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One in 35



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Myocardial Injury after COVID-19 mRNA-1273 Booster Vaccination

Transcript

0:01
well welcome to today's talk and I'm
0:03
going to tell you what this is about so
0:04
you can decide if you want to watch it's
0:06
Wednesday the 26th of July now if
0:09
Regulators around the world don't take
0:11
notice of the information I'm about to
0:13
give via this paper then they are at
0:16
Best in my view negligent at worst I
0:19
don't even want to think about it
0:21
after modern a booster vaccines in a
0:23
trial done in Switzerland there were 777

0:26

working people followed up with 777

0:29

controls

0:31

5.1 percent of those who had the booster

0:34

vaccine had increased troponins

0:36

indicating cardiomyocyte damage so 5.1

0:40

increased cardiac marker damage

0:43

chemicals in the blood

0:45

2.8 percent of the 777 that is one in 35

0:50

one in 35.

0:52

had vaccine-associated myocardial injury

0:56

quite astounding and uh incredible

1:00

that's what this is about if you want to

1:01

watch stick around I think I can get

1:03

through it all in about sort of

1:05

the main points in about 10 minutes if

1:07

you want to stay

1:09

um just before we do that we'll just

1:11

look at this advert from New Zealand

1:14

um now the uh advertisers in New Zealand

1:17

say here we all need to do our part so

1:19

vaccinated stay up to date and be an

1:22

everyday hero and they have pictures of

1:24

these comic people here and uh that's

1:28
fonts sponsored by Pfizer bioentec now
1:31
the idea that there's all these comic
1:33
people here I think it's Marvel Comics
1:35
um doesn't really grab me so I can only
1:37
assume it's aimed at an audience shall
1:39
we say younger than me
1:41
um some of you might consider that is
1:43
quite outrageous and utterly unethical
1:46
anyway let's get down to the business of
1:48
today because this is really quite an
1:50
impressive study by cardiologists and
1:52
scientists in Switzerland
1:56
myocardial injury after covid-19 vaccine
1:59
this is the modern mrna1 273 booster
2:03
Department of Cardiology and
2:05
cardiovascular research institute of
2:07
Basil in Switzerland of course
2:09
now this is published in the European
2:11
Journal of heart failure it's an Open
2:13
Access Journal of the heart failure
2:16
Association of the European Society of
2:18
cardiologists so Top Flight stuff
2:21
this paper is accepted it is

2:23

peer-reviewed it's not yet published

2:24

we've got a pre-print not a pre-printer

2:27

a pre-release copy because it's not a

2:29

pre-print because it is peer-reviewed

2:30

and a fully accepted paper in an

2:32

international peer-reviewed reputable

2:34

Journal

2:36

um it's a prospective active

2:38

surveillance study so they started they

2:40

went forward collected the data as they

2:42

went on and its active surveillance they

2:45

were actually looking for things in the

2:47

past what we've had is a retrospective

2:49

passive surveillance so it's been

2:51

passive in the past people have only

2:54

um collected data as patients have come

2:57

forward to complain about it

2:58

and uh it's been retrospective looking

3:01

back this is this is a much better

3:02

quality study all around and has

3:05

produced really quite um

3:07

quite

3:08

worrying results really and this study

3:11
was industry independent it had nothing
3:13
to do with the people that are making
3:15
the money nothing to do with the people
3:17
that are making the money this study was
3:19
not carried out by the people that are
3:21
making the money
3:23
independent
3:26
in the instigated by the uh
3:29
investigators themselves so the aim uh
3:32
they want to look at the incidence of
3:34
potential mechanism of oligosymptomatic
3:36
so oligo means few oligosymptomatic
3:39
so oligosymptomatic myocardial injury
3:43
um is myocardial injury which has
3:45
sometimes no symptoms
3:47
or sometimes minimal symptoms it's all I
3:50
go symptomatic but that doesn't mean to
3:52
say they can't be quite severe severe
3:55
consequences
3:56
in fact just before we go on I think
3:58
I'll just tell you something about the
3:59
potential severe consequences now this
4:01
is from um

4:03
the textbook of medicine that's used
4:05
been used for Generations now I just
4:08
want to read something from this
4:10
um
4:11
in most patients this is talking about
4:13
myocarditis
4:15
in most patients the disease is
4:17
self-limiting and the immediate
4:18
prognosis is excellent however
4:21
death may occur due to ventricular
4:23
arrhythmia or rapid Progressive heart
4:26
failure myocarditis has been reported as
4:28
a cause of sudden and Unexpected death
4:30
in young athletes
4:34
and we could go on and read about longer
4:36
term complications not my words directly
4:39
from David's principles and practice of
4:41
Medicine
4:44
anyway let's get back to the study we're
4:46
looking at uh we're looking at today
4:48
this study from Switzerland
4:52
uh following covered mRNA vaccine
4:55
booster so this is following boosters

4:57

now they wanted to check on what was

5:00

causing this and how often it was

5:02

occurring and it's also very important a

5:04

safety net for people that have been

5:06

boosted so what they did if people had

5:08

raised troponins at three days after the

5:10

booster they said look you've got raised

5:12

opponents after three days therefore

5:14

let's go to repeat blood test therefore

5:16

let's go to 12 lead ECG or other

5:17

cardiological investigations as the

5:19

cardiologists deem fit

5:23

take rest do not exercise because if

5:26

you've got if you've got myocarditis and

5:28

you just rest for a few days good chance

5:30

it'll just go away get better

5:32

if you go running or training is a good

5:35

chance

5:36

not a good chance but there's a chance

5:38

um you can go into a

5:40

ventricular fibrillation

5:42

into a full cardiac arrest

5:45

so the fact that these people were

5:46
warned
5:48
is so important
5:51
probably not happening where you are
5:52
certainly not happening where I am so
5:55
this safety netting
5:57
screening and prevention of
5:59
complications research methods so uh
6:01
December 2021 to February 2022
6:04
hospital employees so these are
6:06
healthcare workers mostly but hospital
6:08
employees scheduled to undergo booster
6:10
vaccination this is the moderna
6:14
they were assessed for
6:16
vaccine-associated myocardial injury
6:18
blood being taken three days after
6:21
the uh the vaccine
6:23
defined as an acute Dynamic increase in
6:26
so what they look for a high sensitivity
6:28
cardiac troponin
6:30
concentration that's what they're
6:32
looking for so we probably know this but
6:35
if we have cells here in the heart so
6:37
these would be cells in the heart

6:40
these cells that constitute the The
6:43
myocardium now in in these cells there
6:46
are troponins so troponins are chemicals
6:49
in these cells that to do with the
6:51
contraction of The myocardium
6:53
now if the cell is damaged or insulted
6:55
in any way if this if there's damage to
6:57
the cell then what happens is there's
7:00
actually a breach in the Integrity of
7:01
the cell wall
7:03
and and the troponins leak out
7:05
so if these troponins are found in
7:07
higher concentrations in the blood it
7:09
indicates that myocardial cells have
7:11
been damaged very very simple cardiac
7:13
marker testing absolutely standard to
7:16
look for troponins in all aspects of
7:18
coronary care so they're looking for
7:20
those above age insects upper limits on
7:24
day three blood taken 48 to 96 hours
7:28
after vaccination and
7:31
very importantly there was no
7:33
alternative course so these patients

7:35
were screened by proper doctors and
7:38
scientists if they had a reason why they
7:40
might have increased reponents like
7:42
they'd just run a marathon that they
7:44
would be excluded from the study other
7:46
causes of raised opponents were excluded
7:48
this is a very thorough well-conducted
7:51
study
7:52
and I've already seen quite a bit of
7:54
misinformation about this study already
7:55
but it is well conducted they did
7:57
exclude other causes of
8:00
based opponents
8:03
77 participants median age 37 more women
8:06
than men in a healthcare environment so
8:09
working age adults
8:11
a minimal minimal risk from severe
8:14
covert almost almost none I mean all
8:18
these patients have been exposed many
8:19
times the healthcare workers almost
8:21
almost certainly
8:24
um now 40 participants 5.1 had high
8:27
sensitivity High sensitivity

8:29

cardiac troponin concentrations on day

8:31

three that were above the 99th

8:33

percentile

8:34

already that's high so 5.1 is already

8:37

high showing uh much higher levels of

8:40

troponin than you would expect

8:43

um mRNA one two seven three vaccine

8:46

Associated myocardial injury was

8:48

adjudicated in 22 participants

8:51

2.8 percent

8:54

TM me if someone said to me look you

8:58

could have had this vaccine

9:00

as I did

9:02

oh but by the way there's a 2.8 percent

9:04

chance you'll have a vaccine Associated

9:07

myocardial injury I would have run a

9:09

mile

9:10

I am furious

9:12

at not being fully informed about this

9:14

and you should be too we've been treated

9:16

like mushrooms on this and it's

9:18

completely unacceptable

9:19

it's just it's just anyway we'll leave

9:22

that point there

9:24

so one in 35 participants

9:27

uh one in 35 recipients rather one in 35

9:30

who received the booster vaccine had

9:33

vaccine-associated myocardial injury I'm

9:36

just going to read that out again one in

9:38

35 of people who received the booster

9:40

had vaccine Associated myocardial injury

9:43

this is this is a range of adverse

9:46

reaction that is off the scale in

9:48

healthcare off the scale and yet and yet

9:51

in New Zealand and other places it's

9:53

still being actively and unethically

9:55

some might say promoted

9:57

um

9:59

this is just off the scale risks off the

10:01

scale completely the only way you would

10:04

take this kind of risk in healthcare the

10:05

alternative was certain death

10:08

otherwise you certainly wouldn't you

10:10

know we just don't take this level of

10:12

risk it's just complete Madness what has

10:15

happened here

10:16

how is this level

10:19

let's let's keep to the let's keep to

10:20

the data of the 777 two women had chest

10:24

pain so what we're seeing here is most

10:26

people here

10:27

um did not present with chest pain and

10:29

yet they had this myocardial injury

10:31

which could result in a focus for

10:33

ventricular fibrillation

10:35

and an adverse consequence that is

10:37

irreversible

10:42

um

10:43

of the 22 cases with mRNA one two three

10:46

seven one two seven three vaccine

10:48

Associated myocardial injury

10:50

20 cases occurred in women too in men

10:52

now this is the complete reversal of

10:54

what we got with the passive

10:55

surveillance

10:56

so active surveillance when we're

10:58

actually looking for the issue is

10:59

showing more myocardial damage in women

11:02

as opposed to the passive surveillance

11:05

where it was more young men that were

11:07

affected interesting

11:09

a picture this wasn't looked for

11:11

actively before

11:13

so young women could be fully informed

11:16

give informed consent

11:18

before they were vaccinated

11:22

I mean as adults we're allowed to give

11:24

informed consent for a lot of things

11:27

and if we don't give informed consent

11:29

then that changes the meaning completely

11:32

completely changes the meaning of

11:33

something that occurs if informed

11:35

consent was not given

11:38

and yet

11:39

this is the case here

11:42

informed consent has not been given

11:44

because people this wasn't look foreign

11:45

talked about

11:47

troponin elevations were mild and only

11:49

temporary good

11:52

no patient had ECG change is good

11:54

non-developed major adverse cardiac

11:56
events within 30 days good but of course
11:58
these ones
12:01
these ones
12:02
these people were warned that they had
12:05
hydroponers and knew not to go
12:07
exercising
12:08
all the difference in the world
12:12
in the overall booster cohort
12:15
so that so this is the cohort that were
12:17
boosted remember 777 of them qualified
12:20
many more were taken on but some were
12:22
excluded so that's correct
12:25
um median was five nanograms per liter
12:27
of troponin into quartile range was four
12:29
to six fifty percent were in the 46
12:31
range match controls it was three into
12:34
quartile range three to five so
12:36
basically we've got five
12:39
nanograms per liter in the uh boosted
12:43
group and we've got three nanograms per
12:46
liter in the control group that is a big
12:49
difference and significantly
12:52
statistically that is significant P

12:54
equals 0.91 so there's only a one chance
12:57
in a thousand
12:59
very highly significant result that that
13:01
could have risen by chance so we accept
13:02
that as a result
13:06
if elevated on day three there were
13:07
warning
13:08
and the new not to go exercising and as
13:11
a result of this well we can't say as a
13:13
result of this but thankfully we can say
13:15
no major adverse cardiac events are in
13:18
30 days so because
13:21
um well we don't know why but certainly
13:24
it's possible that these would have
13:25
occurred if the patients hadn't been
13:27
warned
13:28
um no major Adverse Events following
13:31
30-day follow-up so there was no cardiac
13:33
arrests excellent
13:35
uh no uh acute myocardial infarctions no
13:39
acute heart failure no life-threatening
13:41
arrhythmias but these patients had been
13:45
warned that their troponins were

13:47
increased indicating they had myocardial
13:50
damage so they knew not to exercise
13:52
they were looked after by a doctor
13:58
cases had comparable
14:00
um systematic reactogenicity so
14:03
concentrations of cytokines and type
14:05
kind antagonists things that work
14:06
against the cytokines
14:08
remarkably uh were markers of
14:11
quantifying symptomatic inflammation so
14:14
they looked for these things
14:16
which was good
14:18
now they also I'm not going to go into
14:19
this in detail but they had lower
14:20
concentrations of a couple of factors
14:22
here
14:23
uh granulocyte
14:26
granulocyte macrophage Colony
14:27
stimulating Factor but basically these
14:30
are things that stimulate the immune
14:31
response
14:33
so that stimulates a lot of protection
14:35
against bacteria for example

14:38
this stimulates a lot of protection
14:39
against viruses these were lower in the
14:42
uh the people that had adverse reactions
14:45
now the question is did the vaccine
14:46
lower their protection against these
14:49
viral and bacterial infections or was it
14:52
that these protections were already
14:54
lower making the people prone to vaccine
14:56
damage that's one of the things that's
14:57
currently being investigated in needs
15:00
further study
15:01
anyway
15:02
conclusion mRNA moderna vaccine
15:06
Associated myocardial injury was more
15:08
common than previously thought
15:10
so vaccine Associated myocardial injury
15:15
was more common than previously thought
15:18
one in 35 people who had the vaccine
15:21
massive
15:23
being mild and transient more frequent
15:25
in women versus men
15:28
no Adverse Events the people were warned
15:33
The Watchman gave word that the enemy

15:36
was attacking the city
15:40
the possible protective role of the
15:43
antiviral one and the uh anti-back
15:45
primary antibacterial one Warren further
15:48
studies
15:49
so that was from the uh
15:52
moderna booster
15:55
similar studies
15:56
um from Pfizer
15:58
that one was from Israel from memory
16:01
that one was from
16:04
Thailand from memory that's the fisa rad
16:10
I do hope that this is not a SAT if this
16:12
is if this is supposed to be a joke that
16:13
someone's put up it's in very poor taste
16:16
uh but if not if it's what it appears to
16:18
be
16:19
then uh it's also in very poor taste
16:25
attracting young people
16:30
to take mRNA vaccine
16:36
one in 35 participants
16:40
had um
16:42
vaccine-induced

16:45
myocardial injury much more common than
16:47
previously thought
16:51
now if this
16:53
anyone who's vaccinated after this
16:54
should be given this information
16:57
if not that they haven't been given that
17:00
they're not they're not giving informed
17:02
consent
17:04
therefore it's illegal
17:07
if you don't give informed consent for
17:09
other types of activity
17:11
that's got legal implications
17:17
we have to give informed consent
17:22
mrna1273 vaccine Associated myocardial
17:25
injury was adjudicated in 22
17:27
participants 2.8 percent
17:29
one in 35 recipients 2.8 percent had
17:33
vaccine Associated myocardial injury
17:36
not much more to be said on that
17:41
we look forward to an immediate and
17:43
Urgent Response from Regulators around
17:45
the world
17:46
if we don't get it

17:48

then

17:51

they just hold themselves up too public

17:55

mockery ridicule what are they there for

17:59

what are they there for

18:02

if they don't act on this immediately

18:04

we'll leave it there thank you for

18:06

watching