Long-Term Organ Damage after COVID-19 Vaccines Emerging in Medical Literature

Progression of Glomerular Kidney Disease Reported with More Shots

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Of all the great tension both doctors and patients have faced in the COVID-19 crisis is the lack of assurances on long-term safety of COVID-19 vaccines. Americans were told these genetic products were brought through testing at "warp speed." While that may be wonderful for the Starship Enterprise, warp speed should not be viewed as favorable in drug or vaccine development. Observation time in research is very important to evaluate the emergence of problems, particularly for the long-lasting mRNA vaccines and their biologic product, the coronavirus Spike protein. For a typical live-attenuated, killed, or antigen-based vaccine, the minimum period for safety observation in clinical development is 2 years. For genetic products which includes mRNA and adenoviral DNA, the minimum time is 5 years. Now with mass indiscriminate vaccination, we have roughly two thirds of adult populations who have received a novel vaccine and the progression of their baseline medical problems is specific aim of research going forward at many centers. Canney et al studied 1105 patients who had stable glomerular kidney disease in 2020 before mRNA, and then followed them after receiving one or more of the COVID-19 vaccines.[i] Glomerular kidney disease can worsen to complete kidney failure and dialysis, so the consequences are significant if there is a problem with mRNA, Spike protein, and progression of disease. As shown in the table, for the double vaccinated, there was more than a two-fold increase in progression of kidney disease.

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A Population-Based Analysis of the Risk of Glomerular Disease Relapse after COVID-19 Vaccination

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Methods In this retrospective population-level cohort study, we used a centralized clinical and pathology registry (2000–2020) to identify 1105 adult patients in British Columbia, Canada, with biopsy-proven glomerular disease that was stable on December 14, 2020 (when COVID-19 vaccines first became available). The primary outcome was disease relapse, on the basis of changes in kidney function, proteinuria, or both. Vaccination was modeled as a 30-day time-varying exposure in extended Cox regression models, stratified on disease type.

Table 3. Relative risk of disease flare associated with COVID-19 vaccine exposure using the primary outcome

Model	Exposure	HR (95% CI)	*P* Value
Univariable	Any vaccine exposure	1.08 (0.65–1.8)	0.76
Univariable	First dose	0.67 (0.33–1.36)	0.27
	Second or third dose	2.23 (1.06–4.71)	0.04
Multivariable[a]	Any vaccine exposure	1.06 (0.64–1.76)	0.83
Multivariable[a]	First dose	0.65 (0.32–1.32)	0.23
	Second or third dose	2.16 (1.03–4.51)	0.04

Vaccine exposure was modeled as a time-varying variable, with exposure continuing until 30 days after vaccine administration. All models were stratified on glomerular disease type and exclude five patients with C3 glomerulonephritis because of too few patients to allow stratification.
[a]Multivariable model was adjusted for sex, age, time from biopsy to the index date, worsening disease activity between 12 and 24 months before the index date, eGFR and proteinuria at index date, hypertension, diabetes, and immunosuppression medication use on the index date.

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That means a loss of renal function which is usually permanent for the vaccinated. Using multivariable adjustment, this effect persisted. The inference is the worsening of kidney

disease is attributable to the vaccine and none of the other traditional risk factors (high blood pressure etc). So if you or a loved one has kidney disease and was pressured into vaccination by a primary care physician or nephrologist, please share this Substack with them and suggest that they never again promote an experimental product without any long-term assurances on safety. Such a product should only be considered by the patient as one would in a research trial, purely on the basis of personal preference and willingness to be involved in a form of clinical investigation.

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[i] Canney M, Atiquzzaman M, Cunningham AM, Zheng Y, Er L, Hawken S, Zhao Y, Barbour SJ. A Population-Based Analysis of the Risk of Glomerular Disease Relapse after COVID-19 Vaccination. J Am Soc Nephrol. 2022 Nov 4:ASN.2022030258. doi: 10.1681/ASN.2022030258. Epub ahead of print. PMID: 36332971.

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