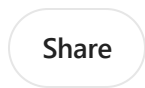
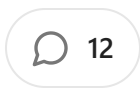
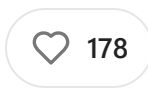


Large Korean Study Recommends Monitoring mRNA Vaccinated Patients for Auto-immunity

Modest Risks Identified, but Cumulative Effects with Repeated Boosters are Concerning



PETER A. MCCULLOUGH, MD, MPH
JUL 27, 2024

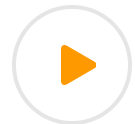


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By Peter A. McCullough, MD, MPH

There is great concern that with continued dosing of mRNA COVID-19 vaccines, the human body is forced to produce not only the foreign and potentially lethal Wuhan Spike protein, but probably about a **dozen additional frameshifted proteins as shown by Boros and colleagues**. Invariably these peptides induce an immune attack against the human body as they are expressed on cell surfaces and in some cases like Spike protein, trimerize and are circulatory in blood for months after injection.

Long-term risk of autoimmune diseases after mRNA-based SARS-CoV2 vaccination in a Korean, nationwide, population-based cohort study

Received: 11 April 2024 | Seung-Won Jung^{1,2}, Jee Jeon Jeon^{1,2}, You Hyun Kim¹, Sung Jey Choe^{1,2} & Solam Lee^{1,2}

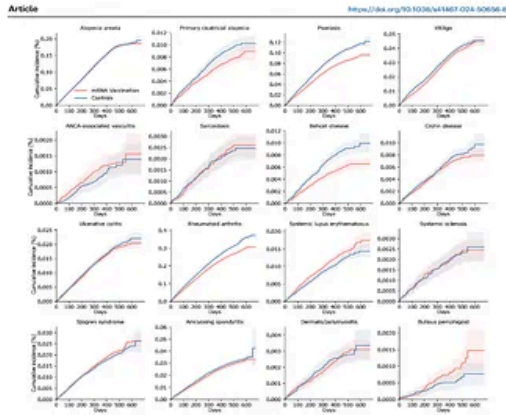


Fig. 2 | Cumulative incidence of autoimmune diseases after mRNA vaccination compared with historical controls. The cumulative incidence plot shows the cumulative incidence of autoimmune diseases in mRNA-based COVID-19 vaccination cohort and historical control cohort. The shaded area shows a 95% confidence interval for

	mRNA Vaccination	Historical Controls	HR (95% CI)	aHR (95% CI)
Adverse events				
Sjögren's syndrome	12/85 (1394/9432)	12/32 (374/4871)	1.03 (0.64-1.67)	1.03 (0.66-1.61)
Primary biliary cirrhosis	5/5 (1004/3476)	5/2 (404/4426)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Psoriasis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Vitiligo	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
ANCA-associated vasculitis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Sarcoidosis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Behcet disease	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Crohn disease	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Ulcerative colitis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Rheumatoid arthritis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Systemic lupus erythematosus	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Systemic sclerosis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Sjögren syndrome	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Myositis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Systemic sclerosis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Dermatomyositis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Bullous pemphigoid	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Positive control outcomes				
Myocarditis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Pericarditis	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Cardiac tamponade	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Negative control outcomes				
Bone density	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Phoneme in situ	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)
Myocardial perfusion	3/3 (614/614)	3/3 (614/614)	1.03 (0.74-1.44)	1.03 (0.74-1.44)

Fig. 3 | Risks of incident autoimmune risk and connective tissue disorders in the mRNA-based COVID-19 vaccination cohort compared with the historical control cohort. To minimize the differences in baseline characteristics between the vaccination and historical control cohorts, predefined covariates, including demographics, socioeconomic status, and comorbidities, were balanced using inverse probability of treatment weighting. Subsequently, the incidence in the vaccination cohort compared to that in the historical control cohort was estimated using multivariable Cox proportional hazards models after adjusting for all predefined covariates. The forest plot depicts adjusted hazard ratios (HR) in

In conclusion, our study results suggest that mRNA vaccination is generally not associated with a higher risk of most AI-CTDs. However, given that the risk of SLE and BP was increased in certain demographic conditions such as age and sex, long-term monitoring is necessary after mRNA vaccination for the development of AI-CTDs. Our results can provide clinical insights into mRNA therapeutics, and further research is needed regarding the association between mRNA based vaccines and AI-CTDs¹⁶.

capJung SW, Jeon JJ, Kim YH, Choe SJ, Lee S. Long-term risk of autoimmune diseases after mRNA-based SARS-CoV2 vaccination in a Korean, nationwide, population-based cohort study. Nat Commun. 2024 Jul 23;15(1):6181. doi: 10.1038/s41467-024-50656-8. PMID: 39039113; PMCID: PMC11263712.tion...

In clinical practice my screen for autoimmunity is through blood testing: ANA, rheumatoid factor, and anti-citrullinated peptide (anti-CCP) antibodies. If there are skin, kidney, or vasculitic features, I add the ANCA test.

Now a large study from Korea by Jung et al, suggests there are increased risks for some autoimmune illnesses after at least two mRNA shots, but not nearly as high as the established dangers of vaccine myo-pericarditis or Guillain-Barre Syndrome.

“In this nationwide, population-based cohort study involving 9,258,803 individuals, we aim to determine whether the incidence of AI-CTDs is associated with mRNA vaccination. The study spans over 1 year of observation and further analyses the risk of AI-CTDs by stratifying demographics and vaccination profiles and treating booster vaccination as time-varying covariate. We report that the risk of developing most AI-CTDs did not increase following mRNA vaccination, except for systemic lupus erythematosus with a 1.16-fold risk in vaccinated individuals relative to controls. Comparable results were reported in the stratified analyses for age, sex,

mRNA vaccine type, and prior history of non-mRNA vaccination. However, a booster vaccination was associated with an increased risk of some AI-CTDs including alopecia areata, psoriasis, and rheumatoid arthritis. Overall, we conclude that mRNA-based vaccinations are not associated with an increased risk of most AI-CTDs, although further research is needed regarding its potential association with certain conditions.”

Because these diagnoses are based on laboratory tests, Jung and coworkers may have underestimated incidence since not all vaccinated patients get laboratory monitoring in follow-up. Jung concluded: “long-term monitoring is necessary after mRNA vaccination for the development of autoimmune connective tissue diseases.” These data suggest however, I could reduce the intensity of screening for auto-immunity and make it more clinically directed based upon symptoms. When auto-immunity is found, the most common drug I use in my practice is hydroxychloroquine. However, I have had advanced cases that have required methotrexate, prednisone, and even rituximab. Media star [Megyn Kelly](#) serves as an example of this very real vaccine hazard.

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Megyn Kelly: I Regret Getting The COVID Vaccine, I Have Tested Positive For An Autoimmune Issue



Posted By [Ian Schwartz](#)
On Date September 6, 2023



SiriusXM host Megyn Kelly talked about why she regrets getting the COVID vaccine after developing an autoimmune issue.

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Peter A. McCullough, MD, MPH

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