

Delayed Vigilance:

*A Comment on Myocarditis in Association with the COVID-19 Injections*¹

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Abstract

This comment documents the fact that the CDC delayed reporting the incidence of myocarditis to the general public for three months after the first statistically significant signal appeared in the VAERS database. The delay kept about 120,000,000 Americans in the dark until after they had already unknowingly exposed themselves to one or more doses of the COVID-19 injections that were, according to the analysis presented here, in all probability, the proximate cause of the increased incidence of myocarditis, especially in young male Americans from 8 to 21 years of age.

Keywords: *COVID-19 injections, delayed vigilance, Google search popularity, hypergeometric statistical significance, myocarditis*

By the week of February 19, 2021, it seems that the news feeds should have been flooded with references to what was at that time still an unfamiliar word to many Americans — “myocarditis”. Now only 20 months later, the term “myocarditis” is a word we know all too well because it has become associated with the COVID-19 injections. It is, as we show here, and as has been documented in the immediately preceding article in this journal, by Dr. Daniel Santiago, a well-known adverse outcome, especially in juvenile and young adult males, precipitated by one or more COVID-19 injections.

In the study reported here, our objective was to record and analyze the increasing incidence of myocarditis as it progressively became a statistically significant “signal” in the Vaccine Adverse Event Reporting System (VAERS). It was associated with COVID-19 injections in young adult males between the ages 8 to 21 years early on, but it became a discernible measure of harm over time, and here we show when it became statistically significant in the week of February 19, 2021.

¹ **Editor's Note:** The Letter to the Editor published here was not written with the preceding article in mind, but seems appropriate to include here because it deals with one of the key outcomes discussed by Dr. Santiago, PharmD (2022).

We tracked myocarditis in the young male COVID-19 recipients, age 8 to 21 years, as compared against females of the same age range. To assess statistical significance of the augmenting signal in the VAERS data, we used the hypergeometric function in the SciPy Stats Python package. It is a powerful special application of Fisher's Exact Test. We computed the p -value for reports of myocarditis in males between 8 and 21 years of age compared against females in the same age range for every week of 2021. To establish the time series of myocarditis incidence from week to week, we used the time-stamp in the VAERS reports, specifically, on the date when they were recorded. The two critical statistical series of changing numbers are plotted in Figure 1.

The blue line falling from left to right that begins in the upper left corner, is plotted against the number of times the Google search phrase "COVID vaccine myocarditis" was used on the internet over the same time frame. The changing number of times that search phrase appeared from week to week and month to month is shown in the black line beginning at the lower left of the figure and progressing through all of 2021. There are notable upsurges beginning about the second week in April 2021, and peaking in the week of May 24, then following a jagged up and down course until the end of the year. This plot provides a rough estimate of the interest and awareness of the US population in the growing concern that the incidence of myocarditis in 2021 came more and more to be associated with COVID-19 injections over time.

The increasingly significant signal was especially evident in young males as contrasted with age-matched females. The signal begins to appear in our timeline of events in Figure 1 about the week of February 19. In that week, the VAERS data shows significance with 95% likelihood ($p < 0.05$) — marked by the gold vertical bar near the left side of the figure. By that time, the possibility that myocarditis in young males might be occurring by chance as frequently as was in fact appearing in the VAERS data by that date, could be expected to occur fewer than 5 times in 100 similar trials of the experimental COVID-19 injections. The measured significant risk occurring at that point in time, if caused by the shots as the signal suggests, could only affect the 14.23% of the US population who were vaccinated at that time. That percentage was the sum of the 6.63% who had received all the available COVID-19 injections plus the 7.6% who had received at least one or more of the available injections but not all of them.

In the week of April 2, 2021 — marked by the orange vertical bar in Figure 1 — the significance of the signal had become more pronounced at $p < 0.001$. That probability level means that a contrast as great as the one observed in that week on the incidence of myocarditis in the VAERS reports could not be expected to occur at random even once in 1,000 similar experimental drug trials. This result was found when 33.93% of the US population had received one or more of the COVID-19 injections — 20.58% had received all the available shots and 13.35% had received one or more but not all.

By the week of April 23 — marked by the red vertical line in the figure — the significance of the signal increased to an extreme statistical improbability at $p < 0.0001$. At that p -level, a contrast as great as the one observed in the VAERS data, would be expected to occur fewer than one time in 10,000 similar experimental drug trials. That statistic was obtained when 43.78% of the US population had received at least one injection — 31.20% had received all of those injections available to them or pressed upon them, and 12.58% had received one or more of the COVID-19 injections but not all of them.

By May 11, 2021 v-safe (CDC, 2022) began to accept entries from adolescents aged 12-15 years as the FDA expanded the emergency use authorization (EUA) for Pfizer-BioNTech and the Advisory Committee on

Immunization Practices (ACIP) moved to recommend all persons at age 12 years or older should receive COVID-19 injections.

On May 27, 2021, the CDC published on their website “Myocarditis and Pericarditis following mRNA COVID-19 Vaccination” (an announcement that is no longer available at the time of this writing; however, see Das et al., 2021). In the original CDC publication, we read: “*Since April 2021, there have been increased reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart . .*” [our emphasis]. By this time, the public was finally becoming

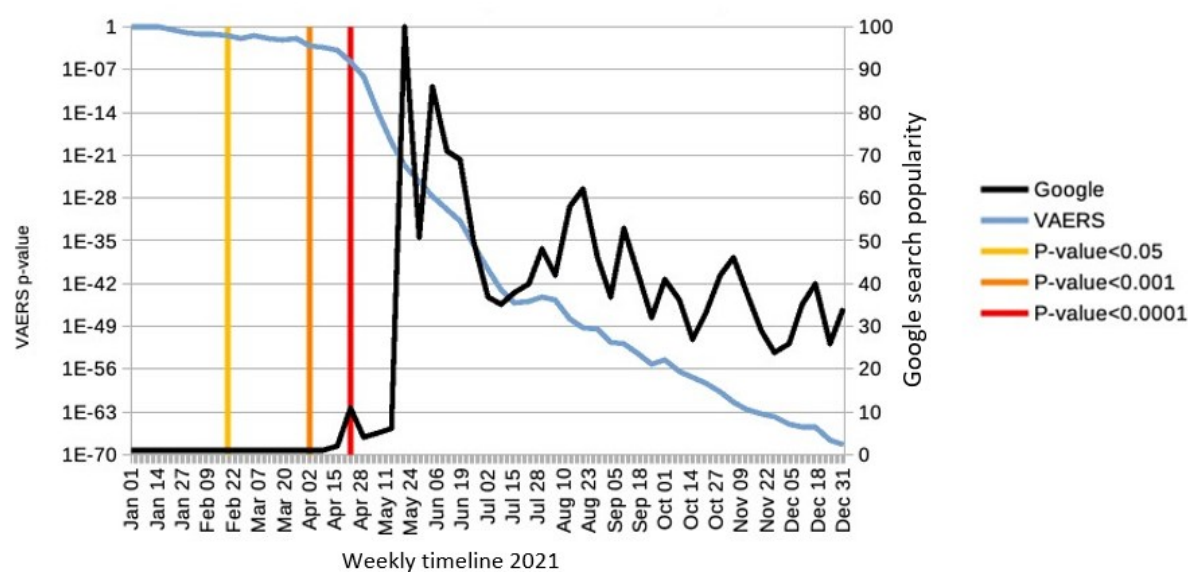


Figure 1. The falling blue line going across the figure from left to right on the timeline shows the decreasing hypergeometric statistical likelihood (using SciPy Stats Python package) of the number of observed VAERS reports of myocarditis in young males aged 8 to 21 as contrasted with females of the same age range after a COVID-19 injection occurring by chance. The black jagged line reading left to right shows the increase in numbers of Google searches for the phrase “COVID vaccine myocarditis”. The rising black line up to its peak in the week of May 24, 2021 lags behind the conclusively significant number of VAERS reports of myocarditis in young males after a COVID-19 injection. The vertical colored lines reading from left to right represent the significance of the signal from VAERS data show the association of COVID-19 injections with myocarditis in young males aged 8 to 21 at $p < 0.05$, $p < 0.001$, and $p < 0.0001$, respectively.

widely, if not universally, aware (judging from progress of the jagged black line in Figure 1), of the life-threatening, long-term adverse outcome of myocarditis/pericarditis.

However, the important point we want to underscore here is that general public was apparently coming to the realization of the particular life-threatening dangers of myocarditis at a time after 50.56% of the US population had already received one or more up to the limit of all available COVID-19 injections — 42.25% had received the complete series of shots and 8.31% had received some but not all of them. For all those people it was too late to avoid whatever harm the injections already administered to them might bring. In the words of Dr. Santiago's question, "Want to Play Global Russian Roulette?" All those citizens had already spun the chamber and pulled the trigger at least once and some had done it multiple times.

Why the irreversible delay in vigilance? The CDC's choice, whether by intention, or neglect of the unfolding evidence, their tacit decision not to warn us of widespread harm from the COVID-19 shots until May 27, when 50.56% of the US population had already been injected, some of them multiple times, seems to amount to criminal neglect. From February 19, 2021 the signal in VAERS data was already loud and clear after only 14.23% of the US population had been administered at least one of the injections. Subtracting that group from the 50.56% who had taken the risks associated with the shots by May 27, left 36.33% of the US population (or roughly 120 million people) in the dark about the known adverse outcomes, including the irreversible damage of myocarditis, associated with the COVID-19 injections.

References

- Centers for Disease Control and Prevention. (2022). *Get vaccinated. Get your smartphone. Get started with v-safe*. CDC. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/pdfs/v-safe-information-sheet-508c.pdf>
- Das, B. B., Moskowitz, W. B., Taylor, M. B., & Palmer, A. (2021). Myocarditis and pericarditis following mRNA COVID-19 vaccination: what do we know so far? *Children*, 8(7), Article 7. <https://doi.org/10.3390/children8070607>
- Santiago, D. (2022). Playing Russian Roulette with every COVID-19 injection: The deadly global game. *International Journal of Vaccine Theory, Practice, and Research*, 2(2), 619–650. <https://doi.org/10.56098/ijvtpr.v2i2.36>

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