoms and findings

AV, atrioventricular; cMRI, cardiac MRI; PAC, premature atrial complex; PVC, premature ventricular complex.

(Note: the rates of *subclinical myocarditis* still remain unknown and can't be captured in a study like this. Based on one small Thai study, we have reason to believe many young men have

suffered from subclinical myocarditis by the mRNA shots, to varying degrees, but have not been tracked by public health agencies.)

The most concerning part of the study is the reported rate of "severe Covid-19 vaccine-related myocarditis." Researchers identified 95 cases (19.8%) of severe myocarditis, 85 ICU admissions (17.7%), 36 fulminant myocarditis cases (7.5%), 21 ECMO therapies (4.4%) (a modified heart-lung by-pass machine), 21 deaths (4.4%), and 1 heart transplantation (0.2%).

Dr. Anish Koka views a 20% rate of serious complications from vaccine-related myocarditis as "startling."


Medscape Monday, June 5, 2023

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News > Medscape Medical News

COVID-Vaccine Myocarditis: Rare, Mild, and Usually a Guy Thing

Steve Stiles
January 07, 2022

"This should hopefully end the mainstream expert narrative of characterizing vaccine myocarditis as mild," he added.

Again, if researchers controlled for the mRNA vaccine and dose two specifically in young men, what would have the rate of severe myocarditis have been? This question remains unanswered.

The number of vaccine-caused deaths found in the study was also alarming. As Koka explained,

> 21 deaths, all in those aged 45 or less, were ultimately attributed to the vaccine. 8 of these deaths were sudden cardiac arrests that were diagnosed with myocarditis on autopsy because the Korean vaccine compensation program requires autopsies on patients that die after vaccination.

> Importantly, no one suspected myocarditis as a cause of death in these cases until the autopsies were done.

In the American context, how many sudden deaths after the vaccine are thoroughly examined and analyzed through an autopsy? The U.S is not tracking cases of sudden cardiac death caused by the vaccine due to a lack of comprehensive vaccine adverse event tracking mechanisms.

This comprehensive study further indicts public health agencies, government institutions, and medical professionals who insisted young, healthy individuals needed the Covid vaccine to keep themselves and others safe. They zealously repeated mantras of "Safe and Effective," without an iota of humility, uncertainty, or open-mindedness.

A rigorous cost-benefit analysis was never done — and could not have initially been done with such vast uncertainty and moving variables in the spring of 2021 when vaccines were widely distributed.

Now, it is increasingly clear how wrong mRNA vaccine enforcers were.

The reported incidence of vaccine-related myocarditis in boys ages 12 - 17 is about two times higher than the average rate of Covid hospitalization in this age group according to the CDC (which includes incidental cases).

Yet, the FDA, CDC, the White House, and much of the medical establishment has continued to promote the bivalent booster vaccine in kids as young as 6 months old. More than 160 U.S colleges still mandate the Covid vaccine for young, low-risk undergraduate students without any scientific rationale for significant benefit.

Noble Truths with Rav Arora

FDA Approves Bivalent Vaccine For Kids As Young As 6 Months Old. Why?

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As Dr. Koka told me,

> This data makes it very difficult to understand the rationale for vaccinating young healthy individuals in 2023 who appear to be at vanishingly small risk of severe COVID. As any physician in the US who spends any time in hospitals over the last few years will tell you, hospitalization for severe COVID are exceedingly rare.
>
> I cannot recall seeing a patient with severe COVID in the hospital for the last 18 months.

454 Likes · 22 Restacks

33 Comments

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Adrian Gaty Writes Unofficial Pediatrics Jun 6 ❤ Liked by Robert W Malone MD, MS

After the war, the running joke was that every Frenchman you'd meet would claim to have been an integral part of the Resistance… so that, if all the people who claimed to be in the Resistance had

actually been in the Resistance, there would have been nothing to resist!

I have a feeling that we are going to see more and more “lifelong Covid vax skeptics” emerging from the woodwork as these awful, senseless deaths accumulate. Thank you, Doc, for being an actual part of the Resistance when it mattered most!

LIKE (55) REPLY

Anthony Writes Anthony’s Substack Jun 6 **Liked by Robert W Malone MD, MS**

The Deep/Administrative State doesn’t give a crap about Adverse Reactions. Read Dr. Malone’s book “Lies My Government Told Me”. They want Inverted Totalitarianism no matter the human cost.

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