

## Article Contents

Abstract

Supplementary data

Comments (0)

[..] Abbiamo esaminato la protezione a lungo termine dell'immunità acquisita naturalmente (protezione conferita da infezione progressa) confrontandola con l'immunità indotta dal "vaccino".

Lo studio osservazionale retrospettivo di 124'500 persone ha confrontato due gruppi: (1) soggetti sarscov2-negativi bidosati con "vaccino" mRNA Pfizer, e (2) soggetti infettati da sarscov2 e non "vaccinati" [..] valutando quattro esiti da sarscov2 - infezione, malattia con sintomi (covid19), ospedalizzazione, e morte - dall'1 giugno al 14 agosto 2021, quando Israele aveva la variante delta.

I "vaccinati" mai esposti a sarscov2 hanno avuto un rischio di infezione (da variante delta "breakthrough", cioè che buca i "vaccini") aumentato di 13 volte rispetto ai soggetti non "vaccinati" che in passato erano stati infettati [..]. Tale aumento di rischio è stato significativo anche per la malattia sintomatica. [..] è stata dimostrata la perdita di immunità naturale, ma i "vaccinati" mai esposti al virus avevano comunque un rischio di infezione "breakthrough" aumentato di quasi 6 volte [rispetto ai già infettati non "vaccinati"] e un rischio di malattia sintomatica aumentato di oltre 7 volte [rispetto ai già infettati non "vaccinati"]

**L'immunità acquisita naturalmente è più protettiva del "vaccino" (due dosi) contro l'infezione sarscov2 variante delta e contro la malattia sintomatica.**

**DETTO CHIARAMENTE. SENZA GIRI DI PAROLE:**

il "vaccino" covid in verita' e' il contrario di un vaccino, perche' invece di proteggere dall'infezione SARS-Cov-2 e dalla malattia covid le aumenta entrambe; e infatti chi si e' esposto al contagio naturale rischia, rispetto a chi ha fatto la puntura, 13 volte meno di contagiarsi, 7 volte meno di sviluppare sintomi del covid, e 6 volte meno di perdere l'immunita' naturale acquisita tramite contagio.

ACCEPTED MANUSCRIPT

## SARS-CoV-2 Naturally Acquired Immunity vs. Vaccine-induced Immunity, Reinfections versus Breakthrough Infections: a Retrospective Cohort Study <sup>FREE</sup>

Sivan Gazit, MD MA ✉, Roei Shlezinger, BA, Galit Perez, MN MA, Roni Lotan, PhD, Asaf Peretz, MD, Amir Ben-Tov, MD, Esmat Herzog, MSc, Hillel Alapi, BA, Dani Cohen, PhD, Khitam Muhsen, PhD ... Show more

*Clinical Infectious Diseases*, ciac262, <https://doi.org/10.1093/cid/ciac262>

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### Abstract

#### Background

Waning of protection against infection with SARS-CoV-2 conferred by 2 doses of the BNT162b2 vaccine begins shortly after inoculation and becomes substantial within four months. With that, the impact of prior infection on incident SARS-CoV-2 reinfection is unclear. Therefore, we examined the long-term protection of naturally acquired immunity (protection conferred by previous infection) compared to vaccine-induced immunity.

#### Methods

A retrospective observational study of 124,500 persons, compared two groups: (1) SARS-CoV-2-naïve individuals who received a two-dose regimen of the BioNTech/Pfizer mRNA BNT162b2 vaccine, and (2) previously infected individuals who have not been vaccinated. Two multivariate logistic regression models were applied, evaluating four SARS-CoV-2-related outcomes - infection, symptomatic disease (COVID-19), hospitalization and death - between June 1 to August 14, 2021, when the Delta variant was dominant in Israel.

#### Results

SARS-CoV-2-naïve vaccinees had a 13.06-fold (95% CI, 8.08-21.11) increased risk for breakthrough infection with the Delta variant compared to unvaccinated-previously-infected individuals, when the first event (infection or vaccination) occurred during January and February of 2021. The increased risk was significant for symptomatic disease as well. When allowing the infection to occur at any time between March 2020 to February 2021, evidence of waning naturally acquired immunity was demonstrated, though SARS-CoV-2 naïve vaccinees still had a 5.96-fold (95% CI, 4.85-7.33) increased risk for breakthrough infection and a 7.13-fold (95% CI, 5.51-9.21) increased risk for symptomatic disease.

#### Conclusions

Naturally acquired immunity confers stronger protection against infection and symptomatic disease caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.

**Keywords:** COVID-19, SARS-CoV-2, vaccination, naturally acquired immunity, vaccine-induced immunity

**Issue Section:** Major Article

## Stroke Associated with COVID-19 Vaccines

Maryam Kakovan • Samaneh Ghorbani Shirkouhi • Mojtaba Zarei • Sasan Andalib

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Stroke Associated with COVID-19 Vaccines

## Abstract

## Objectives

Development of safe and effective vaccines against coronavirus disease 2019 (COVID-19) remains the cornerstone of controlling this pandemic. However, there are increasing reports of various types of stroke including ischemic stroke, and hemorrhagic stroke, as well as cerebral venous sinus thrombosis (CVST) after COVID-19 vaccination. This paper aims to review reports of stroke associated with COVID-19 vaccines and provide a coherent clinical picture of this condition.

## Materials and methods

A literature review was performed with a focus on data from recent studies.

## Results

Most of such patients are women under 60 years of age and who had received ChAdOx1 nCoV-19 vaccine. Most studies reported CVST with or without secondary ischemic or hemorrhagic stroke, and some with Vaccine-induced Thrombotic Thrombocytopenia (VITT). The most common clinical symptom of CVST seen after COVID-19 vaccination was headache. The clinical course of CVST after COVID-19 vaccination may be more severe than CVST not associated with COVID vaccination. Management of CVST following COVID-19 vaccination is challenging and may differ from the standard treatment of CVST. Low molecular weight heparin is commonly used in the treatment of CVST; however, it may worsen outcomes in CVST associated with VITT. Furthermore, administration of intravenous immunoglobulin and high-dose glucocorticoids have been recommended with various success rates.

## Conclusion

These contradictory observations are a source of confusion in clinical decision-making and warrant further study and development of clinical guidelines. Clinicians should be aware of clinical presentation, diagnosis, and management of stroke associated with COVID-19 vaccination.

Dopo "vaccinazione" covid19 si sono verificati casi di ictus, e anche di trombosi cerebrali aventi come sintomo più comune il mal di testa; queste trombosi nei "vaccinati" covid hanno un andamento clinico peggiore, sono più difficoltose da trattare, e richiedono un tipo di cura differente; di solito si usa l'eparina, ma nei "vaccinati" l'eparina invece di aiutare può peggiorare la situazione perché il "vaccino" può causare anche trombocitopenia trombotica. La gestione di questi quadri clinici è complicata, e richiede grande attenzione da parte del medico nel gestire le ischemie cerebrali associate al "vaccino" covid-19.

<https://jamanetwork.com/journals/jamacardiology/fullarticle/2791253>

## Original Investigation

ONLINE FIRST

April 20, 2022

SARS-CoV-2 Vaccination and Myocarditis  
in a Nordic Cohort Study of 23 Million  
ResidentsØystein Karlstad, MScPharm, PhD<sup>1</sup>; Petteri Hovi, MD, PhD<sup>2</sup>; Anders Husby, MD, PhD<sup>3,4</sup>; et al

JAMA Cardiol. Published online April 20, 2022. doi:10.1001/jamacardio.2022.0583

## Key Points

In uno studio su 23 milioni di persone è emerso che il rischio di miocardite dopo "vaccino" mRNA contro sarscov2 è massimo dopo la seconda dose nei maschi 16-24enni, e va soppesato contro il beneficio della protezione dai sintomi della malattia covid

**Question** Is SARS-CoV-2 messenger RNA (mRNA) vaccination associated with risk of myocarditis?

**Findings** In a cohort study of 23.1 million residents across 4 Nordic countries, risk of myocarditis after the first and second doses of SARS-CoV-2 mRNA vaccines was highest in young males aged 16 to 24 years after the second dose. For young males receiving 2 doses of the same vaccine, data were compatible with between 4 and 7 excess events in 28 days per 100 000 vaccinees after second-dose BNT162b2, and between 9 and 28 per 100 000 vaccinees after second-dose mRNA-1273.

**Meaning** The risk of myocarditis in this large cohort study was highest in young males after the second SARS-CoV-2 vaccine dose, and this risk should be balanced against the benefits of protecting against severe COVID-19 disease.

https://www.mdpi.com/2308-3425/9/5/150

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**AUMENTO DELLA PRESSIONE EMATICA DOPO "VACCINAZIONE" COVID-19: PANORAMICA SISTEMATICA E META-ANALISI**

Journal of Cardiovascular Development and Disease

Open Access Systematic Review

## Blood Pressure Increase following COVID-19 Vaccination: A Systematic Overview and Meta-Analysis

by [Fabio Angeli](#) <sup>1,2,\*</sup>, [Gianpaolo Reboldi](#) <sup>3</sup>, [Monica Trapasso](#) <sup>4</sup>, [Gabriella Santilli](#) <sup>3</sup>, [Martina Zappa](#) <sup>1</sup> and [Paolo Verdecchia](#) <sup>5</sup>

<sup>1</sup> Department of Medicine and Surgery, University of Insubria, 21100 Varese, Italy  
<sup>2</sup> Department of Medicine and Cardiopulmonary Rehabilitation, Istituti Clinici Scientifici Maugeri IRCCS, 21049 Tradate, Italy  
<sup>3</sup> Department of Medicine, and Centro di Ricerca Clinica e Traslazionale (CERICLET), University of Perugia, 06100 Perugia, Italy  
<sup>4</sup> Dipartimento di Igiene e Prevenzione Sanitaria, PSAL, Sede Territoriale di Varese, ATS Insubria, 21100 Varese, Italy  
<sup>5</sup> Fondazione Umbra Cuore e Ipertensione-ONLUS and Division of Cardiology, Hospital S. Maria della Misericordia, 06100 Perugia, Italy  
\* Author to whom correspondence should be addressed.

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### Abstract

Coronavirus disease 2019 (COVID-19) vaccines proved a strong clinical efficacy against symptomatic or moderate/severe COVID-19 and are considered the most promising approach for curbing the pandemic. However, some questions regarding the safety of COVID-19 vaccines have been recently raised. Among adverse events to vaccines and despite a lack of signal during phase III clinical trials, an increase in blood pressure (BP) after COVID-19 vaccination has been reported as a potential adverse reaction. We systematically analyze this topic and undertook a meta-analysis of available data to estimate the proportion of patients with abnormal BP or raise in BP after vaccination. Six studies entered the final analysis. Overall, studies accrued 357,387 subjects with 13,444 events of abnormal or increased BP. After exclusion of outlier studies, the pooled estimated proportion of abnormal/increased BP after vaccination was 3.20% (95% CI: 1.62–6.21). Proportions of cases of stage III hypertension or hypertensive urgencies and emergencies was 0.6% (95% CI: 0.1% to 5.1%). In conclusion, abnormal BP is not rare after COVID-19 vaccination, but the basic mechanisms of this phenomenon are still unclear and require further research. [View Full-](#)

===== DETTO IN BREVE =====

dopo la puntura anticovid e' stato osservato un aumento di pressione ematica quale potenziale reazione avversa sebbene questa non fosse segnalata nei trial clinici alla fase III.

Gli autori hanno analizzato questo fenomeno sistematicamente con la metanalisi dei dati disponibili al fine di stimare la frazione di pazienti che hanno avuto l'ipertensione dopo la puntura. In totale sono stati trovati 13'444 casi di pressione anormale o aumentata sui 357'387 soggetti; dopo aver escluso gli studi anomali sono entrati nella metanalisi 6 studi dai quali si e' potuto stimare che la frazione di soggetti con pressione alterata/aumentata dopo la puntura era del 3.2%, e la percentuale di quelli con ipertensione di grado 3 o con urgenza di cure era dello 0.6%.

IN CONCLUSIONE, L'IPERTENSIONE DOPO LA PUNTURA NON E' RARA, E VA STUDIATA ULTERIORMENTE.

18 mag 2022

Sulla rivista PANORAMA del 18 maggio 2022 è comparsa una copertina dal titolo "MAL DI VACCINO", dove si avverte il pubblico del fatto che questo cosiddetto "vaccino" contro il covid-19 può provocare, specie su chi è iperteso, effetti negativi sulla pressione e sul cuore, come ad esempio le miocarditi o altre infiammazioni analoghe; queste reazioni avverse troppo spesso non sono valutate bene, o ancor peggio vengono negate.

Questi "vaccini" non sono così sicuri come ci hanno raccontato fino ad oggi, e col passare del tempo è sempre più evidente che sono dannosi ed inefficaci. La verità sta venendo a galla in un modo lento, ma inarrestabile.

