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COVID Vaccine Blood Clot Issue ‘May Be in the Hundreds,’ but ‘Heart Issue Is in the Thousands’: Cardiologist

May 22, 2022



Heart specialist sees many more cases of heart inflammation since COVID vaccine roll out

By Enrico Trigo

Dr. Sanjay Verma, an adult cardiologist practicing in Coachella Valley, California, sees a few hundred patients a month, and since last summer, he has seen “possibly a dozen” patients whose heart conditions might be connected to the COVID vaccines.

“I can only say possibly—not definitively—because we do not yet have any diagnostic test that 100 percent says ‘this caused this.’ What we do is what’s called a process of exclusion. We look for common associations like coronavirus, influenza virus, other infections, atherosclerosis or coronary artery disease, alcohol, recreational drugs, and if everything keeps coming back negative or normal, then by default and process of exclusion, vaccine-associated heart injury is a probability.

“Usually we don’t even see that many [heart problems] in a year,” Verma said.

Adding that prior to the pandemic it would be “much less than that per year.”

Verma is puzzled as to why the media has given more attention to [COVID vaccine blood clot issues](#) when there have been many more cases of myocarditis, according to his observation.

“I cannot, with confidence, conclude why one is getting more attention. And by attention, it’s not just news reports, it’s to the extent that they’ve basically put a caution to only use the Johnson and Johnson if there’s no other choice. So that’s a pretty strong caution. Whereas for the mRNA vaccines and heart issues, the warning is there on the FDA factsheet. But the number of people affected is far greater,” Verma said.

“The blood clot issue with Johnson & Johnson may be in the hundreds, but the heart issue is in the thousands. It’s a different level of patient exposure.”

In June of last year, the FDA announced a revision to the [fact sheets of Pfizer and Moderna COVID vaccines](#), warning that there is a “low” risk of myocarditis—inflammation of the heart muscle, and pericarditis—inflammation of the lining outside the heart.

A study published in October of last year by the New England Journal of Medicine inferred that the risk of myocarditis was greater from COVID-19 than from the vaccines, but according to [Verma’s research](#), the study was flawed.

“This analysis was imperfect because it combined all age groups in its analysis. It is well established that COVID-19 hospitalizations are predominantly comprised of those older than 65 years ([this cohort outnumbers all other age groups combined for COVID hospitalizations](#)). CDC’s own analysis reveals that 91% of all COVID-19 hospitalizations occurred in people with underlying medical conditions and most recently CDC Director Rochelle Walensky has stated that 75% of COVID deaths were in people with at least 4 underlying medical conditions. Therefore, the myocarditis cases after COVID infection likely occur in older people with underlying medical conditions,” Verma wrote.

“This was confirmed in a [more recent study that demonstrated for those less than 40 years-old, the risk of myocarditis after COVID-vaccination](#) is far greater than after COVID-19 infection. The study found that compared to background rate in general population there

greater risk of myocarditis after vaccination, especially for Moderna mRNA vaccine (COVID infection yielded 2.83x increased risk, Moderna vaccine yielded 74.39x increased risk, and Pfizer vaccine yielded 2.88x increased risk compared to background rate in general population). The authors of this study recently performed an urgent updated analysis to include the effect of boosters. Their analysis found that the risk of myocarditis was further exacerbated after boosters, especially for the Pfizer mRNA vaccine. In another recent study on myocarditis after vaccination, the authors found only 17% of cases had any underlying medical conditions (in contrast to the 91% of COVID hospitalizations having underlying medical conditions). This group of young healthy people is at very low risk of severe COVID complications themselves."

When asked if the reactions were caused by autoimmune responses from spike protein expressions originating from the vaccine, Verma said that it was one hypothesized mechanism that could cause blood clots, but there is no defined mechanism for cases of myocarditis or pericarditis.

"It could be autoantibodies to the spike protein. It could be spike protein direct damage. It could be a combination of both," he said, "And obviously, being a cardiologist, I acknowledge it may appear that I'm biased [by] focusing on the heart issues, but because the heart issues are greater in numbers [it] has a bigger impact on 'vaccine hesitancy.'"

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