


# New Autopsy Report Reveals Those Who Died Suddenly Were Likely Killed by the Covid Vaccine

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By  [Will Jones](#) December 7, 2022 December 7, 2022 [Vaccines](#) 5 minute read

A major new autopsy [report](#) has found that three people who died unexpectedly at home with no pre-existing disease shortly after Covid vaccination were likely killed by the vaccine. A further two deaths were found to be possibly due to the vaccine.

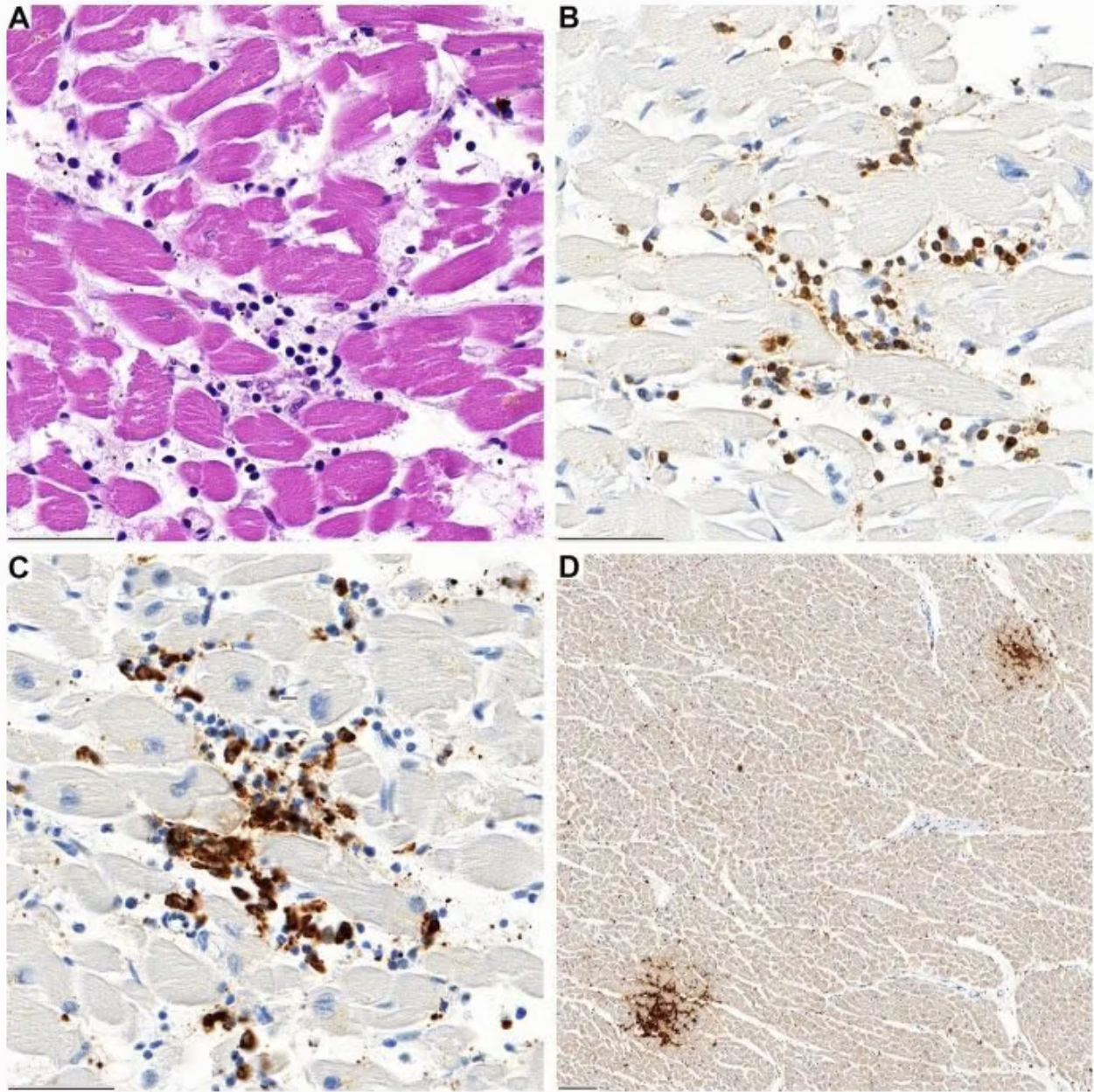
The [report](#), published in *Clinical Research in Cardiology*, the official journal of the German Cardiac Society, detailed autopsies carried out at Heidelberg University Hospital in 2021. Led by Thomas Longerich and Peter Schirmacher, it found that in five deaths that occurred within a week of the first or second dose of vaccination with Pfizer or Moderna, inflammation of the heart tissue due to an autoimmune response triggered by the vaccine had likely or possibly caused the death.

Case	Gender	Age	BMI	Vaccine type	Dose	Time from vaccination to death (days)	Time from death to autopsy (days)	Comorbidity	Grading – myocarditis (0 – 3)	Grading – epicarditis (0 – 3)	PCR analysis	Assessment of causal relationship
1	male	46	31.8	Cormirnaty (BioNTech)	First	0	7	AH	2	0	Negative	Likely
2	female	50	20	Spikevax (Moderna)	First	1	3	-	1	2	Negative	Likely
3	female	62	22.5	Cormirnaty (BioNTech)	First	7	3	COPD	1	1	Negative	Possible
4	male	55	30.1	Cormirnaty (BioNTech)	Second	4	3	-	2	3	Negative	Likely
5	female	75	27.9	Cormirnaty (BioNTech)	First	1	9	AH, DM, Hashimoto's thyroiditis	2	2	HHV6	Possible

Abbreviations: *AH* arterial hypertension, *COPD* chronic obstructive pulmonary disease, *DM* diabetes mellitus

Case characteristic of five deaths likely or possibly caused by the Covid vaccines

**Fig. 1**



**A** Lymphocytic aggregates in the interventricular septum of case 1 with associated myocardiocyte destruction. **B** The infiltrate is predominantly composed of CD3-positive T-lymphocytes and **C** CD68-positive macrophages. **D** In lower magnification two foci of CD4-positive lymphocytes are evident (**D**)

Lymphocyte immune cells (white blood cells) are shown in blue and brown among the heart tissue, causing localised inflammation that proved fatal

In total the report looked at 35 autopsies carried out at the University of Heidelberg in people who died within 20 days of Covid vaccination, of which 10 were deemed on examination to be due to a pre-existing illness and not the vaccine. For the remaining 20, the report did not rule out the vaccine as a cause of death, which Dr. Schirmacher has confirmed to me is intentional as the autopsy results were inconclusive. Almost all of the remaining cases were



of a cardiovascular cause, as indicated in the table below from the supplementary materials, where 21 of the 30 deaths are attributed to a cardiovascular cause. One of these is attributed to blood clots (VITT) from AstraZeneca vaccination (the report was looking specifically at post-vaccine myocarditis deaths), leaving 20 from other cardiovascular causes.

**Supplementary Table 1: autopsy findings for the cases 6 - 35**

case	age	sex	pre-existing diseases	cause of death
6	73	male	ischemic cardiomyopathy	arrhythmogenic cardiac failure
7	56	male	ischemic cardiomyopathy	arrhythmogenic cardiac failure
8	64	male	METS, CAD	COVID-pneumonia
9	78	female	AH, COPD,	cardiac failure
10	70	male	AH, CAD, organising pneumonia	cardiac failure, pneumonia, pulmonary embolism
11	61	female	CAD	stroke
12	31	male	AH, asthma, cardiac hypertrophy	cardiac failure
13	75	male	AH, CAD, COPD, prostate cancer	myocardial infarction
14	59	male	AH, CAD, ischemic cardiomyopathy	cardiac failure
15	77	male	AH, CAD, DM2, COPD, metastatic colon cancer	respiratory failure
16	63	male	DM2, AH, CAD, parkinsons disease	bronchopneumonia
17	84	male	AH, DM2	paralytic ileus
18	38	male	no relevant preexisting disease, vaccination with ChAdOx1 nCov-19	vaccine-induced thrombotic thrombocytopenia
19	49	female	not applicable	myocardial infarction
20	68	male	DM2, AH, hypothyreosis	cerebral mass hemorrhage
21	75	female	atrial fibrillation, CKD	ruptured aortic aneurysm
22	23	female	no relevant preexisting disease	pulmonary embolism
23	63	female	not applicable	right heart failure, deep vein thrombosis
24	70	male	not applicable	myocardial infarction
25	30	female	drug abuse	intoxication
26	39	male	not applicable	cardiac tamponade
27	57	female	AH, CAD, ischemic cardiomyopathy	arrhythmogenic cardiac failure
28	21	male	drug abuse	intoxication
29	69	male	CAD	myocardial infarction
30	21	male	asthma, cardiac hypertrophy	cardiac failure
31	30	male	drug abuse	bronchopneumonia
32	55	male	no relevant preexisting disease	chronic cardiomyopathy
33	26	male	drug abuse	intoxication
34	31	female	not applicable	ruptured aneurysm of carotid artery
35	63	male	DM2, gout	myocardial infarction

Abbreviations: AH, arterial hypertension; CAD, coronary artery disease; COPD, chronic obstructive pulmonary disease; DM2, diabetes mellitus type 2.

For the five deaths in the main report attributed as likely or possibly due to the vaccines, the authors state:

All cases lacked significant coronary heart disease, acute or chronic manifestations of ischaemic heart disease, manifestations of cardiomyopathy or other signs of a pre-existing, clinically relevant heart disease.

This indicates that the authors limited themselves to deaths where there was no “pre-existing, clinically relevant heart disease,” making the report very conservative in which deaths it was willing to pin on the vaccines.

Dr. Schirmacher told me:

We included only cases, in which the constellation was unequivocally clear and no other cause of death was demonstrable despite all efforts. We cannot rule out vaccine effects in the other cases, but here we had an alternative potential cause of death (e.g. myocardial infarction, pulmonary embolism). If there is severe ischemic cardiomyopathy it is almost impossible to rule out myocarditis effects or definitively rule in inflammatory alterations as due to vaccination. These cases were not included.

We did not aim to include or find every case but the characteristics of definitive, unequivocal cases beyond any doubt. Only by this way you can establish the typical characteristics; otherwise less strict criteria may lead to ‘contamination’ of the collective; it is absolutely plausible that by these criteria we may have missed further cases but the intention of our study was never quantitative or extrapolation and there are numerous positive and negative bias. But we wanted to establish the fact not the size.

It is of course very possible that the vaccines also cause death where there is an underlying cardiovascular condition, and indeed, that it is more likely to do so. Thus these five deaths are the minimum from these autopsy cases in which the vaccines are involved – those in which there is no other plausible explanation.

It is worth noting here that initially in 2021, when the autopsies were first carried out, Dr. Schirmacher stated that his team had concluded 30-40 percent of the deaths were due to the vaccines. These earlier estimates may give us a better indication of how many of the deaths the authors really think are attributable to the vaccines, when they are unconstrained by highly conservative assumptions (and looking at causes besides myocarditis). Note that these percentages are based on a selection of deaths that occurred shortly after vaccination, not a random sample of all deaths, so the authors rightly warn that no estimation of individual risk can be made from them.

Did the autopsies find spike protein from the vaccines present in the heart tissue? The samples from the five vaccine-attributed deaths were tested for infectious agents including SARS-CoV-2 (in one instance revealing “low viral copy numbers” of a herpes virus, which the authors deemed insufficient to explain the inflammation). However, no tests were done

specifically for the virus spike protein or nucleocapsid protein, such as have been used successfully in other autopsies to aid attribution to the vaccine, so unfortunately this evidence was unavailable for these autopsies.

The autopsies in the report also only cover doses 1 and 2, not any booster doses, and only deaths within 20 days of vaccination, so the report doesn't address directly the question of what's been causing the elevated heart deaths since the booster rollouts from autumn 2021 or whether the vaccines can trigger cardiovascular death weeks or months later.

(Other autopsies have confirmed that the spike protein can persist in the body for weeks or months after vaccination and trigger a fatal autoimmune attack on the heart.)

What the report does do, however, is establish that people who die suddenly in the days immediately following vaccination may well have died from a vaccine-related autoimmune attack on the heart. It also confirms how deadly even mild vaccine-induced myocarditis can be – and thus why studies like the one from Thailand, finding cardiovascular adverse effects in around a third of teenagers (29.2 percent) following Pfizer vaccination and subclinical heart inflammation in one in 43 (2.3 percent), and the study from Switzerland finding at least 2.8 percent with subclinical myocarditis and elevated troponin levels (indicating heart injury) across all vaccinated people, are so worrying.

The authors of the new study diplomatically write that the “reported incidence” of myocarditis after vaccination is “low” and the risks of hospitalisation and death associated with COVID-19 are “stated to be greater than the recorded risk associated with COVID-19 vaccination” – notably declining to commit themselves to the official propositions that they dutifully repeat.

The fact that those who die suddenly after vaccination may have died from the hidden effects of the Covid vaccine on their heart is thus now firmly established in the medical literature. The big remaining question is how often it occurs.

**Stop Press:** Dr. John Campbell has produced a helpful overview of the report's findings in his latest video.



Watch Video At: [https://youtu.be/j\\_DdSMn55cA](https://youtu.be/j_DdSMn55cA)

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