



## Covid ‘Shot Induced Myocarditis’ And The Increased Risk To Young Men

January 20, 2022

### Bottomline:

- Myocarditis is a serious disease with very serious consequences.
- Studies have found the risk of myocarditis induced fatality in young men increases with each dose of a Covid mRNA shot and is significantly higher than the risk from a coronavirus infection itself
  - 2 to 8 times greater with Pfizer’s product and 5 to 16 times with Moderna’s product.
- A risk / benefit analysis shows that a young man has 15 to 40 times the risk with Pfizer’s product and 38 to 100 times the risk with Moderna’s product.
  - Note: that the overall risk from Covid (1 in 400,000 /1,000,000), Pfizer ‘shot induced myocarditis’ (15/40 in a million or 1 in 25,000) and Moderna (38/100 in a million or 1 in 10,000) to healthy kids with no comorbidities is still small on a relative basis.

Over the past 2 years we have spent untold hours reading hundreds of medical studies, speaking with medical personnel (doctors, nurses, researchers, trainers, etc) and reviewing the latest reports / research papers to understand the best way to protect your child from Covid while continuing to run our events.

Over the past several months concerns have been raised about ‘shot induced myocarditis’\* in young men. To understand this issue and help you make an informed decision about your son getting the initial shots or boosters, we looked into the situation. In doing so we reviewed 8 studies (1 updated in the last 2 weeks), numerous articles / research papers and spoke with several cardiologists about myocarditis and its impact on people in general and youth men in particular.

### What Is The Issue With Myocarditis?

It’s been clear for almost a year now that the Pfizer and Moderna covid shots cause an increased risk of myocarditis in young men (under 25 years old). It’s also clear that getting Covid increases the risk of myocarditis for young men from the normal range of 10 to 20 cases per million people annually.

The big question then becomes, is the risk of getting myocarditis from the shots greater than or less than the risk of getting it from Covid.

If the risk of getting myocarditis from Covid is greater than the risk from the shots then you make a good case for getting the shots under the assumption that almost everyone who doesn’t get vaccinated is sooner or later going to get covid, and thereby be exposed to the risk of post-infection myocarditis.

If, on the other hand, the risk of getting myocarditis from the shots is greater than the risk from Covid itself, then a more careful weighing of risks needs to be done. This is especially true for the large segment of the population that has a very small personal risk from Covid (men under the age of 25, with no comorbidities (hypertension, obesity, lung disease, diabetes, heart disease). These individuals have a 1 in 400,000 to 1 in 1,000,000 risk of death from Covid. For this population, even a small risk of serious disease from the shots could be enough to tip the scales in favor of not getting the shots.

### What Is Myocarditis?

Myocarditis is a serious disease with very serious consequences including reduced ability to pump blood, rapid or irregular heart rhythms, clots (stroke or heart attack), and death. It is the third leading cause of sudden death in children and young adults. Every cardiologist we spoke with stressed the serious nature of the disease and that there is no non-concerning or unharmed version of myocarditis. However, the media and some members of the current administration have been saying that “the myocarditis caused by the covid vaccines is mild!” or “the majority of people who get this



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recover” or that “people who get myocarditis are usually able to go home after a few days, and don’t generally end up in an ICU”

All of these statements may be true in a relative sense (a majority is 51% after all), but make no mistake about it, myocarditis is a serious disease with very serious consequences. In general, myocarditis kills 15-20% of the people who get it in the first year and between 33% and 50% of those people within 5 years.

The cardiologists we spoke with all stated ‘pre Covid you never heard of mild myocarditis. It was always considered a serious disease.’ To them the downplaying of the risk of myocarditis has been disturbing and needs to stop.

So what do people mean by ‘mild’ myocarditis. In talking to people about it, the consensus is that it means that the majority of patients admitted to hospitals with ‘shot induced myocarditis’ are usually able to go home after a few days, and don’t generally end up in an ICU. While this is true, it doesn’t tell the whole story and is what we refer to as a lie of omission.

Think about it from the stand point of heart attacks. Most heart attack patients admitted to hospitals are usually able to go home after a few days, and don’t generally end up in an ICU either, however we would never refer to a heart attack as not serious or “mild” because of that. A heart attack is a heart attack and is a medical condition that we should take seriously no matter the initial outcome. The same goes for myocarditis. Our heart muscles are not very good at repairing themselves, and it is impossible to know today the extent to which an episode of ‘shot induced myocarditis’ increases the person’s future risk of serious long-term complications, such as chronic heart failure or atrial fibrillation.

To put it in perspective, the cardiologists we spoke told us the following:

In general,

- 20% of myocarditis cases improve back to their pre case heart function
- 60% of myocarditis cases stabilize at a reduced level of heart function
  - your heart is weakened and does not work as well anymore.
- 20% of myocarditis cases continue to decline (quickly or slowly) resulting in serious illness / death.

They also noted that the mortality rates are

- First year: 15-20% mortality
- Within 5 years: 35% to 50% mortality.
- **Note** - the Myocarditis Foundation puts the mortality rate in children at 10% to 30% ([Here](#))

Once you understand the statistics, you can see why myocarditis is always serious, regardless of whether it initially puts you in an ICU or not.

Now we need to know whether the risk of ‘shot induced myocarditis’ is greater than the risk caused by a Covid infection and compare those outcomes with the risk of death from Covid.



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### What do the studies say?

#### *Study 1 - Risk of myocarditis following sequential COVID vaccinations by age and sex ([Updated Here](#)) original ([Here](#))*

The journal ‘Nature Medicine’ published a study and an update (December 2021) that covers data on everyone in the UK over the age of 16 who was received shots between December 2020 and August 2021. That covers about 40 million people (more than half the UK population). For this massive cohort, data was then gathered on myocarditis events and on positive covid tests. 8% of the 40 million people had a positive covid test during the study period. The objective of the study was to see what the risk of myocarditis was within 28 days of receiving a shot vs testing positive for Covid, and relate that to the background rate of myocarditis. The study showed the following:

- The risk of myocarditis almost doubled after the first Pfizer shot in men under 40. Then it doubled again after the second (4x) and doubled again after the third (8x) – to almost eight times the baseline risk.
- For the Moderna vaccine, the risks were even higher, reaching 16-fold after the second shot. (The risk of a third Moderna shot could not be calculated because too few people received it.)
- The study also contained some evidence that post-vaccine myocarditis might be more dangerous than other forms of myocarditis. It showed a trend towards higher death rates in people hospitalized for myocarditis after vaccination compared to other myocarditis cases. (14% of those hospitalized for myocarditis died).
- Because each Moderna shot contains 100 micrograms of mRNA, while each Pfizer shot contains 30 micrograms, the findings suggest strongly that the heart risks are dose-related and likely to continue to rise with each additional shot.

Additionally, the study shows that:

- The relative risk of myocarditis after shots vs infection varies significantly based on age and sex.
- In young men under 40 the risk of hospitalization or death from ‘shot induced myocarditis’ is significantly higher than from a COVID infection.
- The risk of ‘shot induced myocarditis’ increases significantly with each shot
  - Booster > 2 shots > 1 shot for mRNA shots.

The study provides the following increased risk estimates for men under 40:

- Pfizer shots compared to Covid: 1 shot = same risk, 2 shots = 2x the risk and 3 shots = 3.6x the risk.
- Moderna shots: 1 shot = 1.2x the risk and 2 shots = 8.3x the risk
- **Note:** these numbers may be low since estimates are that testing only reflects about half to a quarter of all cases.

A follow up breakout indicated that for all men and women in the 16-29 year old category the risk of ‘shot induced myocarditis’ after getting the second dose of the Moderna vaccine was 74x.

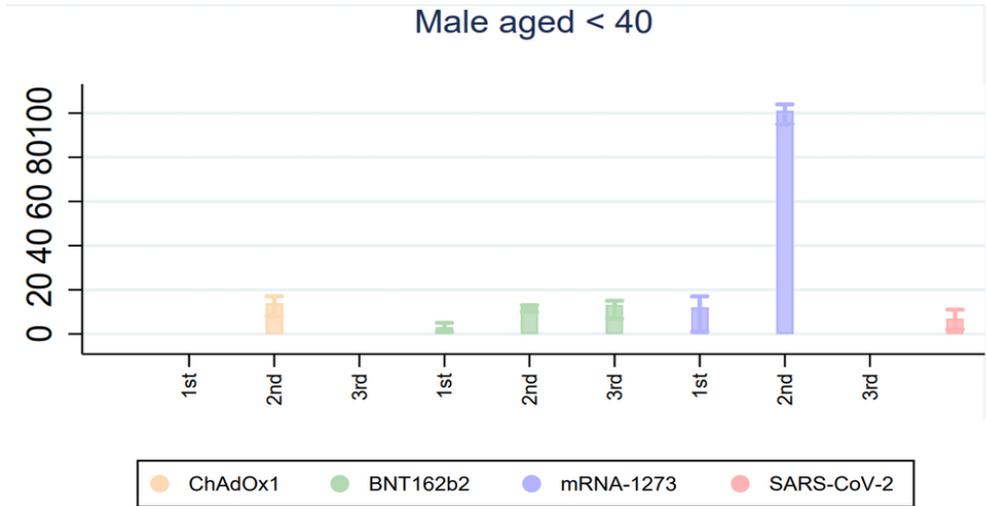
- We also know that men are more at risk than women of “‘shot induced myocarditis’” so those numbers are probably off by a factor of 2-4X for men.



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The difference in Pfizer compared to Moderna is mostly due to the fact that Moderna had 100 µg of mRNA per does while Pfizer has 30 µg per dose.

Visually the data looks like:



**Study 2: Myocarditis after the Pfizer–BioNTech Covid-19 Vaccination in Clalit Health Services, the largest health care organization (HCO) in Israel. ([Here](#))**

The study noted the following incidences of myocarditis within 42 days after the receipt of the first dose of Pfizer

- male patients between the ages of 16 and 29 years saw 106.9 cases per 1,000,000 patients
- This compares to 21.3 cases per million in the population in general.
- This comes to 85.6 excess cases per 1,000,000 patients or **1 excess case for every 11,682** patients.

**Study 3: Risk of Myopericarditis following COVID-19 mRNA shot (Pfizer-BioNTech or Moderna) insured by Kaiser Permanente Northwest, between December 2020 and October 2021 ([Here](#))**

The study followed patients for up to 30 days after their second dose of either Pfizer-BioNTech or Moderna to identify cases of myocarditis, pericarditis or myopericarditis (A combination of myocarditis and pericarditis, where there is fluid in the heart)

- Male patients ages 18 to 24 saw 537.1 cases of myopericarditis per million in the 30 days following a second shot. This comes to **1 in 1,862** chance of getting shot induced myopericarditis after the second shot.
- Male patients ages 12 to 17 saw 377.4 cases of myopericarditis per million in the 30 days following a second shot. This comes to **1 in 2,650** chance of getting shot induced myopericarditis after the second shot.

**Study 4: Surveillance of Myocarditis Cases Between December 2020 and May 2021 (Including) ([Here](#)).**

The study noted that researchers in Israel say they've found a possible link between the Pfizer-BioNTech COVID-19 vaccine and cases of myocarditis in young men ages 16 to 30,

- The report concluded that around **1 in 5,000** men who receive the shots may experience myocarditis, which is higher than the rate seen for the whole vaccinated population during that time period.



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### ***Study 5: Epidemiology of myocarditis and pericarditis following mRNA vaccines in Ontario, Canada ([Here](#))***

Public health scientists in Ontario, Canada, published a study on this topic in early December 2021. They looked at the incidence of myocarditis among males aged 18 to 24 after receiving two doses of Covid shots. The results for those following the recommended schedule of 2 shots within 30 days were:

- Those who received two doses of Moderna within 30 days had a risk of **1 in 2,653**. (376.5 per million)
- Those who received two doses of Pfizer within 30 days had a risk of **1 in 10,526**. (94.5 per million)
- Those who received mixed doses (Pfizer then Moderna) had a risk of **1 in 1,287**. (777.2 per million)

### ***Study 6: SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: ([Here](#))***

A paper published in September 2021 by Tracy Beth Høeg, a physician with a PhD in public health and epidemiology from UC Davis, examined rates of myocarditis in 12- to 17-year-old boys after shot 2 of an mRNA shot and found an overall vaccine-associated risk of myocarditis of:

- **1 in 6,173** in 12 to 15 year-olds (162.2 per million shots)
- **1 in 10,638** in 16 to 17 year-olds. (94.0 per million shots)

The study also found that 86% of boys diagnosed with vaccine-induced myocarditis required hospital care.

***Study 7: the Federal Drug Administration (FDA) released a Pfizer vaccine report*** dated August 23, 2021, which outlines “an excess risk of myocarditis approaching 200 cases per million” or **1 in 5,000** in 16–17-year-old boys. ([Here](#) )

### ***Study 8: Myocarditis after BNT162b2 mRNA (Pfizer) Vaccine against Covid-19 in Israel ([Here](#))***

Study notes that within 30 days after receipt of the second vaccine dose in the general population, the rate ratio for the comparison of the incidence of myocarditis between vaccinated and unvaccinated persons was 2.35x. This means vaccinated people were 2.35 times more likely to develop myocarditis compared to unvaccinated people.

This result was driven mainly by the findings for males in younger age groups, with a rate ratio (risk) of:

- 8.96x increase in risk for those 16 to 19 years old or an additional risk of **1 in 6,637** or 151 excess cases per 1,000,000.
- 6.13x increase in risk for those 20 to 24 years old or an additional risk of **1 in 9,615** or 104 excess cases per 1,000,000.

If the follow-up was restricted to 7 days instead of 30 days then the rate ratio for males 16 to 19 was even greater at with a rate ratio of 31.9x the risk.

### **Outside the US**

Many countries and / or medical personnel are recommending against vaccinating children, especially males under the age of 25.

- Due to the risk of myocarditis, Britain’s Joint Committee on Vaccination and Immunization (JCVI) recommended against COVID injections for healthy 12 to 15 years old. JCVI member Adam Finn told Reuters: ... the number of serious cases that we see of COVID in children this age are really very small. There are uncertainties about the



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long-term implications of (myocarditis), and that makes the risk-benefit balance for these children really quite tight and much tighter than we would be comfortable to make the recommendation.”([Here](#))

- Swedish health authorities on Wednesday suspended the use of Moderna’s COVID-19 vaccine for those ages 30 and under, saying the move was done out of precaution due to “signals of an increased risk of myocarditis ([here](#))
  - Finland, Norway and Iceland also recommend against young men receiving Moderna’s shots.
- In Denmark, people under the age of 18 won’t be offered the Moderna vaccine out of precaution, according to the Danish Health Authority. It said that data, collected from four Nordic countries, show that there is a suspicion of an increased risk of heart inflammation when vaccinated with Moderna shots
- “The benefits to children from this vaccine are so low that almost any risk of side effects would mean it’s not a good idea to vaccinate,” says Jay Bhattacharya, a professor of medicine at Stanford. “The vaccine may be good for some kids with chronic conditions, but this should be left up to parents and pediatricians, not forced on everyone. Mandating this vaccine in all kids will undermine trust in other childhood vaccines.” ([Here](#))

### **Other Stories, papers and studies**

- Michigan School District Shuts Down Its Schools Over ‘Negative’ Covid Vaccine Reactions ([Here](#))
- Study shows spike proteins affect cardiac pericytes and explains why soccer players collapse ([Here](#))
- The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) said there is a “likely association” of myocarditis in 16- to 24-year-olds, after receiving mRNA shots and a warning statement is warranted. ([Here](#))
- A focused protection vaccination strategy: why we should not target children with COVID-19 vaccination policies ([Here](#))
- An article in the journal Circulation noted “we conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination” [Here](#)

### **What Do The FDA And Shot Manufacturers Say About Risk / Benefit Outcomes?**

In the risk benefit analysis of its FDA briefing document dated October 26, 2021 Pfizer shows its estimates for the benefits and risks for children 5 to 11 years old with 2 shots. To do this they created a model using the data for 12-15 year olds. They then estimate that their shots will prevent 1 death for every 1 million fully vaccinated children ([Here](#)).

Using Pfizer’s risk / benefit scenarios you get that their product will result in a reduction of 1 death per million fully vaccinated kids. On the downside, they believe that you will also see 179 excess cases of myocarditis, 98 excess case of myocarditis caused hospitalizations and 57 excess cases of myocarditis caused ICU admissions. The estimates for excess myocarditis/pericarditis among fully vaccinated individuals ages 12-15 years and ages 16-17 years are based on data from Optum health claim database for the period 12/10/2020 – 07/10/2021. These scenarios assume 70-90% efficiency against symptomatic Covid and 80-100% against hospitalization which may be optimistic given recent real world data.

Using their assumptions of 1 prevented death per million fully vaccinated children, it would take only a small number of deaths from unforeseen side effects from the shots to result in a net loss of life. For example, if 2 children per million die



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from ‘shot induced myocarditis’ then the shots kill 2x as many kids as they save. Yes, both numbers are low on an absolute basis, however, we need to know what the risk is on a relative basis. We need to answer the following question:

- is the benefit from the shots greater than the risk of serious illness or death from ‘shot induced myocarditis’?

To answer that question, we did a risk / benefit analysis using the data from the studies above and our conversations with cardiologist.

### **What Is The Risk / Benefit Based On The Current Data?**

Based on current CDC, WHO and medical community estimates a young male with no comorbidities has between a 1 in 400,000 and 1 in 1,000,000 chance of dying from Covid.

Based on the estimates from the FDA/Pfizer document ([Here](#)) their shots will prevent 1 death for every 1 million fully vaccinated children. Note this is for boys 5 to 11 years old based on the results of studies of boys 12 to 17 years old. Therefore, it covers boys 5 to 17 years old.

Based on the above studies, the risk of developing ‘shot induced myocarditis’ with:

- Pfizer: doubles after the first shot, doubles again after the second shot (4x) & doubles again after a booster (8x).
- Moderna: is 5x after the first shot and 16x after the second shot.

Based on the above studies the increased risk ‘shot induced myocarditis’ can be noted as approximately:

- Pfizer – 1 additional case of myocarditis for every 5,000 to 10,000 sets of shots.
- Moderna – 1 additional case of myocarditis for every 2,000 to 4,000 sets of shots.

Based on the FDA document, Pfizer believes the increased risk of myocarditis per million sets of shots is:

- 179 excess cases (1 excess case in 5,586 sets of shots which is in our range of 5,000 to 10,000)
- 98 excess cases of myocarditis caused hospitalizations (1 in excess case in 10,204 sets of shots)
- 57 excess cases of myocarditis caused ICU admissions (1 in excess case in 17,543 sets of shots)

Based on the data above, for every 1 million kids with 2 shots, we can compile the following:

### ***Benefit:***

- Lives saved – 1 per million fully vaccinated children (based on Pfizer’s FDA presentation)



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### **Risk:**

- **Additional cases of myocarditis**

- Pfizer: 100 to 200 cases. Based on 1 in 5,000 to 10,000 range
- Moderna: 250 to 500 cases. Based on 1 in 2,000 to 4,000 range
  - In some studies the risk was as high as 1 in 1,000 additional cases.

Note: this is inline with the Pfizer / FDA document's estimate of 179 excess cases as noted above.

- **Additional deaths:**

- Based on the myocarditis data at the beginning of this report, the disease causes death in 15-20% of cases in the first year.
- This is in line with the results in the first study above (14% fatality rates in just the first 4 weeks) and with the data from the Myocarditis Foundation which puts the mortality rate in children at 10% to 30%.
- Using the 15-20% estimates you get the following estimated ranges for first year fatalities:
  - Pfizer – 15 to 40 additional fatalities per 1,000,000 kids (15% x 100 and 20% x 200)
  - Moderna - 38 to 100 additional fatalities per 1,000,000 kids (15% x 250 and 20% x 500)

### **Risk / Benefit Analysis**

If you compare the benefit (1 life saved) with the risk (15 to 100 lives lost) you get the following:

- Pfizer – your son is 15x / 40x more likely to die from 'shot induced myocarditis' then be saved by the shots.
- Moderna – your son is 38x / 100x more likely to die from 'shot induced myocarditis' then to be saved by the shots.

Please note that the overall risk from Covid (1 in 400,000 /1,000,000), Pfizer 'shot induced myocarditis' (15/40 in a million or 1 in 25,000) and Moderna (38/100 in a million or 1 in 10,000) to healthy kids with no comorbidities is still small on a relative basis.

### **Boosters**

If the data above holds true for the boosters (an additional 2x risk) you will then have a 30x to 80x greater likelihood of dying from the Pfizer booster shot compared to being saved by it and a 55x to 200x greater likelihood of dying from the Moderna booster shot compared to being saved by it.



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### What Else Did The Cardiologists Tell You

- The shot's issues are caused by the spike protein. In some people, the spike protein is too similar to one of the proteins in one of their body's organs (e.g. heart). Their bodies autoimmune response attacks the shot's spike protein and also the protein / organ that has the similar protein. This then leads to serious illness or death.
- "We are seeing more issues and problems from the vaccine then from Covid."
- "I will not let anyone near me or my family with a vaccine. I have serious concerns about its safety and effectiveness."

**Please let us know what else we can do for you.**

Woody Calleri

🌳 E.L.M.S. Research, LLC

216.373.5684

wcalleri@brlax.net

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\* **'shot induced myocarditis'** - We refer to the Pfizer and Moderna mRNA products as shots not vaccines throughout this report. This is because the definition of a vaccine, until recently, is that it confers immunity on the recipient. Since the real world data shows that those with shots are just as likely to get covid and spread Covid as those without the shots they do not confer immunity. As a result, they are not true vaccines but therapeutic shots that reduce symptoms and negative effects of the virus (*see report "its not a pandemic of the unvaccinated"*). For that reason, we refer to the Pfizer and Moderna mRNA products as shots in this report. As for the change in the definition of a vaccine, it was done by the CDC in September of 2021 (*see report*). We will leave it to the reader to decide why the CDC did this?