

# Exhibit 459

Report 53: 77% of Cardiovascular Adverse Events from Pfizer's mRNA COVID Shot Occurred in Women, as well as in People Under Age 65. Two Minors Suffered Cardiac Events.

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## Report 53: 77% of Cardiovascular Adverse Events from Pfizer's mRNA COVID Shot Occurred in Women, as Well as in People Under Age 65. Two Minors Suffered Cardiac Events.

January 19, 2023 • by Barbara Gehrett, MD; Joseph Gehrett, MD; Chris Flowers, MD; and Loree Britt

The War Room/DailyClout Pfizer Documents Analysis Project Post-Marketing Group (Team 1) produced a shocking review of the Cardiovascular System Organ Class (SOC) from data in Pfizer document

*5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-FEB-2021* ([https://www.phmpt.org/wp-content/uploads/2022/04/reissue\\_5.3.6-postmarketing-experience.pdf](https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf))

(a.k.a., "5.3.6"). 1,403 patients, or 3.3% of the total patient population, reported cardiovascular adverse events, which did not include myocarditis and pericarditis. These reports came from 38 countries.

Highlights from this report include:

- 50% of the cardiovascular adverse events were reported in the **first 24 hours** post-injection.

- There were **136 deaths, which equates to nearly 10% of affected patients.**
- Of the total of 1,403 patients, 946, or **66%, had severe adverse events.**
- **Pfizer excluded myocarditis and pericarditis from the Cardiovascular category** and instead reported those adverse events under the Immune-Mediated/Autoimmune category. While immune-mediated myocarditis and pericarditis can occur, it seems disingenuous that those adverse events were left out of the Cardiovascular category.
- **One child and one adolescent** suffered cardiovascular adverse events, but Pfizer did not provide any details of what happened to them. These children also were not included in Pfizer's Pediatric Report. Did they experience heart attacks? Does the Food and Drug Administration (FDA) know about these cases?
- A **much younger population**, ages 18-64 years, made up the bulk of adverse event cases in this category (77%). Cardiovascular disease is typically a hallmark of age. Why were there so many cardiovascular side effects in younger adults?
- Cardiovascular adverse events **occurred more than three times as often in women** – 1,076 (**77%**) were female, 291 (21%) were male, and 36 (2.5%) were unreported.

It is important to note that the adverse events in the 5.3.6 document were reported to Pfizer for *only a 90-day period* starting on December 1, 2020, the date of the United Kingdom's public rollout of Pfizer's COVID-19 experimental mRNA "vaccine" product.

Please read the concerning, two-page report by the Post-Marketing Group (Team 1) below.



War Room/DailyClout Pfizer Document Analysis

Post-Marketing Team Micro-Report 5:

Cardiovascular System Organ Class (SOC) Review of 5.3.6

**SOURCE:**  
<https://www.phmp.org/wp-content/uploads/2022/04/reissue-5.3.6-postmarketing-experience.pdf>

**5.3.6 AE REPORTING PERIOD:**  
 "Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021."

**ABBREVIATIONS:**  
 5.3.6 : Pfizer source document

SOC : System Organ Class

AE : Adverse Event

AESI : Adverse Event of Special Interest

EUA : Emergency Use Authorization by FDA

PM : Post-Marketing

BNT162b2 : Pfizer's mRNA COVID-19 vaccine

SEQUELAE: an abnormal condition resulting from a previous disease, injury, or other trauma

**AGE GROUPS defined in 5.3.6 (p. 25 footnote) :**  
 Adult 18 - 64  
 Elderly ≥ 65  
 Child 2 - 11  
 Adolescent 12 - < 18  
 Infant 1 – 23 months



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<p><b>Cardiovascular AESI:</b>                  Search criteria: <i>PT; Acute myocardial infarction; Arrhythmia; Cardiac failure; Cardiac failure acute; Cardiac shock; Coronary artery disease; Myocardial infarction; Postural orthostatic tachycardia syndrome; Stress cardiomyopathy; Tachycardia</i></p>	<ul style="list-style-type: none"> <li>Number of cases: 1403 (3.3% of the total PM dataset, of which 241 are medically confirmed and 1162 are non-medically confirmed)</li> <li>Country of incidence: UK (268), US (233), Mexico (196), Italy (141), France (128), Germany (102), Spain (69), Greece (64), Portugal (57), Sweden (57), Ireland (57), Poland (56), Israel (53), Austria, Romania and Finland (12 each), Netherlands (11), Belgium and Norway (10 each), Czech Republic (9), Hungary and Canada (8 each), Croatia and Denmark (7 each), Iceland (5); the remaining 30 cases were distributed among 13 other countries.</li> <li>Subject's gender: female (1076), male (321) and unknown (6)</li> <li>Subject's age group (n = 1346): Adult (1078), Elderly (268) Child and Adolescent (0)</li> <li>Number of relevant events: 1441, of which 946 serious, 495 non-serious; in the cases reporting relevant serious events:</li> <li>Reported relevant PTs: Tachycardia (1088), Arrhythmia (482), Myocardial infarction (89), Cardiac failure (89), Acute myocardial infarction (61), Cardiac failure acute (11), Cardiac shock and Postural orthostatic tachycardia syndrome (7 each) and Coronary artery disease (6).</li> <li>Relevant event onset latency (n = 1209): Range from &lt;24 hours to 21 days, median ~24 hours.</li> </ul>
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**Table 7. AESI Evaluation for BNT162b2**

AESI Category	Post-Marketing Cases Evaluation* Total Number of Cases (N=1403)
	<ul style="list-style-type: none"> <li>Relevant event outcome: fatal (136), resolved/resolving (767), resolved with sequelae (21), not resolved (140) and unknown (380).</li> </ul>

Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue.

[https://www.phmp.org/wp-content/uploads/2022/04/reissue\\_5.3.6-postmarketing-experience.pdf](https://www.phmp.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf)

The Cardiovascular AESI cases were a composite of searches made for heart failure, including shock (98 AEs), coronary artery disease including heart attacks (136 AEs) and disturbances of the heart rhythm under various specific diagnoses (1,200 AEs.) An additional syndrome of rapid heartbeat and low blood pressure when standing, termed postural orthostatic tachycardia syndrome (POTS), (7 AEs) was included in the search criteria.

The time from vaccination to the adverse event extended from one day to 21 days, though half were reported within the first 24 hours. Of the 1,441 diagnosed conditions, 946 (66%) were classified as serious.

There were 136 deaths (9.7%). The report lacks further definition of the characteristics of the patients who died within this narrow window of time after vaccination. 767 conditions (53%) were classified as resolved or resolving though there is no further information on the ultimate outcomes. 21 (1.5%) resolved with ongoing consequences, 140 (9.7%) were not resolved, and 380 (26%) had unknown outcome status.

- Adverse Events were reported to Pfizer during a 90-day period, following the December 1, 2020, public rollout of its COVID-19 experimental "vaccine" product.
- In the Pfizer 5.3.6 document, these AEs were categorized by System Organ Classes (SOC) – in other words, by systems in the body.
- Cardiovascular adverse events reports were received from 38 countries.
- In the cardiovascular category there were 1,403 patients, or 3.3% of the total patients reporting adverse events.

**Tachycardia** (rapid heartbeat) includes numerous specific fast heart rate syndromes that vary from normal (exercise-related) to deadly (ventricular tachycardia, fibrillation). **Arrhythmia** refers to any irregularity in the heartbeat. Again, this can range from a normal variation in the heart rate with breathing to a life-threatening problem. *It appears these arrhythmias are not related to myocarditis.*

A remarkable observation, from a medical point of view, is that a number of diagnoses in the original search criteria seem to have been excluded. Bradycardia (slow heartbeat), atrial fibrillation, atrial flutter, ventricular tachycardia, and ventricular fibrillation, among others, are not specifically listed. Specifics on which arrhythmias or tachycardias were serious or non-serious are not provided. **Yet Pfizer classifies 66% of the total AEs in this SOC as serious, which means many of the arrhythmias were serious.**

Is this general category of "arrhythmia" adequate in a search if only these limited conditions are specified? If these other diagnoses were not collected, the number of adverse events could be significantly higher.

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