



Getting to the Other Side

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Thursday, April 15 I was not in my Bodhisattva nature. The Johnson & Johnson vaccine had been pulled, due to a rare blood clotting disorder, and AstraZeneca's had already been pulled for a similar problem. People were contacting me with concerns about getting or having gotten the vaccine. My advice was to wait a week or two to see how things shake out.



That same day I received a Wall Street Journal snippet that quoted the Oxford University article shown below:

Risk of rare blood clotting higher for COVID-19 than for vaccines
RESEARCHHEALTHCORONAVIRUS

COVID-19 leads to a several-times higher risk of cerebral venous thrombosis (CVT) blood clots than current COVID-19 vaccines.

Researchers at the University of Oxford have today reported that the risk of the rare blood clotting known as cerebral venous thrombosis (CVT) following COVID-19 infection is around 100 times greater than

normal, several times higher than it is post-vaccination or following influenza.

The study authors, led by Professor Paul Harrison and Dr Maxime Taquet from Oxford University's Department of Psychiatry and the NIHR Oxford Health Biomedical Research Centre, counted the number of CVT cases diagnosed in the two weeks following diagnosis of COVID-19, or after the first dose of a vaccine. They then compared these to calculated incidences of CVT following influenza, and the background level in the general population.

They report that CVT is more common after COVID-19 than in any of the comparison groups, with 30% of these cases occurring in the under 30s. Compared to the current COVID-19 vaccines, this risk is between 8-10 times higher, and compared to the baseline, approximately 100 times higher.

The breakdown comparison for reported cases of CVT in COVID-19 patients in comparison to CVT cases in those who received a COVID-19 vaccine is:

In this study of over 500,000 COVID-19 patients, CVT occurred in 39 in a million patients. In over 480,000 people receiving a COVID-19 mRNA vaccine (Pfizer or Moderna), CVT occurred in 4 in a million. CVT has been reported to occur in about 5 in a million people after first dose of the AZ-Oxford COVID-19 vaccine. Compared to the mRNA vaccines, the risk of a CVT from COVID-19 is about 10 times greater. Compared to the AZ-Oxford vaccine, the risk of a CVT from COVID-19 is about 8 times greater.

However, all comparisons must be interpreted cautiously since data are still accruing.

Paul Harrison, Professor of Psychiatry and Head of the Translational Neurobiology Group at the University of Oxford, said: 'There are concerns about possible associations between vaccines, and CVT, causing governments and regulators to restrict the use of certain vaccines. Yet, one key question remained unknown: 'What is the risk of CVT following a diagnosis of COVID-19?'

'We've reached two important conclusions. Firstly, COVID-19 markedly increases the risk of CVT, adding to the list of blood clotting problems this infection causes. Secondly, the COVID-19 risk is higher than we see with the current vaccines, even for those under 30; something that

should be taken into account when considering the balances between risks and benefits for vaccination.'

Dr. Maxime Taquet, also from the Translational Neurobiology Group, said: 'It's important to note that this data should be interpreted cautiously, especially since the data on the Oxford-AstraZeneca vaccine come from EMA monitoring, whereas the other data uses the TriNetX electronic health records network. However, the signals that COVID-19 is linked to CVT, as well as portal vein thrombosis – a clotting disorder of the liver – is clear, and one we should take note of.'

An important factor that requires further research is whether COVID-19 and vaccines lead to CVT by the same or different mechanisms. There may also be under-reporting or mis-coding of CVT in medical records, and therefore uncertainty as to the precision of the results.

Full data are available from the OSF website.

TriNetX is an independent company that works with pharmaceutical companies including Pfizer, Novartis, AstraZeneca and Johnson & Johnson. It serves as an independent data collection source used for research, design and implementation assessment.

The EMA is an agency of the European Union (EU) responsible for the scientific evaluation, supervision and safety monitoring of medicines in the EU.

Here's the takeaway.

All of the vaccines have side effects. All of the vaccines have the risk of this thrombosis. But here's the important thing to remember.

Paraphrasing

Dr. Fauci, it's important to understand this blood clotting problem, and to train doctors how to treat it. Then people will be safe.

But this is already happening, and there will not be serious impact in most cases if people go in for treatment as soon as they show signs of this particular issue.

There probably will be other issues. Remember when we went through that whole thing about having EpiPen at all the places where vaccination was administered, in the rare event someone was allergic? This clotting problem can become like that— something medical personnel are able to deal with as long as the general public knows about the possibility.

Here is my problem. All of the vaccines have evidence of this clotting problem. People need to know that it is not just Johnson & Johnson and AstraZeneca. The problem risk varies between the vaccines, as best we can tell right now, between four and eighteen out of 1,000,000 shots. This data is for the four major vaccines we currently have, both mRNA and more traditional.

The risk of getting this thrombosis is exponentially higher if you get COVID. Any vaccine will reduce your risk compared to getting COVID — estimates say the risk is 100 times less. So whatever you're going to do, I strongly believe it's better to roll the dice with the vaccines than it is with COVID. Unfortunately, without herd immunity we can't have a reasonable way out of this. In my practice I've seen "long-haulers" (people who can't get rid of COVID) whose lives are difficult for quite a long time, with seemingly permanent lung damage, kidney damage etc. This is not your mother's flu.

I've done my part and gotten shot. I carefully researched and made my personal choice about what vaccine I was comfortable with, as I would encourage each of you to do. If that means waiting, then I would suggest waiting a week or two for the CDC to teach doctors the appropriate method to recognize and treat this dangerous problem.

A smart person said to me that the reason Asian countries were doing better overall with the COVID pandemic was that they saw the individual as a "molecule within an organism." "If someone's great aunt got sick and died because they had given them COVID, that would be a horrible thing". I have thought a lot about that comment. We are molecules in a larger organism. Our forced isolation has made it so obvious how integrally we are all connected.

We not only risk ourselves if we do not vaccinate, but the whole organism.

Note: since writing this article the EU and the US have decided to continue administering the J&J vaccine with a warning label.

Namaste,
Wendy