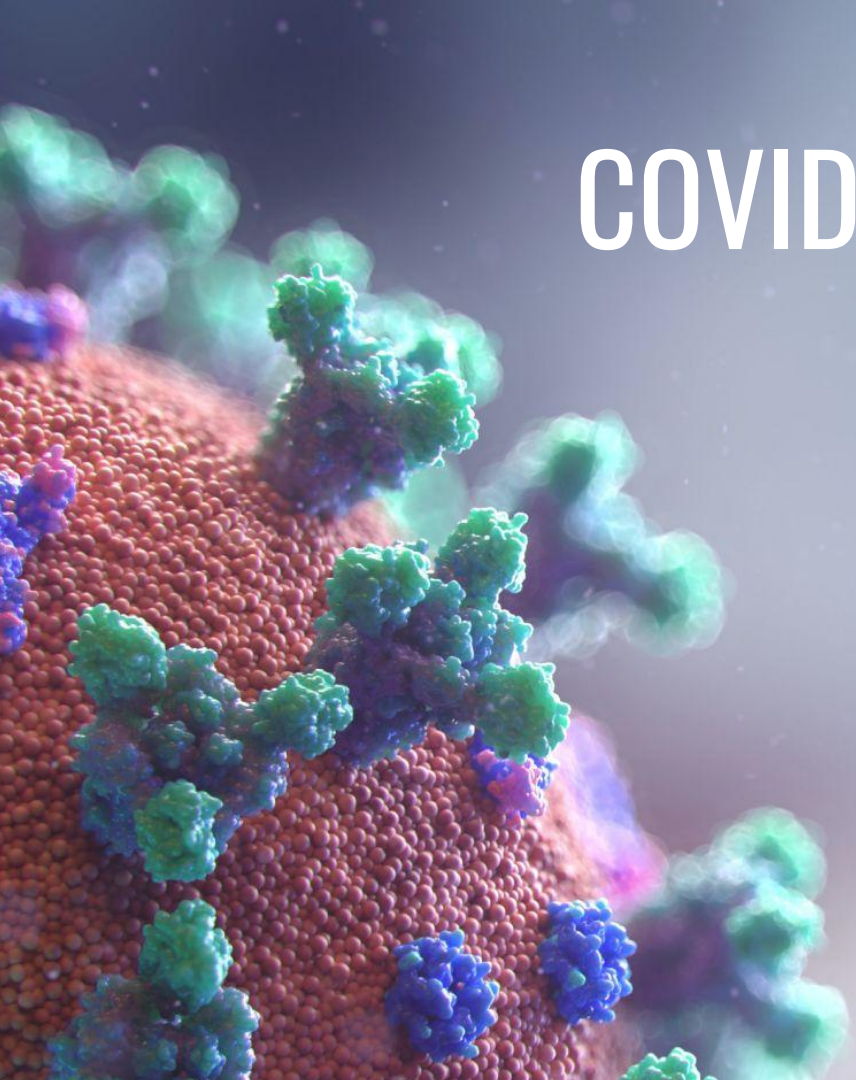


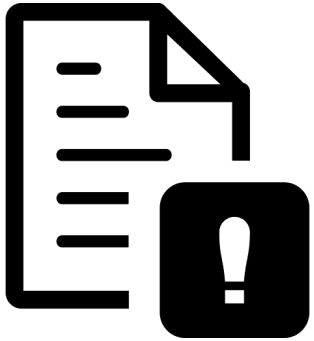
COVID Vaccine Injury Primer

December 2022

LO[8]ng Haul Wiki
Glenn Chan
LongHaulWiki.com

Highlights

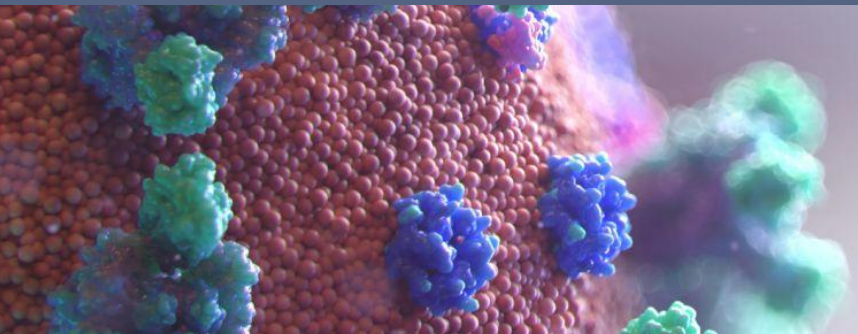
1. Supposedly ‘safe’ interventions such as exercise are not safe in the vaccine injured. Starting with low dosages and stopping early could lead to better outcomes.
2. Every patient is different. A few will be harmed by the best treatments available.
3. Vaccine injured patients and those with Long COVID can significantly worsen following COVID reinfection or revaccination. Both groups should protect themselves against spike protein exposure as much as possible.



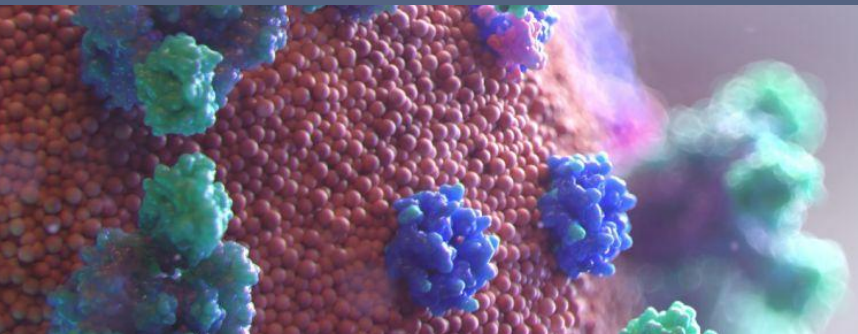
Disclaimers

1. **Don’t use this presentation for medical advice**. It is aimed at practitioners and researchers; it assumes that the readers know they are doing. It omits important safety and medical information.
2. The views in this presentation are strictly my own **opinion**. They do not represent the views and positions of any organization.

Characteristics of COVID vaccine injury



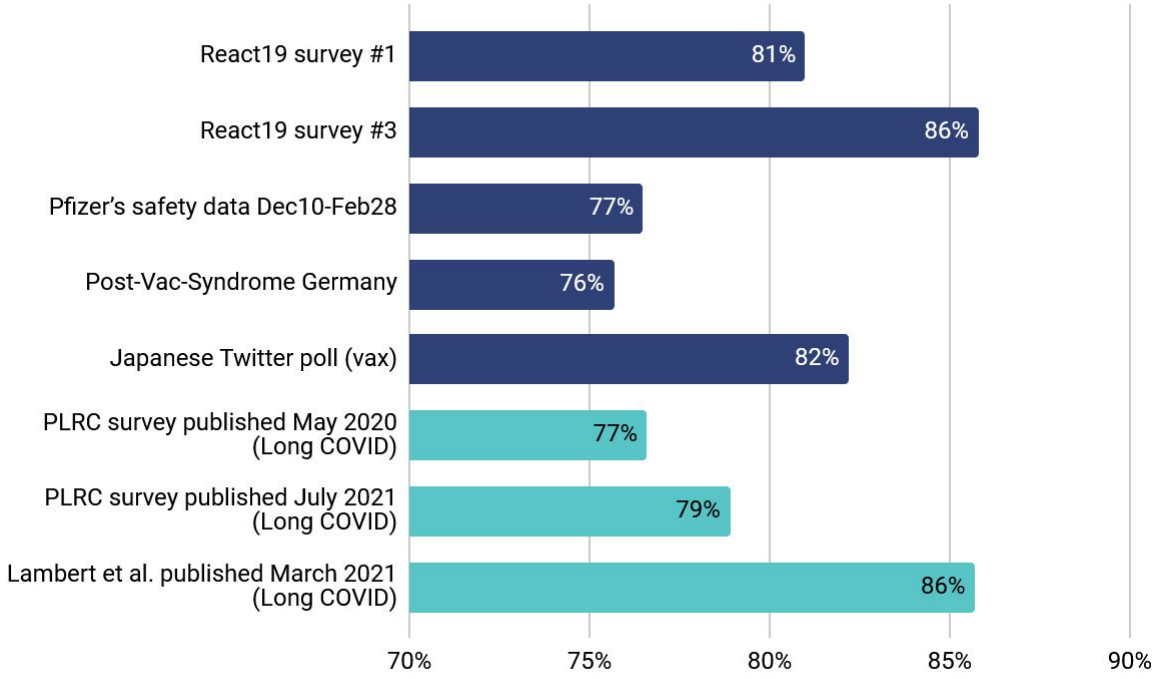
Demographics and co-morbidities



Vaccine injury affects mainly females

76–86% of those affected are biological females.

The gender bias has some parallels to Long COVID, which may share a common etiology such as spike protein.



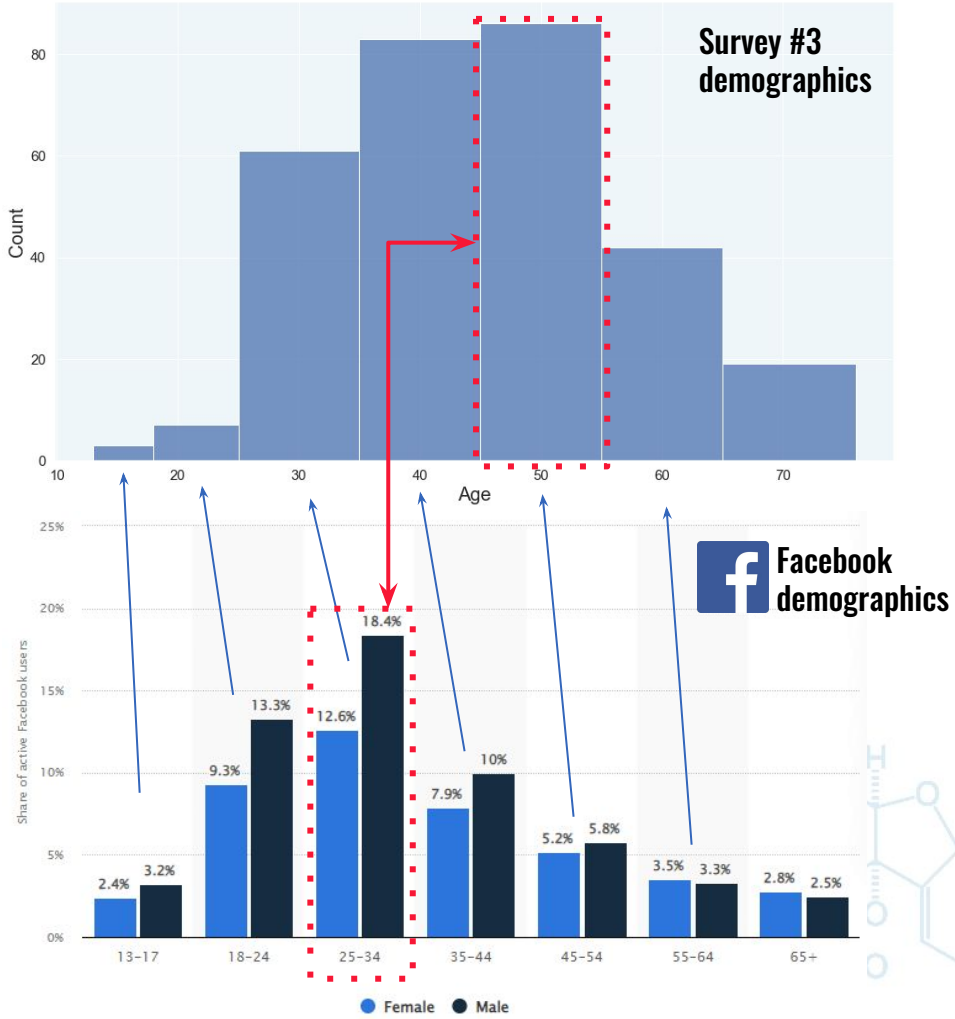
Sources are found in this Google Sheet.

Age distribution (Long COVID and COVID vaccine injury)

Surveyee age from Survey #3 is shown in the top right. To compare against a baseline, Facebook demographics from Statista are show in the bottom right.

Compared to Facebook, spike protein-related syndromes seem to be less common in younger people. For Survey #3, the largest demographic was **45-54** rather than **25-34**.

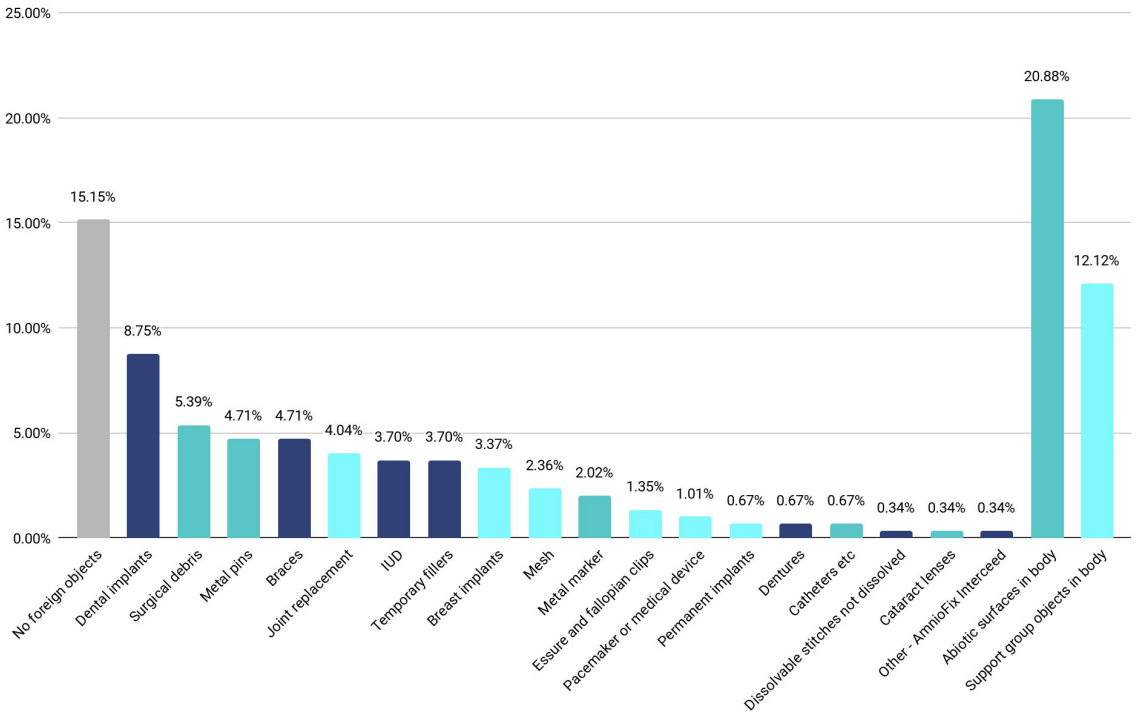
It is unclear if the incidence (of spike protein-related syndromes) decreases after late middle age.



Above-average rates of breast implants

Of the biological females in Survey #3 who answered the question about foreign objects, **3.9%** (10/256) reported having breast implants before Long COVID or vaccine injury.

Cook et al. estimate breast implant prevalence at **0.8%** for American women (DOI: 10.1007/978-3-642-85226-8_45), which is well below the **3.9%** in the survey.



Is Breast Implant Illness a co-morbidity?

Bacteria and fungi can grow on abiotic surfaces in the body. These microbes might explain why a few patients experience chronic illness and why their symptoms often (but not always) improve following the removal of the abiotic surfaces.

There is very limited data on explantation outcomes in long haulers. Anecdotally, **2 out of 3** patients with Long COVID or COVID vaccine injury have reported partial improvement after breast implant explantation.

The relationship between Breast Implant Illness and spike-protein related illness is unclear. They are likely inter-related and not distinct illnesses given the partial response to explantation.

Autoimmunity in vaccine injury

The rate of new-onset autoimmunity in the vaccine injured is shockingly high. In Survey #3 (Risk Factors), **13.9%** received a new formal diagnosis post vaccination.

The actual rate of new-onset autoimmunity is likely higher due to under-diagnosis, lack of access to healthcare, autoimmune conditions that have yet to be discovered, etc.

53.4% (30/56) of the surveyees reported worsening of their *pre-existing* autoimmunity symptoms following the onset of Long COVID or COVID vaccine injury.

Thyroid disorders

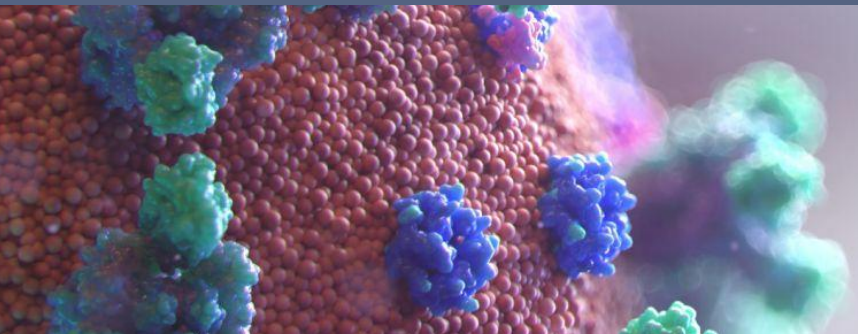
In Survey #3, the rate of new thyroid diagnoses was **3.0%** in people with Long COVID and **6.5%** in the vaccine injured. There seems to be an unusually high incidence of new thyroid conditions in both long haul groups.

Others have reported somewhat similar findings. A single center in Milan (DOI:10.1530/endoabs.81.P200) found high rates of subacute thyroiditis and Grave's disease in the vaccinated.

	Long COVID (n=99)	Vaccine injury (n=200)
Thyroid new onset	3	13
	3.03%	6.50%

Hashimoto's thyroiditis	0	3
Hyperthyroidism	0	6
Hypothyroidism	3	4
Subclinical hypothyroidism	0	2

Onset



Onset

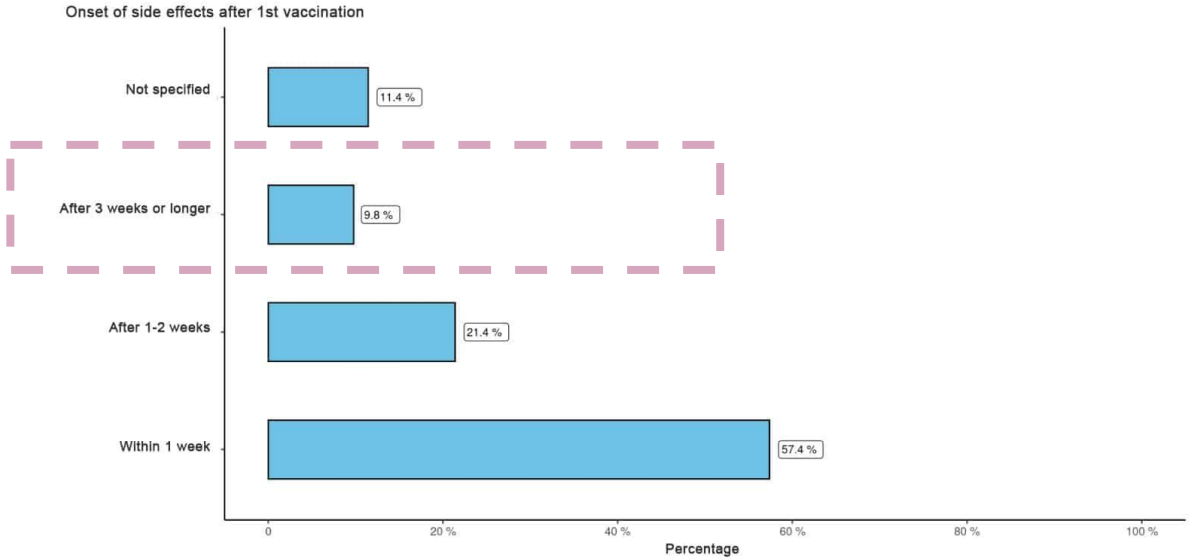
Most cases have an onset within **2 weeks** of vaccination.

MIS-V (Multi-system Inflammatory Syndrome following Vaccination) has been reported up to **10 weeks** after vaccination. See Buchhorn et al. (DOI:10.3390/vaccines9111353). This suggests that COVID vaccine injuries other than MIS-V might also have a delayed onset (!).

Potential mechanisms and more data is presented here:
https://www.longhaulwiki.com/index.php?title=Delayed_onset_of_vaccine_injury

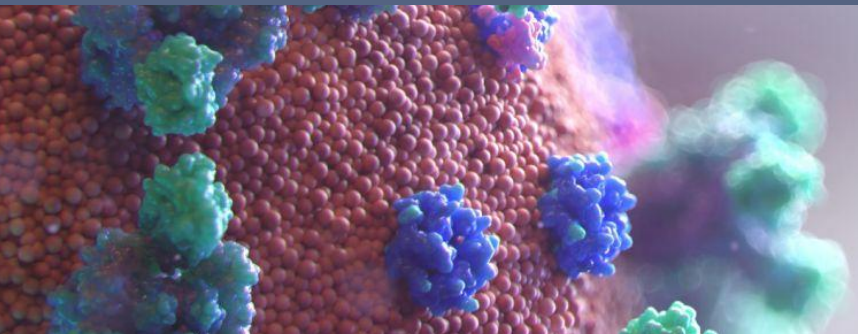
German Survey Data

Survey data from *Post-Vac-Syndrome Germany* had at least a tenth of surveyees self-reporting an onset of symptoms **≥3 weeks**.



Source: https://nebenwirkungen-covid-impfung.org/pvs_umfrage_ergebnisse/ English translation

The broad range of symptoms



Diversity of symptoms

Symptoms are diverse and affect multiple systems. There are likely over 200 symptoms if one includes neuropsychiatric symptoms and less-discussed problems such as Visual Snow Syndrome.

The next slide shows data from Survey #2 (Persistent Symptoms) with data on symptom prevalence.

Symptom prevalence list

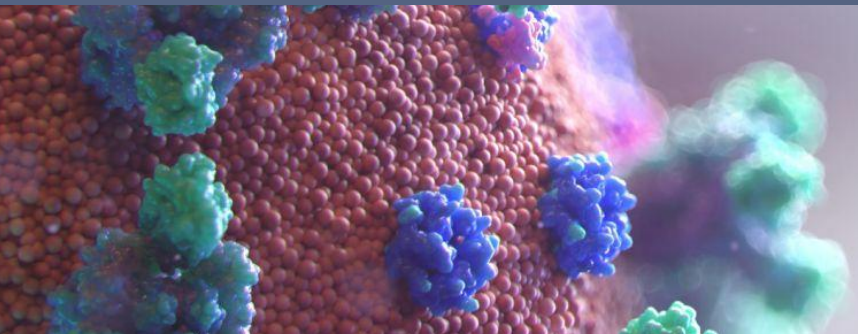
Top 10 most common	
Fatigue	82.0%
Exercise Intolerance	76.3%
Brain Fog	71.5%
Heart Palpitations	64.8%
Muscle Weakness	63.2%
Tingling (numbness) in Extremities	63.0%
Dizziness	60.0%
Muscle Aches	59.4%
Sleep Disturbances	58.4%
Joint Pain (Arthritic)	57.6%

Fatigue - 82.0%
Exercise Intolerance - 76.3%
Brain Fog - 71.5%
Heart Palpitations - 64.8%
Muscle Weakness - 63.2%
Tingling (numbness) in Extremities - 63.0%
Dizziness - 60.0%
Muscle Aches - 59.4%
Sleep Disturbances - 58.4%
Joint Pain (Arthritic) - 57.6%
Anxiety / Adrenaline Surges - 56.9%
High Heart Rate - 55.5%
Insomnia - 55.5%
Shortness of Breath - 55.4%
Nerve Pain - 52.0%
New Persistent Headaches - 50.5%
Feeling off balanced, or motion at rest - 48.7%
Muscle Twitching - 48.5%
Heaviness in Legs - 47.6%
Memory Loss - 45.6%
Tinnitus - 45.2%
Severe Anxiety - 44.2%
Visual Disturbances - 41.6%
Abdominal/Stomach Pain - 40.0%
Sound Sensitivity - 39.0%
Nausea - 37.9%
Frequent Urination - 37.0%
Chills - 36.3%
Muscle Loss - 35.9%
Burning Sensation on Skin - 35.6%
Light Sensitivity - 35.0%
Heartburn, Indigestion - 34.9%

Internal Vibrations - 34.9%
Increased Thirst - 34.3%
Excessive Sleep - 33.9%
Heat intolerance - 33.6%
Dry Eyes - 32.8%
Diarrhea - 31.8%
High Blood Pressure - 31.6%
Dry Mouth - 30.0%
Tremors - 29.7%
Swollen Lymph Nodes - 29.3%
Skin redness, hives, petechiae, or rashes - 29.3%
Hair Loss - 26.4%
Excessive Gas - 24.0%
Constipation - 23.8%
Sore Throat - 22.0%
Swelling of Extremities - 21.3%
Irregular Menstrual Cycle - 20.2%
Low Blood Pressure - 20.0%
Persistent Cough - 19.5%
Bulging Veins - 19.0%
New Food Allergies - 16.1%
Disturbances in Glucose Levels - 13.4%
Myocarditis - 13.3%
White, or blue finger tips (digital ischemia) - 10.4%
Paralysis - 8.1%
Bloody, or black tar-like stool - 7.3%
Loss of Bowel Control - 7.1%
Anaphylaxis - 6.4%
Yellowing of skin, (or yellowing in whites of eyes) - 5.5%
Temporary Blindness - 4.2%
Glaucoma - 3.2%
Seizures - 3.1%

*The methodology used in Survey #2 may overreport some symptoms.

Diagnosis of COVID vaccine injury?



Symptom count correlates with severity

Currently, the best diagnostic approach may be to look for a high number of symptoms. Healthy individuals do not have symptoms at such high rates. However, it may be difficult to diagnose vaccine injury if severity and symptom count are low.

Severity scale

6 = "I am unable to work and bedridden most days"
5 = "I am unable to work but still doing chores"
4 = "I work or do chores but can't exercise"
3 = "I work or do chores and do light exercise"
2 = "I work and I am exercising normally"
1 = "I can live life like i did before"

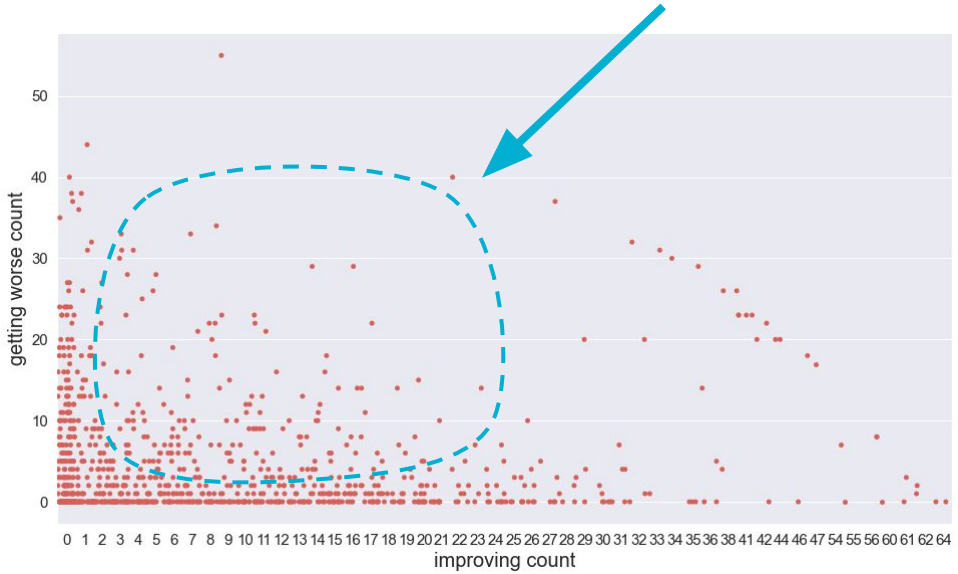
*Data from Survey #2.

Symptom evolution over time

A ‘rotating cast of villains’

Some symptoms get better, others get worse

In Survey #2 (Persistent Symptoms), some patients reported that multiple symptoms were improving **AND** multiple symptoms were getting worse. This is highlighted in the middle portion of the chart below.



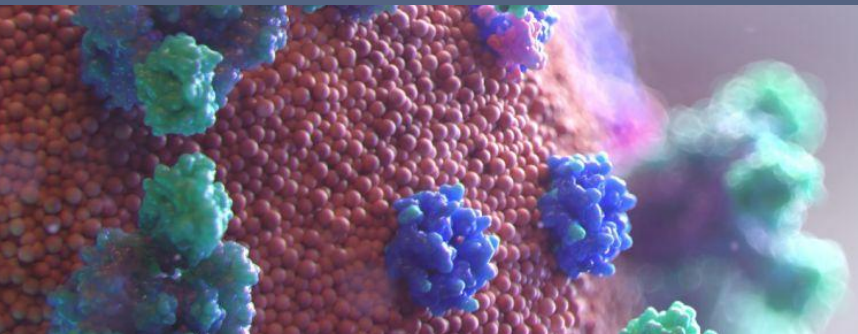
Many theories cannot explain why new symptoms appear months later

There are anecdotes on Reddit* of new symptoms appearing months into illness.

Hypersensitivity, microclots, spike protein damage, and spike persistence do not adequately explain why symptoms suddenly appear months after onset. Additionally, the nature of COVID vaccine injury seems to change over time.

*To see Reddit anecdotes in r/VaccineLongHaulers, you will need to be logged in to bypass the censorship.

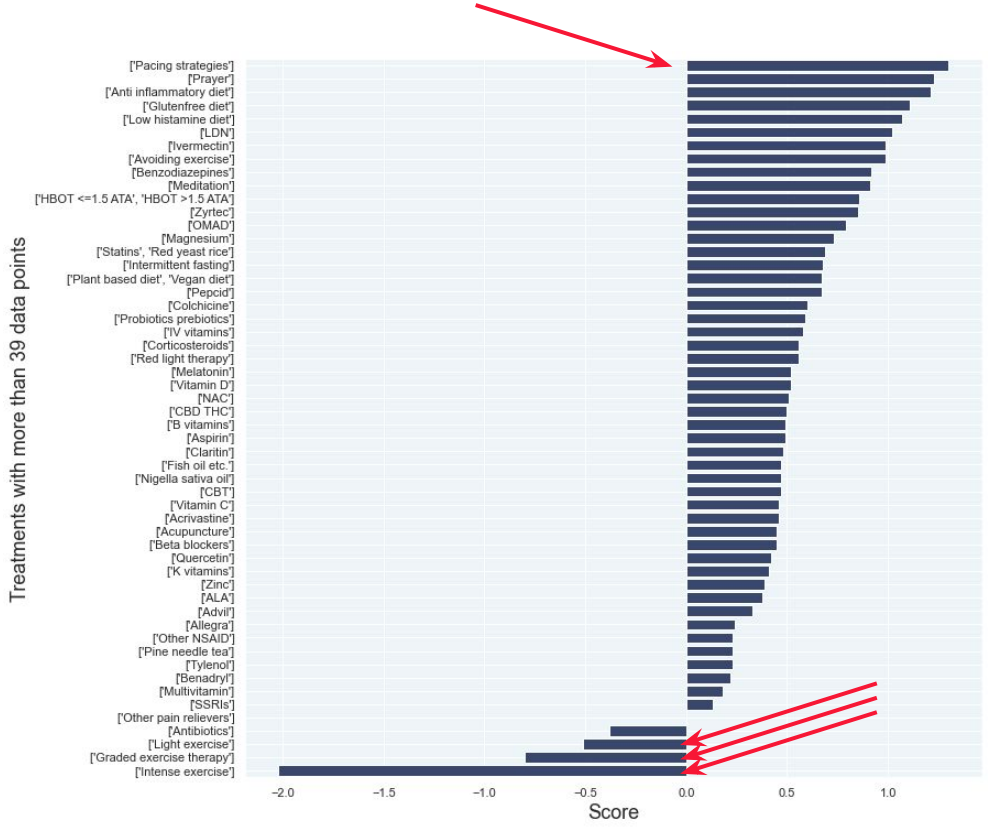
Unusual response to exercise and medications



Unusual response to exercise

Early analysis of the Treatment Outcomes survey (Oct 21) shows that exercise is an outlier, with the exercise-related treatments scoring at the very bottom of the survey by a wide margin.

Most (though not all) patients report very negative experiences from exercise. Many report Post Exertional Malaise (PEM) from mental exertion and less commonly from emotional exertion.



Light exercise (no sweating), Graded Exercise Therapy, and intense exercise were the 3 worst treatments. Pacing strategies ranked #1.

The Treatment Outcomes Survey shows unusual reactions

Corticosteroids and **antibiotics** are generally considered to be lower-risk drugs. However, the rate of negative reactions is comparable to those of SSRI and TCA antidepressants (#4 and #5). **Statins** are also rated poorly.

Acupuncture is generally considered to be very low risk. Nonetheless, patients are reporting a high rate of worsening for some unknown reason.

*__Risk score__ is calculated by giving -3 points for significant worsening and -1 for mild worsening. 0 points are given for other survey answers. The score is an average of all points.

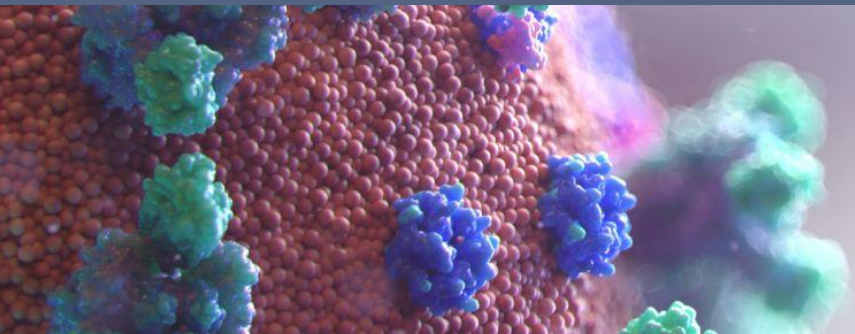
	Treatments with more than 39 data points	Score	Risk score	# of data points (out of 315 surveyees)
1	[Intense exercise]	-2.02	-2.19	139
2	[Graded exercise therapy]	-0.80	-1.11	44
3	[Light exercise]	-0.51	-0.98	194
4	[Tetracyclines, Flox antibiotics, Penicillins,...	-0.38	-0.65	68
5	[Beta blockers]	0.45	-0.59	82
6	[Colchicine]	0.60	-0.50	42
7	[Other pain relievers]	0.00	-0.49	65
8	[Celexa, Lexapro, Fluvoxamine, Prozac, Paxil, ...	0.13	-0.42	110
9	[Corticosteroids]	0.56	-0.40	119
10	[HBOT <=1.5 ATA, HBOT >1.5 ATA]	0.86	-0.34	44
11	[Acupuncture]	0.45	-0.32	98
12	[Benadryl]	0.22	-0.28	50
13	[Allegra]	0.24	-0.26	46
14	[Statins, Red yeast rice]	0.69	-0.25	51
15	[Benzodiazepines]	0.92	-0.22	65
16	[Pepcid]	0.67	-0.21	86
17	[Other NSAID]	0.23	-0.20	79
18	[Claritin]	0.48	-0.20	94
19	[LDN]	1.02	-0.17	41
20	[CBD THC]	0.50	-0.17	94

Unusual safety profiles and adverse reactions

While most would consider exercise to be safe and ‘good’ for the patient, most (but not all) patients are reporting negative experiences from exercise. Patients are also reporting the development of new symptoms following some treatments.

Supposedly ‘safe’ repurposed treatments (e.g. HBOT) may be far riskier than normal in vaccine injured patients. It is unclear if low starting dosages and early discontinuation upon negative reactions will lead to better patient outcomes. However, it may be the most reasonable course of action in the absence of better data.

Recovery

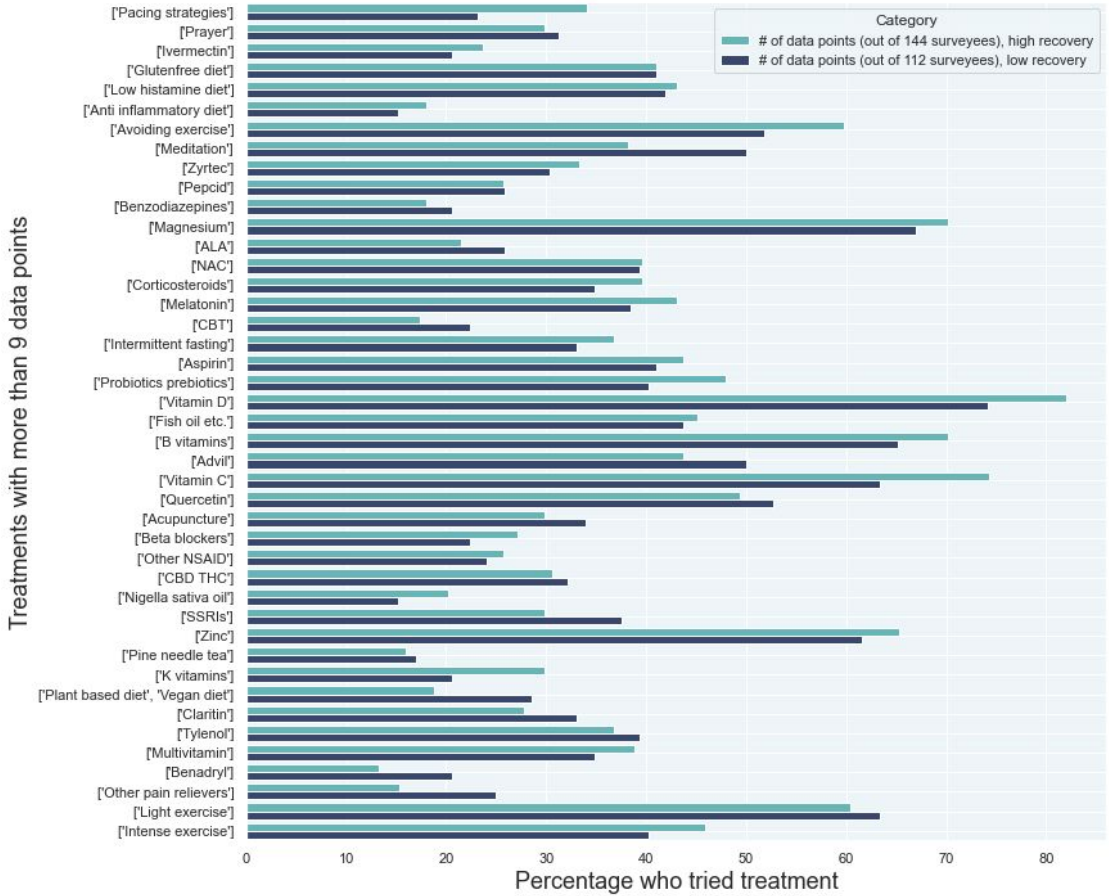


Recovery is not about which treatments are tried

Data is from the Treatment Outcomes survey (Oct 21).

The analysis on the right split patients into a high and low recovery group. Both groups more or less tried the same treatments.

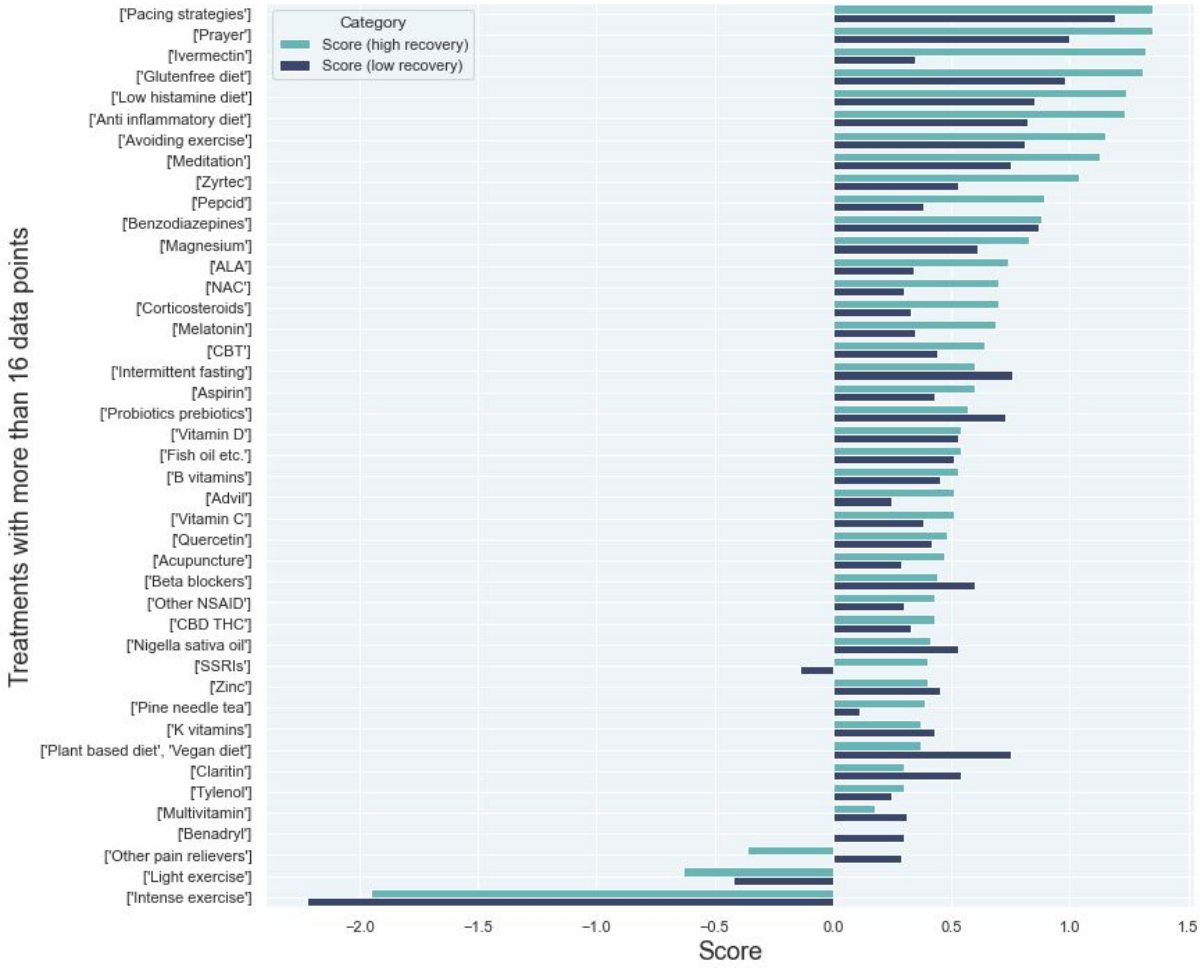
The data suggests that people recover because they respond to treatment, not because they chose the ‘right’ treatments.



Response to treatment may be the key

Those in the high recovery group reported better treatment outcomes (on average).

Of course, correlation does not equal causation.

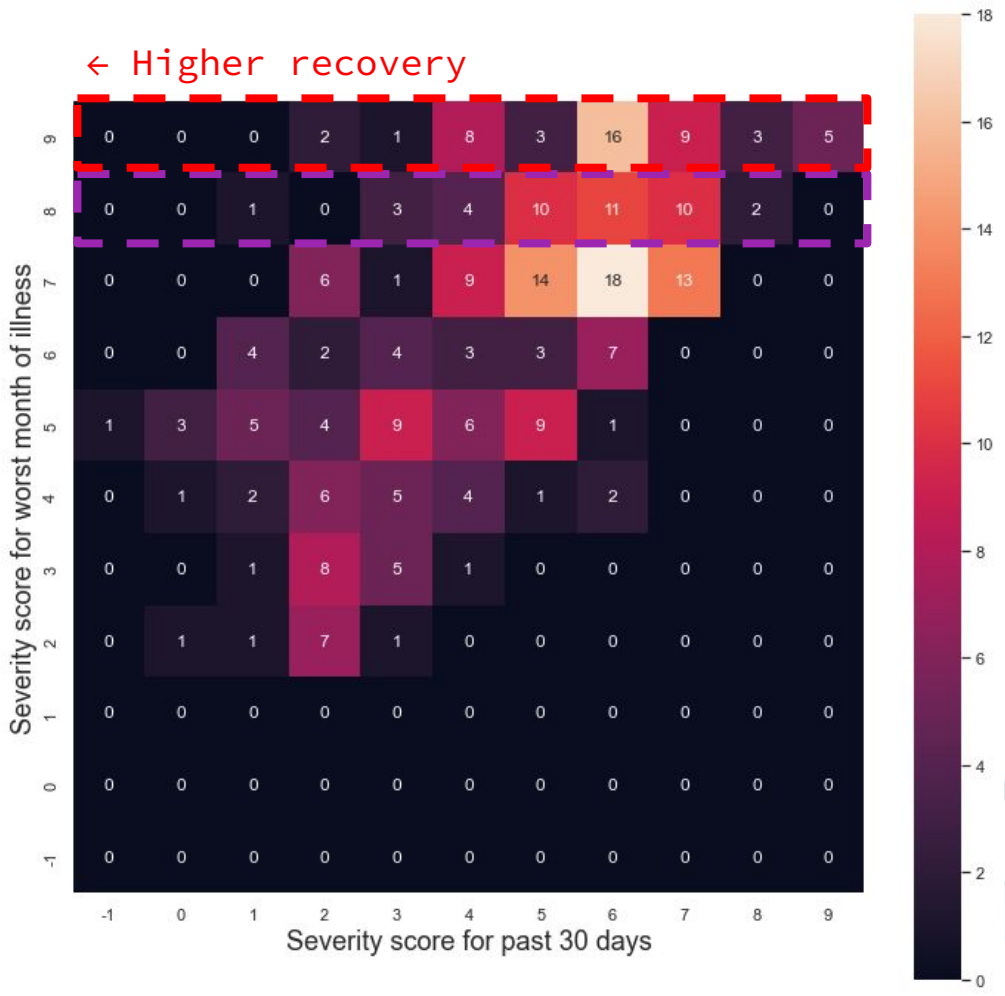


A heatmap of illness severity (survey data)

The first row shows people who reported the highest severity *in their worst month*. Those on the left side of that row reported the lowest current severity.

Severity score is based on:

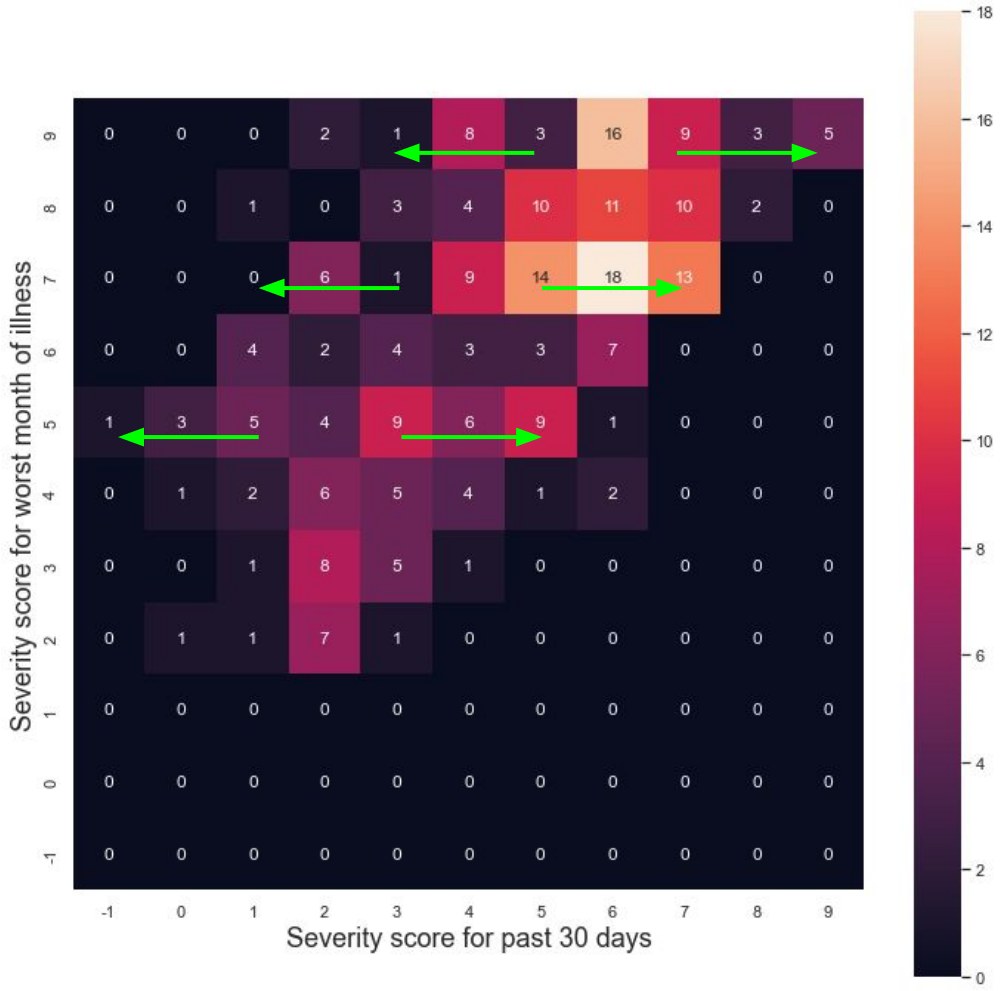
- 2 points: Unable to walk for more than 1 minute
- 1 point: Only able to walk for 1-4 minutes
- 3 points: Unable to work
- 2 points: Only able to work part-time
- 1 point: Only able to work with accomodations
- 0-4 points for self-reported suffering from worst symptom
- -1 point if patient reported no symptoms



Moving along the severity spectrum

Illness seems to exist along a spectrum, with people moving along that spectrum over time.

It is possible that treatment can shift people along the severity spectrum. (However, patient anecdotes about lasting improvement and worsening have yet to be proven.)

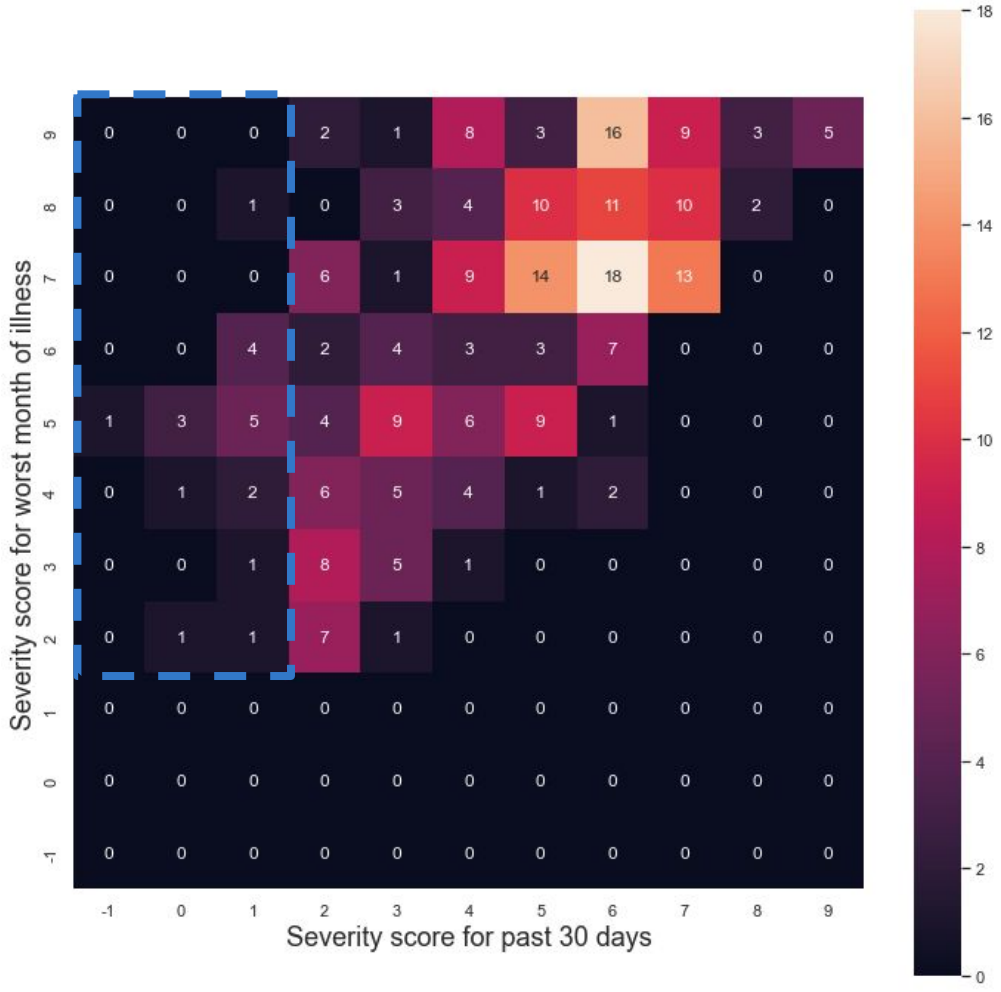


Recovery is happening but is uncommon

The blue box contains the ‘mostly recovered’. Severity scores are based on walking ability, the ability to work their last job, and self-reported suffering. The ‘mostly recovered’ can:

- Walk continuously for 5 or more minutes
- Can work their old job full-time
- Reported suffering of 0/1 out of 4, where 4 is the worst suffering imaginable.

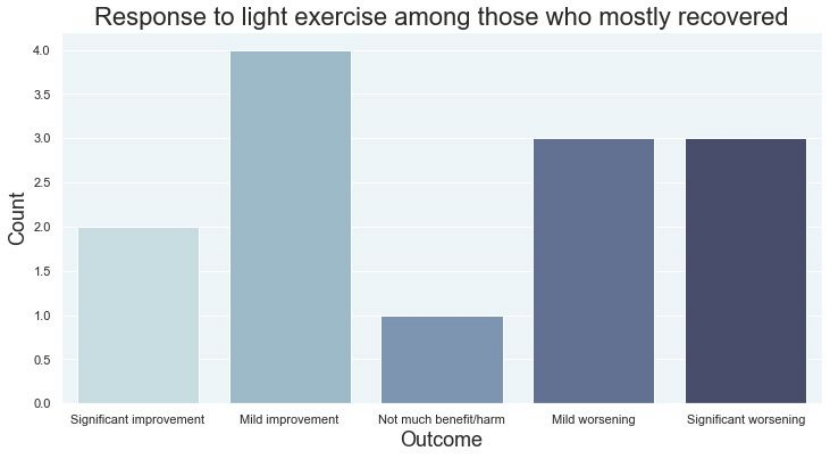
About **6.2%** of surveyees fall in the blue box.

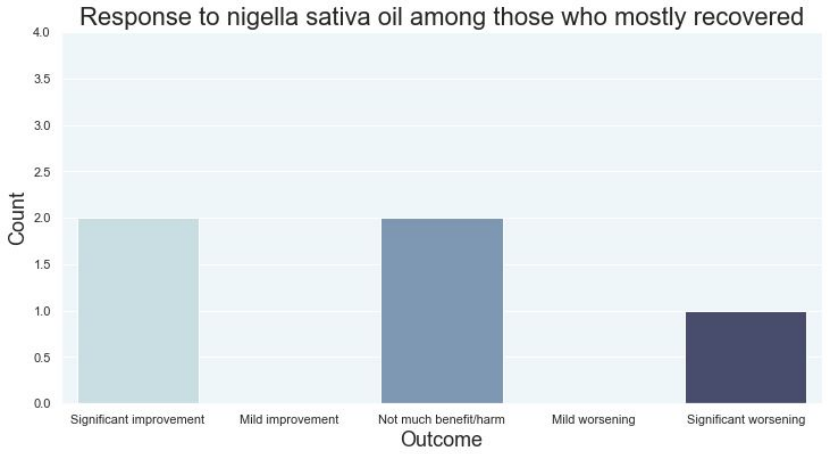


Response to treatment varied among those who mostly recovered

For certain treatments, the mostly recovered had very different experiences. For certain treatments, some reported significant improvement while others reported significant worsening. Some reported positive experiences with light exercise (!).

There does not seem to be a single path to successful treatment. Treatments that work for one patient may not work for another.



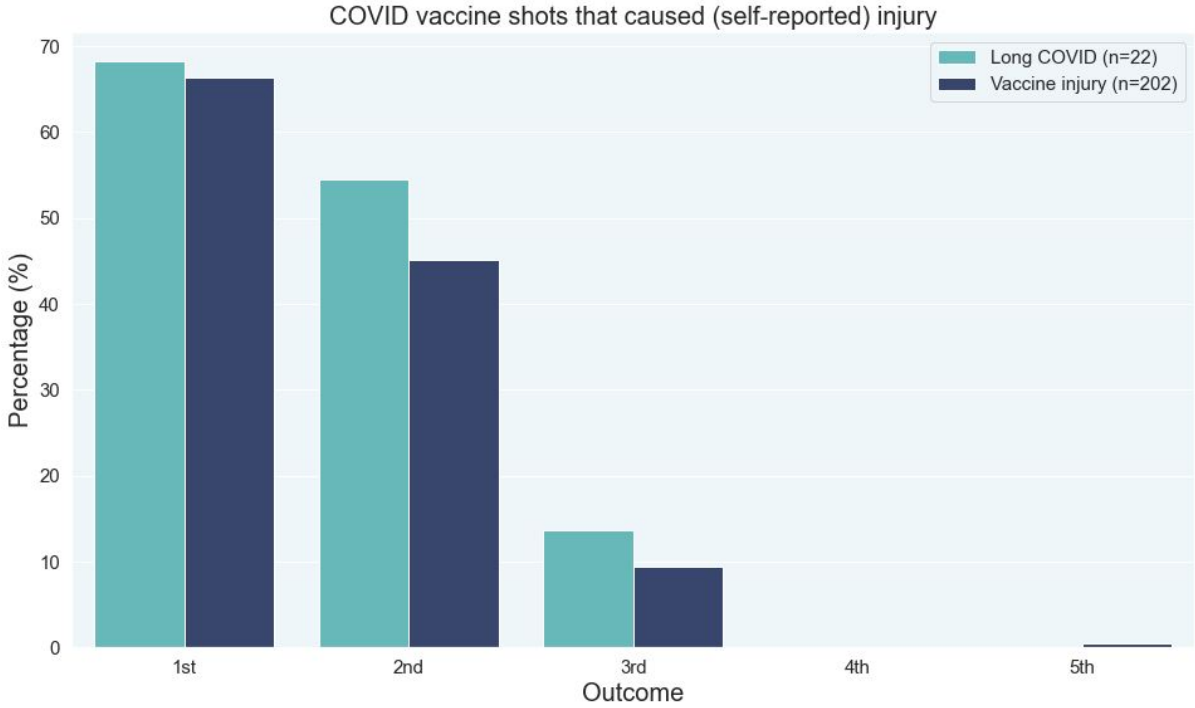



Vaccine injury depends on luck

Many are not injured right away

Data from [Survey #3 (Risk Factors)] shows that many report getting injured from shots #2, #3, and even #5.

This is one piece of evidence that there is a luck component. **Response to vaccination is not uniform or consistent**.



*Some jurisdictions will vaccinate without checking identification or prior vaccination history (e.g. to accommodate the homeless). This allows individuals to receive multiple boosters.
Other jurisdictions are already on their 5th booster.
**The percentages total over 100% because surveyees could say that they were injured by multiple shots.
***Data is from April 26 to May 6.

Skydiving versus Russian roulette

Among clinical trial participants, 4 participants have gone public so far: Augusto Roux, Brianne Dressen, Maddie de Garay, and Olivia Tesinar. With 89,355 participants, an overly conservative estimate of the injury rate is **1 in 22,340** (for healthy individuals). The risk is closer to skydiving than Russian roulette. After injury however, the risk of another injury begins to resemble Russian roulette.

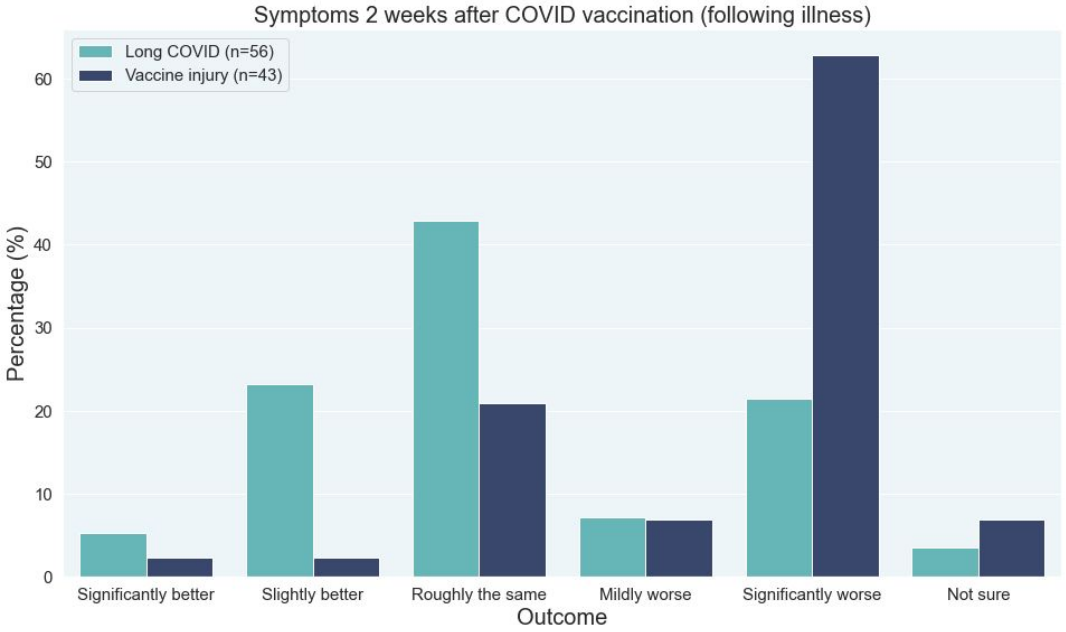
Clinical trial	DOI	Vaccinated
Novavax >= 18 years old	https://doi.org/10.1056/NEJMoa2107659	7,569
Pfizer 12-15 year olds	https://doi.org/10.1056/nejmoa2107456	1,131
Pfizer >= 16 year olds	https://doi.org/10.1056/nejmoa2034577	21,720
Moderna >= 18 year old	https://doi.org/10.1056/NEJMoa2035389	15,181
Moderna 12-17 year olds	https://doi.org/10.1056/nejmoa2109522	2,489
AstraZeneca	https://doi.org/10.1056/nejmoa2105290	21,635
Johnson&Johnson	https://doi.org/10.1056/nejmoa2101544	19,630
Total		89,355

Vaccine injury risk is high among chronic illness groups

Survey #3 examined the response to vaccination among those with Long COVID and vaccine injury.

For the vaccine injured who were re-vaccinated, the rate of significant worsening was over **3 in 5**. For people with Long COVID, the rate was over **1 in 5**.

*A small minority reported significant improvement (!).
**Responses may be skewed by vaccine coercion.



Vaccine re-injury rate for non-COVID vaccines

A 2013-2015 prospective cohort study examined the effect of re-immunization on people with adverse events following immunization with non-COVID vaccines. Of the **60** patients, **11** had their AEFI re-occur while **4** experienced a new AEFI. The injury rate was **25%**.

Top KA, Billard MN, Gariepy MC, Rouleau I, Pernica JM, Pham-Huy A, Quach C, Tran D, Vaudry W, Dobson S, Boucher FD. Immunizing Patients With Adverse Events After Immunization and Potential Contraindications to Immunization. The Pediatric infectious disease journal. 2016 Dec 1;35(12):e384-91.

Consistently inconsistent

It seems that a much higher predisposition to vaccine injury can be acquired through past vaccine injury, Long COVID, or ME/CFS*. After chronic illness, the risk rises to somewhere around **1 in 5**. This phenomenon does not seem to align with theories regarding hypersensitivity or spike protein damage given the *inconsistency* of damage.

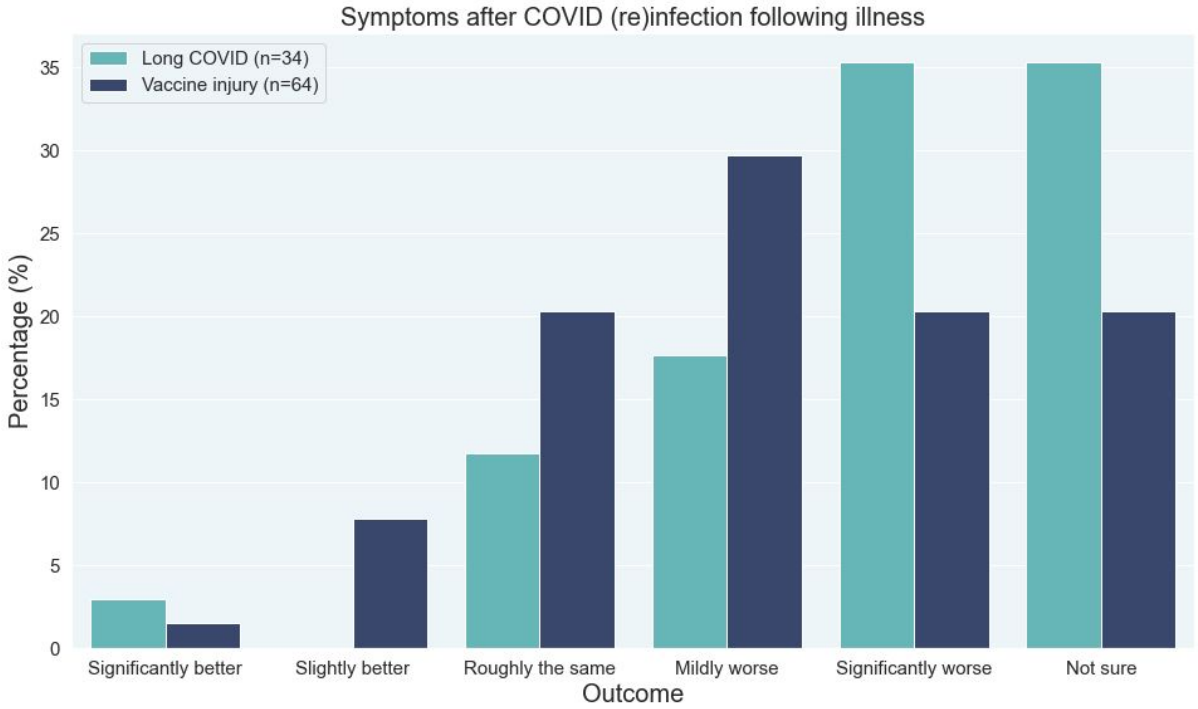
*ME/CFS data

- ANZMES - 19.8% were reported as “worsened and not returned to baseline - relapsed”. The survey cohort included a few non-ME/CFS patients.
- SolveME - 19% of people with ME/CFS said health worsened after vaccination compared to 4% reported by controls. 9% of people with ME/CFS reported that their health had improved.
- ME Association (UK) - Various surveys on vaccine outcomes, including hep B vaccination being blamed for triggering the onset of ME/CFS.

Chronic illness patients should avoid ALL spike protein exposure

Vaccine injury, Long COVID, and ME/CFS patients should avoid COVID vaccination and should protect themselves against Long COVID.

The FLCCC and c19early.com websites contain information on early treatment.



Risk factors

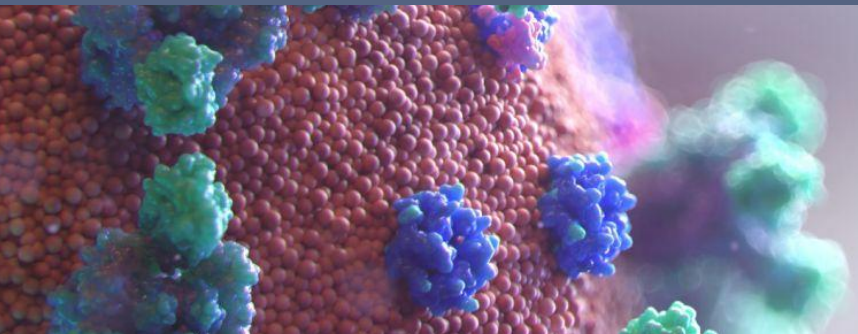
The biggest risk factors seem to be:

- Previous COVID vaccine injury
- Long COVID
- ME/CFS and ?other chronic illnesses?

Survey #3 discusses less significant risk factors:

- Pre-existing autoimmune condition
- Pre-existing thyroid disorder
- Certain foreign objects in the body: joint replacements, breast implants, etc.

Closing thoughts

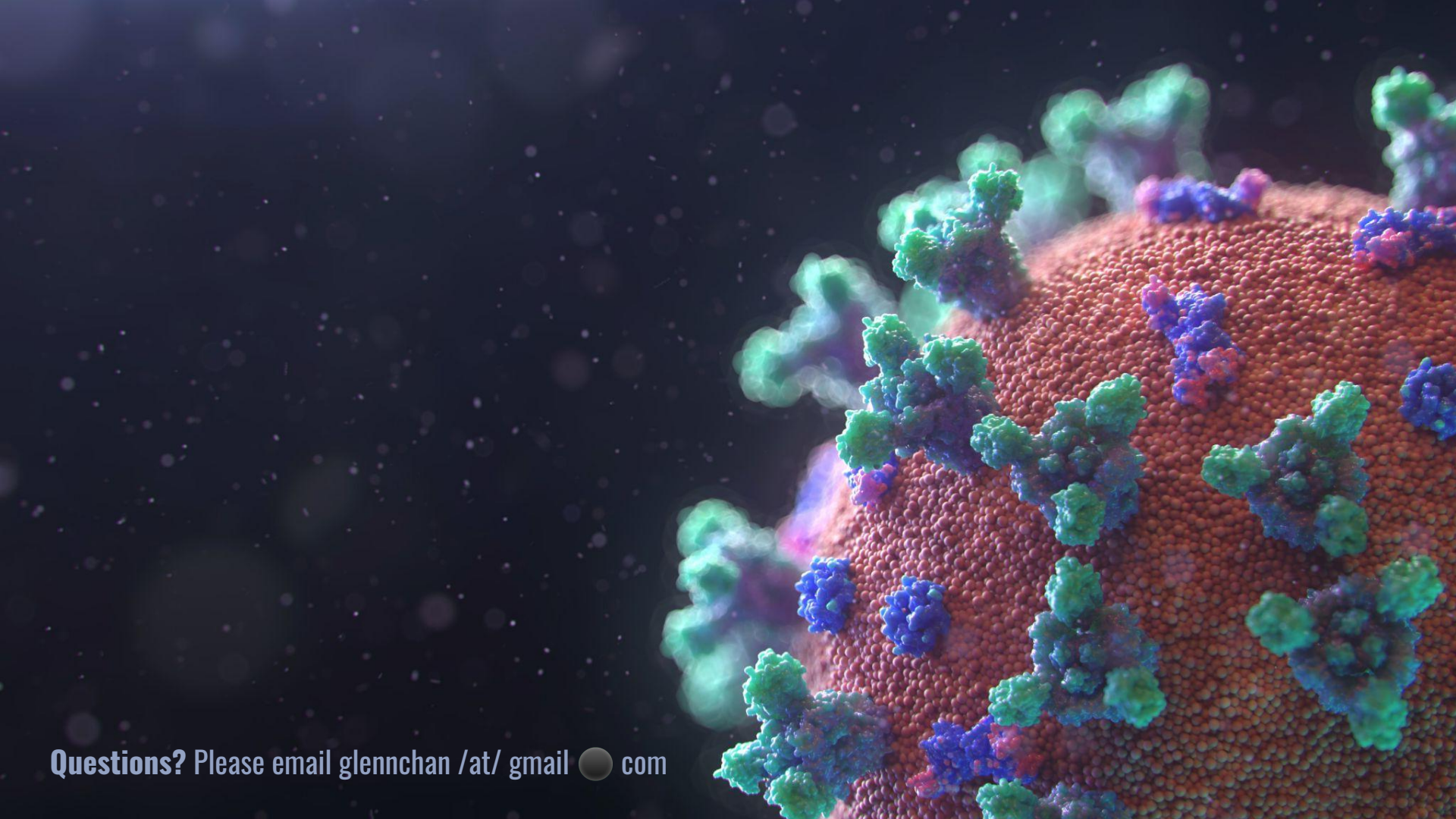


An enigmatic illness

COVID vaccine injury is a complex condition that seems to exhibit many moving parts.

Clinically, treatment is challenging given the lack of data and different treatment responses from patient to patient.

Solving the puzzle will require new ways of thinking.



Questions? Please email glennchan /at/ gmail ⚫ com