FOI 22-1226

28 December 2023

I have seen the below peer reviewed study circulating.

https://link.springer.com/article/10.1007/s00392-022-02129-5#Sec3

In this study, a top pathologist performed autopsies on 25 people who died unexpectedly within 20 days following SARS-CoV-2 vaccination with the MRNA vaccine.

They focused on 4 people in particular (16%)of which they could prove quite conclusively that the vaccine was the most likely cause of death. These 4 people had the very same pathological findings in that, the tissue in the myocardium looked the same as the tissue in the injection site of where the need went in.

I urge you to look at this study and could you please provide answers to the following questions.

1. In England, there's multiple FOI requests and published data that show thousands upon thousands of people have died within the same time frame of receiving an MRNA injection (20 days)
Could you tell me, how many people in England have died within 20 days of being injected had died unexpectedly? Also, out of these deaths, have in depth autopsy or post mortem studies been done in a similar way to the way the people in the above study were analysed, or at least a select sample?

2. Can you explain how the MRNA vaccine damages the myocardium?

3. Can you tell me why the MRNA vaccine only damages the myocardium in certain people and not in the majority?

4. Could it be that the myocardium is being inflamed and damaged in more people than you think? The people in the study did not have any prior symptoms before they died, they were killed by what you would call "mild myocarditis" as they had no symptoms or pain leading up to their death. Could myocarditis lead to death later down the line rather than only acutely within 20 days following vaccination?

Please could you answer this is in depth as a matter of urgency and please do not just copy and based generic spiel as a response. Please give detailed answer on all points.

I put it to you in at east 15% of people who die unexpectedly within 20 days of vaccination, the vaccine has caused their death based on the findings of this study. What's more concerning, I put it to you that the pathology that is causing these deaths isn't confined to a timeframe in close proximity to vaccination and people are dying in the same way over a longer period of time.

MHRA RESPONSE

30 January 2023

FOI 22/1226

Dear

Thank you for your email, dated 28 December 2022.

The role of the Medicines and Healthcare products Regulatory Agency (MHRA) is to ensure that medicinal products authorised in the UK meet acceptable standards of safety, quality and efficacy at the time of first authorisation and thereafter.

In order to do this, we have in place a comprehensive strategy to monitor the safety of medicines and healthcare products. This monitoring strategy is continuous, proactive and based on a wide range of information sources, including published literature. The MHRA continually reviews emerging information that may have an impact of the balance of benefits and risks for a product. We use additional data sources where applicable and collaborate with other international regulators.

We have been monitoring the safety of the COVID-19 vaccines used in the UK vaccination programme since the first vaccine was administered in December 2020. The Yellow Card scheme is one of the sources of information used in the monitoring strategy and is the UK system for healthcare professionals and patients to report suspected side effects or adverse reactions to medicines and vaccines. Further details on the monitoring strategy including the Yellow Card Scheme can be found here:

https://www.gov.uk/government/publications/report-of-the-commission-on-human-medicines-expert-working-group-on-covid-19-vaccine-safety-surveillance/report-of-the-commission-on-human-medicines-expert-working-group-on-covid-19-vaccine-safety-surveillance#proactive-vigilance-for-covid-19-vaccines

Vaccination is the single most effective way to reduce deaths and severe illness from COVID-19. All vaccines and medicines have some side effects. These side effects need to be continuously balanced against the expected benefits in preventing illness.

Vaccination and surveillance of large populations on this scale means that, by chance, some people will experience and report a new illness or events in the days and weeks after vaccination. A report with an adverse event to the Yellow Card scheme does not necessarily mean that it was caused by the vaccine, only that the reporter has a suspicion it may have been. Underlying or previously undiagnosed illness unrelated to vaccination can also be factors in such reports.

We carefully evaluate reports of serious suspected adverse events as soon as they are received to consider whether the vaccine may have caused the event, or whether the event was likely to be purely coincidental. Cumulatively, the Yellow Card data is thoroughly analysed for patterns or evidence which might suggest a causal link between vaccination and reported deaths alongside data available from international sources. This is further considered by the Commission on Human Medicines (CHM) and its Expert Advisory Groups.

The MHRA does not hold the information you requested regarding the number of people in England that have died unexpectedly within twenty days of receiving a mRNA vaccine or those that have had an autopsy or post-mortem. While myocarditis is listed in the product information as a possible side effect following vaccination with the mRNA based vaccines authorised in the UK (Spikevax and Comirnaty), the mechanism by which mRNA vaccines cause myocarditis has not been established. Reports of post COVID-19 vaccine myocarditis are very rare, and the events reported are typically mild with individuals usually recovering within a short time with standard treatment and rest.

The MHRA has been closely monitoring the safety of the mRNA vaccines for over 2 years. There are very few reports of post vaccine myocarditis with a fatal outcome. The MHRA will continue to closely monitor reports of suspected myocarditis and pericarditis with all currently authorised COVID-19 vaccines. In summary, as with all vaccines and medicines, the safety of COVID-19 vaccines is being continuously monitored. The benefits of the vaccines in preventing COVID-19 and serious complications associated with COVID-19 far outweigh any currently known side effects in the majority of patients.

The MHRA will continue to carefully review and monitor all reports submitted to us including those that cite a fatal outcome following COVID-19 vaccination. When a safety issue is confirmed the MHRA will act promptly to inform patients and healthcare professionals and take appropriate steps to mitigate any identified risk.

I hope that you find this information helpful.

If you have a query about the information provided, please reply to this email.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date you receive this response and addressed to: info@mhra.gov.uk Please remember to quote the reference number above in any future communications.

If you were to remain dissatisfied with the outcome of the internal review, you would have the right to apply directly to the Information Commissioner for a decision. Please bear in mind that the Information Commissioner will not normally review our handling of your request unless you have first contacted us to conduct an internal review. The Information Commissioner can be contacted at: Information Commissioner’s Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF

Yours sincerely,
MHRA Customer Experience Centre
Communications and engagement

Medicines and Healthcare products Regulatory Agency
10 South Colonnade, Canary Wharf, London E14 4P