What Is the Spectrum Of Vaccine-Induced Adverse Reproductive-Pregnancy Events?

R ronald_kostoff Follow
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Opinion Article

Background

On its Website, the CDC states: "COVID-19 vaccination is recommended for all people aged 6 months and older. This includes people who are pregnant, breastfeeding, trying to get pregnant now, or those who might become pregnant in the future.…..Evidence continues to build showing that: COVID-19 vaccination during pregnancy is safe and effective; COVID-19 vaccines are not associated with fertility problems in women or men"

One approach to ascertaining the veracity of these claims is to assess the Vaccine Adverse Events Reporting System (VAERS) for COVID-19 post-vaccine adverse reproductive-pregnancy events (ARPEs) (caveat: these injections prevent neither infection nor viral transmission, so they are not vaccines in the classical sense). To ascertain the frequency of COVID-19 post-vaccine ARPEs, we have examined the VAERS database for reports of ARPEs. Some ARPEs can have latency/incubation periods of years or more. For example, young children who are vaccinated with the COVID-19 shots may become sterile or infertile

decades into the future. We don't know this for certain, since long-term Clinical Trials of these shots were not performed, but the concentration of LNP in the testes and especially in the ovaries of the test animals in the Pfizer pharmacovigilance studies is a cause for concern! Thus, we have also addressed the issue of Early Warning Indicators that could identify COVID-19 post-vaccine ARPEs on or over the horizon. Finally, we have compared ARPEs reported following COVID-19 vaccines with those reported following influenza vaccines for similar numbers of vaccine doses delivered. In Appendix 1, we have also addressed the relevance of human clinical trials to the issues addressed in this Op-ed.

While imperfect (as are most publicly-available vaccine adverse events reporting systems), VAERS is a reasonable system for identifying safety signals related to vaccines. One major VAERS deficiency is that only a small fraction of vaccine-related adverse events is reported to VAERS. A study by Harvard Pilgrim Health Care, using electronic tracking, showed that "fewer than 1% of vaccine adverse events are reported". This is an average value over all adverse events; it may be worse for some ARPEs.

The Harvard Pilgrim Health Care study tracked reporting habits to VAERS for thirty days. Therefore, the 1% number should be termed a ***thirty-day reporting fraction***. For adverse events that tend to occur rapidly, like headache, fever, chills, rashes, anaphylactic shock, blood clots, etc., a 30-day study may offer a reasonable window. As stated above, some ARPEs, however, may take years or decades to emerge, and a 30-day window would be grossly inadequate for accurate reporting. The data on this issue is sparse. Very few studies track vaccine adverse events for years, much less decades. The Government, Industry, and Foundation promoters of these vaccines have little interest in sponsoring such long-term studies, and most of what we have in the literature are short-term vaccine adverse event studies.

The numbers shown in the present analysis should be viewed as a "floor" of what the real-world numbers are. To get a more complete picture of the total ARPEs of the COVID-19 vaccines, these numbers should be supplemented by ARPE Early Warning Indicators whose abnormal values could emerge shortly after the injection, and allow some prediction of what lies on or over the horizon.

Methodology

The VAERS database was initially accessed Dec. 20, 2022. The vaccines were limited to COVID-19 vaccines from all manufacturers, and the VAERS reports were for the USA. All adverse event types (termed **Symptoms** in VAERS) were retrieved. There were ~17,000 adverse event types retrieved, including ~5,000 with zero entries (the latter were not analyzed, although when scaling from VAERS entries to real-world numbers, they could possibly amount to tens of events for each symptom). A novel technique (See Appendix 2) was used to search the VAERS database, and retrieve ARPE-related adverse events.

On Feb 10, 2023, the VAERS database was accessed to get similar information for the influenza vaccines from all manufacturers, and the VAERS reports were for the USA. The time period for the latter was selected to cover similar numbers of doses for the flu vaccines and the COVID-19 vaccines.

Results

Before presenting the numbers, we need to define an ARPE event reported in VAERS. Is it 1) a biomarker associated with the eventual emergence of ARPEs, 2) a group of biomarkers reflecting pre-clinical ARPEs, 3) a common symptom of an ARPE), 4) a newly-diagnosed

ARPE, 5) an ARPE that has been exacerbated or 6) an ARPE-induced death? While all six are valid candidates, the present study concentrates on items 4) and 5).

This restriction to items 4) and 5) substantially under-reports the COVID-19 vaccine adverse events that may eventually result in ARPEs, because it excludes abnormalities in ARPE risk and biomarkers and common symptoms. These abnormalities in the appropriate ARPE risk biomarkers and common symptoms would provide an Early Warning Indicator for potential ARPEs to emerge in the near or far future. A few potential Early Warning Indicators for ARPEs are shown in the following: INSL3, INSL4, INSL5, INSL6, Anandamide, TMEM225, ADCY10, WBSCR28, GSG1, FSCN3, GTSF1L, SPATA3, SPACA4, FAM71F1, UBQLN3, GGN, AKAP4, TEX101, ECM1, cathepsin D, K activity, total sialic acid, DNA degradation index, seminal plasma, progesterone, inhibin, renin, relaxin, VEGF, creatine kinase, SP1, hPL, hCG, PAPP-A, α-FP, PP-14, LIF-14, follistatin, CA-125, IL-8, IL-6, VTG, complement C3, pS2, mucin 1, CaBP-9k, PR.

Most of the ARPE risk/diagnostic biomarkers listed above did not appear in the VAERS output for Symptoms, even for the events that have zero entries. Assessment of abnormalities in these risk biomarkers would provide a more accurate picture of what can be expected in the mid and long-term from the injections given already.

The results for items 4) and 5) follow. There were 247 different pregnancy ARPEs reported in VAERS for the COVID-19 vaccines, with 10402 total number of events, and 468 different reproductive ARPEs reported, with 38206 total number of events. These events and their frequencies are presented in Appendix 3, Table 3.

Converting these VAERS entries to real-world numbers of COVID-19 vaccine-induced ARPEs requires three major assumptions, and some minor ones. The major assumptions are:

1) the ARPEs reported in VAERS following the administration of COVID-19 vaccines are caused in part or in whole by the COVID-19 vaccines;

2) the under-reporting factor (URF) to be used for ARPE scale-up to real-world numbers can be approximated for very conservative estimation purposes by the Harvard Pilgrim Healthcare thirty-day URFs; and

3) the fraction of the VAERS ARPE entries to which the URF should be applied can be approximated by autopsy results for fraction of post-COVID-19 vaccine deaths that can be attributed to the COVID-19 vaccine.

Assumption 1)

Assumption 1) is based on three sources of evidence: i) the biological mechanisms responsible for reproductive-pregnancy damage; ii) the autopsy results confirming the operability of the biological mechanisms; and iii) a comparison with similar influenza vaccination data to estimate the reproductive-pregnancy damage expected (based on extrapolations of pre-pandemic adverse reproductive-pregnancy events).

i). Biological Mechanisms

The COVID-19 mRNA vaccines are injected in the deltoid muscle, and a fraction enters the bloodstream directly or indirectly (Link#1; Link#2). The mRNA that enters the bloodstream can survive because of protection by the LNP encapsulation. As the Pfizer pharmacovigilance studies showed, the LNP package concentrates in numerous organs.

The damage to the blood vessels (and then to the tissues and organs) has been described most eloquently in a video by Dr. Sucharit Bhakdi, a world-renowned microbiologist:

"The vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen on its surface will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ, but the damage will be most severe in vital organs."

Given this mode of action, the question we should be asking is not why we are experiencing such large numbers of ARPEs, but rather why wouldn't we expect a massive number of ARPEs resulting from these COVID-19 injections?

Biological Mechanisms – Link to Autoimmunity

We describe autoimmunity from the COVID-19 "vaccine" process, and then show a link to reproductive and pregnancy disorders. What are some of the mechanisms shown to contribute to COVID-19 vaccine-induced autoimmunity? "Multiple underlying mechanisms have been proposed for vaccine-induced autoimmunity, but the main mechanisms that have garnered validation include ***molecular mimicry; upregulation of immunological pathways, leading to vigorous production of pro-inflammatory cytokines; generation of autoantibodies; and the role of adjuvants in triggering immune response***". Also see (Link#1; Link#2; Link#3)

Further, consider the following definition of autoimmunity/autoimmune disease.

"Some lymphocytes are capable of reacting against the self, resulting in an autoimmune reaction. Ordinarily these lymphocytes are suppressed. Autoimmunity occurs naturally in everyone to some degree; and in most people, it does not result in diseases. **Autoimmune diseases occur when…..there is an alteration in some body tissue so that it is no longer recognized as "self" and is thus attacked."**

There is an overlap between this part of the definition of autoimmune disease and Dr. Bhakdi's statement: **"**Any cell which expresses this foreign antigen on its surface will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes**".** The spike protein is the "foreign antigen on its surface" that alters the body tissue so that it is no longer recognized as "self". That means ***one aspect of the fundamental mode of operation of the COVID-19 vaccine could be perceived as contributing to the production of autoimmune disease***.

If the spike protein has been expressed on the organs and other tissues in the reproductive system, then adverse vaccine events will be generated in the reproductive system. Many of the resulting diseases/disorders will have an autoimmune component because of the fundamental mode of operation of the spike protein. Based on this biological mechanism, one might expect that the mass COVID-19 vaccination that has occurred might have added impact on onset and exacerbation of autoimmune diseases, including the autoimmune component of those reproductive disorders that have such a component. A recent study showed that this is indeed true. Again, because of the incubation time of many autoimmune diseases, years may be required to ascertain the full impact of the COVID-19 "vaccines" on the emergence of autoimmune (and reproductive) diseases: "Incubation time for different autoimmune diseases varies," Shoenfeld said. "There are studies that show that the incubation time for lupus, for instance, might be more than 10 years. With a disease called ascending cholangitis, the incubation time can be up to 25 years."

Because of the censorship that exists in the biomedical peer-reviewed literature today, many other ARPEs have not been addressed, especially those that are serious and not rare. However, as Appendix 3 shows, the different types of ARPEs are significant, as one would expect from

the operational mechanisms of the injectant. The alternative biomedical literature is a much more credible source of real-world information on the causes and extent of ARPEs.

ii). Autopsy Results

Autopsies have been the most credible source of information about the extent of the COVID-19 vaccine-induced damage, although they have been discouraged by governments around the world. Some that have been made available show the extent of the damage in detail, and confirm the theory of damage expressed by Dr. Bhakdi and many others. Different organs may receive the bulk of the damage in different individuals. Typically, the autopsies show the spike protein infiltration into an organ (or tissue), the rupture of the endothelium, and the infiltration of the lymphocytes (which attack the cells that express the spike protein on the surface and thereby damage the organ (or tissue)). This infiltration of spike protein appears to be a classic convection-diffusion process, with convection mainly through the bloodstream and diffusion through the tissues/organs. As long as the body continues to function like a spike protein "factory" (which appears to be one consequence of the injection), the infiltration of spike protein and associated damage will continue. With the addition of periodic boosters, the spike protein "factory" is replenished, and the damage will continue to spread. It is difficult for me to see how anyone who has been injected with a ***functional*** mRNA vaccine can avoid this damage, and the associated adverse effects on lifespan.

iii). Comparison with Similar Influenza Vaccination Data

The VAERS entries for ARPEs can be viewed as consisting of two parts: the numbers expected for any ARPE based on extrapolation of historical pre-pandemic trends, and the numbers for the ARPE due to the COVID-19 vaccines. Since the numbers *expected* would be about the same for influenza and COVID-19, these background numbers can be bounded based on the influenza data. We did a simple comparison of some of the highest frequency ARPEs reported here with their counterparts for the influenza vaccines reported in VAERS. We selected influenza, since it is a respiratory viral disease and has several features in common with COVID-19.

There have been about 670 million doses of COVID-19 vaccines administered in the USA since late December 2020, and about 717 million doses of influenza vaccines administered in the USA since the beginning of 2019. Thus, the number of doses is relatively similar for the influenza vaccines and the COVID-19 vaccines over the time periods selected. Table 1 compares VAERS entries for selected pregnancy and reproductive ARPEs (those with high entry numbers for COVID-19 vaccines) between influenza vaccines and COVID-19 vaccines.

TABLE 1 – VAERS ARPE ENTRIES FOR COVID-19 VACCINES AND FLU VACCINES

TABLE 1A – VAERS PREGNANCY ARPE ENTRIES FOR COVID-19 VACCINES AND FLU VACCINES

ARPE TYPE	COVID VAXX	FLU VAXX	COV/FLU VAXX RATIO
ABORTION SPONTANEOUS	1280	18	71.1
MATERNAL EXPOSURE DURING PREGNANCY	1221	5	244.2

DELIVERY	347	36	9.64
PREGNANCY	284	5	56.8
EXPOSURE VIA BREAST MILK	240	3	80
FOETAL DEATH	145	6	24.2
FAILURE TO THRIVE	122	0	INF

TABLE 1B – VAERS REPRODUCTIVE ARPE ENTRIES FOR COVID-19 VACCINES AND FLU VACCINES

ARPE TYPE	COVID VAXX	FLU VAXX	COV/FLU VAXX RATIO
HEAVY MENSTRUAL BLEEDING	5127	14	366.2
MENSTRUATION IRREGULAR	3911	9	434.6
BREAST PAIN	2202	38	58.1
BREAST MASS	539	0	INF
TESTICULAR PAIN	266	2	133.
ERECTILE DYSFUNCTION	196	1	196
BREAST CANCER FEMALE	143	0	INF

Thus, for similar dose numbers, and an even longer average tracking times for the flu vaccines, the VAERS ARPEs entries for the flu vaccines are one to more than two ***orders of magnitude less*** than for the COVID-19 vaccines. While the number of ARPEs induced by the vaccines could be vastly different for the two cases, one would expect the background levels of ARPEs (the numbers of ARPEs expected based on extrapolation of historical trends) to be roughly similar. If anything, they would be larger for the flu vaccines because of the increased time period over which they were administered relative to the COVID-19 vaccine administration period.

The small number of ARPEs reported for the flu vaccines would suggest 1) most of the COVID-19 ARPE entries were vaccine-induced, and 2) the ARPE onsets following injection were accelerated sufficiently by the COVID-19 injections that the ARPEs could be linked to the shots and would motivate reporting to VAERS by the healthcare provider! Conversely, in the case of the flu vaccines, almost all ARPEs that occurred post-vaccine may have been sufficiently far removed in time from the injection that the healthcare provider was not motivated to report them to VAERS.

Additionally, I have seen many videos of testimonies by healthcare providers that they were heavily discouraged from reporting post-COVID-19 vaccine adverse events to VAERS, while I have never seen or read of similar discouragement for flu vaccine reporting. This deliberate suppression of reporting post-COVID-19 vaccine adverse events to VAERS lends further argument for increasing the URFs of COVID-19 vaccine adverse events.

Assumption 2)

Assumption 2) is based on the Harvard Pilgrim Health Care thirty-day window URF study for all post-vaccine adverse effects, and is probably a very conservative number for ARPE URFs because of the long latency/incubation periods associated with some ARPEs. Ideally, we would have a ten or twenty-year window for estimating ARPE URFs, not a thirty-day window!

Assumption 3)

Assumption 3) is based on the observation that autopsy results for COVID-19 vaccine-induced deaths showed about 1/3 of all the VAERS entries for deaths could be attributed to the vaccine. Whether this fraction is applicable to vaccine-induced ARPEs is unknown.

Applying the URF of ~100 from the Harvard Pilgrim Health Care study, and the 1/3 fraction from the autopsy results to the post-COVID-19 vaccine VAERS ARPE-related numbers yields a total of ~346,000 pregnancy ARPEs and ~1,272,000 reproductive ARPEs post-COVID-19 vaccination (so far). Given that decades will pass before we know for certain whether toddlers vaccinated today will have reproductive problems, the numbers of ARPEs by that time could be staggering! ***The accuracy of this estimate is completely unknown, and a separate study would be required to generate more accurate numbers***. It should be re-emphasized that the pre-clinical factors (Early Warning Indicators) and general Symptoms applicable to multiple diseases were not included. In addition, a URF based on a thirty-day window would be very low for many new ARPEs, and even for exacerbating existing ARPEs. Multi-year window studies would be far more appropriate and accurate for assessing potential incidence of COVID-19 vaccine-induced ARPEs!

The ARPEs identified from VAERS, and their frequencies of occurrence, are listed in Appendix 3. Placing these results in context is a separate study.

Conclusion

About 10400 pregnancy ARPEs and ~38200 reproductive ARPEs were reported in VAERS following COVID-19 vaccinations. This may be a gross under-estimation of actual ARPE-related damage since 1) biomarkers that could reflect pre-clinical ARPEs and 2) general symptoms that applied to myriad diseases were not assessed. Most importantly, the reproductive damage experienced by toddlers vaccinated today may not be known for decades! The main emphases of the ARPEs were menstruation abnormalities and pregnancy/delivery and fetal death problems.

In the text, an example of possible real-world scale-up ARPE numbers was provided; based on the assumptions used, a result of ~346,000 pregnancy ARPEs and ~1,272,000 reproductive ARPEs was obtained. It should be emphasized that scale-up from VAERS entry numbers to real-world numbers is unknown with any degree of accuracy at this point, but has the potential to result in large numbers of COVID-19 vaccine-induced ARPEs (and subsequent reduced lifespans) over time.

Those ARPE types that had the highest VAERS entry numbers were one-to-more than two-orders of magnitude higher than their flu vaccine counterparts.

Tracking of ARPEs cases over the next few years would help indicate any significant increases caused by the administration of the COVID-19 vaccines. Finally, the paucity or absence of human clinical trials before approval of the COVID-19 vaccines is completely incompatible with the potential for emergence of ARPEs following COVID-19 vaccination, as indicated by the results in the present Op-ed. Adequate pre-distribution testing for the COVID-19 vaccines may have been precluded by the legalistic framework established for Public Health Emergencies over the past five decades, as discussed in Appendix 1.

APPENDIX 1 – Relevance to Clinical Trials

Length of Clinical Trials

Some ARPEs have latency/incumbency periods measured in multi-years or decades. Therefore, clinical trials of a substance for which ARPE effects are desired would require years of testing in humans, if not decades, to gather credible safety data. Historically, vaccines required a 12-15 year period of development, with much of the time devoted to clinical trials of humans. Figure 1 in this link shows the milestones of the myriad clinical trial phases. Even under those multi-year clinical trial conditions, some serious potential conditions (e.g., carcinogenicity, mutagenicity, aspects of reproductive damage, etc.) were excluded from the testing/reporting (as every vaccine insert I have read has emphasized). The COVID-19 vaccines received Emergency Use Authorization after a few months of clinical trials (which could not begin to address even mid-term ARPEs, much less long-term), and the approved bivalent boosters were tested on a limited number of mice, with ***no human trials conducted***. From the results presented in the present Op-ed, it appears that ARPEs are appearing post-COVID-19 vaccination in substantial numbers. Under these conditions, it is extremely irresponsible to dispense these vaccines to the public with minimal or no human clinical trials. The ARPEs numbers presented here, which may represent only the tip of a massive iceberg, are the "canary in the coal mine" of what to expect in the future. The policy of very short-term human clinical trials of mRNA (and other) vaccines needs to be re-thought, and especially for the COVID-19 vaccines, whose ARPE consequences seem to swamp those of the non-COVID vaccines (as exemplified by the comparison to the flu vaccines).

Legality of Clinical Trials

In 2020, I published several journal articles and monographs on myriad aspects of COVID-19. Three of the papers, and one of the monographs, addressed the vaccines that were under

development for COVID-19 applications. The last of the 2020 papers (referenced in the previous section) addressed numerous characteristics of prior vaccines. It showed average development times to distribution of 12-15 years, and identified many issues of concern about potential adverse effects of vaccines that should be considered when designing any vaccine clinical trials. It became obvious to me that all the good practices employed in the development of past pharmaceuticals and vaccines went out the window in the development and testing of the COVID-19 vaccines. I could not understand why this was happening.

Katherine Watt, a paralegal, had similar concerns. A few years ago, she began to investigate the legal underpinnings of Operation Warp Speed, and about a year ago accelerated her efforts. What she found was extremely disturbing! Essentially, the HHS Secretary was given (by law) the sole authority to declare a Public Health Emergency (PHE). Once declared, execution of measures to counter the PHE became the province of the DoD, and many of the rules required for testing, safety, efficacy, damage liability, etc. of pharmaceuticals and other similar health measures were bypassed! Based on Katherine's work, it appears that clinical trials, good manufacturing practices, etc., are no longer required under the PHE, and these "countermeasures" can be distributed and administered without any of the traditional safeguards. All those involved in the distribution and administration of these countermeasures under the PHE are freed from liability for damages, and the victims appear to have no recourse in the courts.

Sasha Latypova, who spent a career in myriad aspects of pharmaceutical trials, testing, and manufacturing practices, added her insights to those of Katherine Watt. As stated in one of Latypova's substack articles:

"All Covid countermeasures, including the biological warfare agents marketed as "Covid-19 vaccines", were ordered by the US DoD as a "large scale manufacturing demonstration" via Other Transactions Authority contracts.

Hundreds of Covid countermeasures contracts became available via FOIA and SEC disclosures in redacted form. Review of these contracts indicates a high degree of control by the US Government (DoD/BARDA) and specifies the scope of deliverables as "demonstrations" and "prototypes" only. In other words, the US Government and DOD specifically ordered a fake theatrical performance from the pharmaceutical manufacturers. Just to make extra certain that pharma are free to conduct the fakery, the contracts include the removal of all liability for the manufacturers and any contractors along the supply and distribution chain under the 2005 PREP Act and related federal legislation.

The contracts are structured under Other Transactions Authority (OTA) - OTA method of contracting allows federal agencies to order otherwise-regulated products bypassing any such regulations, as well as financial accountability mechanisms that cover standard government contracting, and other laws that regulate disclosure and Intellectual Property (IP) derived from publicly funded research.

"Other" is a catchall category that is not a contract, not a research grant, not a procurement, etc.: not any normally regulated/accountable government contracting…. While the DOD/BARDA countermeasure contracts refer to safety and efficacy requirements for vaccines and mention current Good Manufacturing Practices (cGMP) compliance, these items are explicitly carved out as not being paid for nor ordered by the US Government."

Because of the potential consequences of these findings (if correct), a legal team should be assembled to review these findings, and report on their accuracy and implications. In the interim, I strongly recommend reading some of the top articles on these two substacks. They contain a wealth of valuable detail and show the specific statutes and laws that were generated

to allow all the safeguards to be violated in the ongoing "pandemic". They go a long way to explain the shoddiness and brevity of the "Clinical Trials" for COVID-19 vaccines, the FDA's compliance with the vaccine implementation proposals of Pfizer and Moderna, the voting by CDC and FDA advisory board members to implement these vaccines for all age groups without either demonstrated need or adequate testing, and the strong variation in quality of the different vaccine lots (Link#1; Link#2). ***Again, these conclusions assume that Watt's and Latypova's findings can be verified/confirmed by an independent legal team.***

What these two women have shown is that ordinary people are capably of extraordinary achievements. They are not faculty members of toney Ivy League institutions with M.D. and Ph.D after their names, drowning in Corporate, Foundation, and NIH funds to promote these toxic substances. They are honest, hard-working Americans who saw misdeeds and were willing to make substantial sacrifices to see that these misdeeds are communicated to the public, and hopefully corrected.

I don't agree with either Watt or Latypova about who is behind this mass distribution of untested toxic substances to the American public, or why. I agree more (although not completely) with the views of Dr. David Martin starts at 05:30 in the video, who has been studying the patents related to the SARS coronaviruses for decades. One point where we all agree is that the Clinical Trials for COVID-19 vaccines were pure theater.

APPENDIX 2 – Query Used to Search for Autoimmune Diseases In VAERS

MedDRA is a database of standardized biomedical terms. The full MedDRA database contains ~85,000 terms. A subset of the MedDRA database containing only the ~17,000 terms that are used for the VAERS output has been downloaded by Medalerts. It has been divided into 27 top-level categories by teams of experts. Each category can be subdivided into five levels, where the detail increases going toward the lowest levels.

A dot product approach was used to search VAERS for ARPEs, using the MedDRA VAERS taxonomies for "Pregnancy, puerperium and perinatal conditions" and "Reproductive system and breast disorders". These two categories were opened, and the first four levels were displayed in full (it turns out the lowest two levels (PT and LLT) were identical for all cases sampled). While only the lowest level terms are used for VAERS, all the terms displayed in each of the two categories were intersected with all the terms in the VAERS database. Those intersected terms are the ARPEs.

As a side note, this approach allows complex targeted queries to be generated by combining topics from the different categories from different levels.

APPENDIX 3 – ARPEs LISTED IN VAERS

TABLE 3 – ADVERSE REPRODUCTIVE-PREGNANCY EVENTS AND NUMBERS OF ENTRIES FOR EACH

TABLE 3A – ADVERSE PREGNANCY DISORDER EVENTS AND NUMBERS OF ENTRIES FOR EACH

EVENT	FREQUENCY
EXPOSURE DURING PREGNANCY	3805

ABORTION SPONTANEOUS	1280
MATERNAL EXPOSURE DURING PREGNANCY	1221
DELIVERY	347
MATERNAL EXPOSURE DURING BREAST FEEDING	323
MATERNAL EXPOSURE BEFORE PREGNANCY	299
PREGNANCY	284
EXPOSURE VIA BREAST MILK	240
FOETAL DEATH	145
FAILURE TO THRIVE	122
PREMATURE LABOUR	108
PREMATURE DELIVERY	106
UTERINE CONTRACTIONS DURING PREGNANCY	97
PRE-ECLAMPSIA	84
INDUCED LABOUR	81
FOETAL EXPOSURE DURING PREGNANCY	74
STILLBIRTH	65

FOETAL GROWTH RESTRICTION	62
NORMAL LABOUR	61
HAEMORRHAGE IN PREGNANCY	59
FOETAL HYPOKINESIA	53
PREMATURE RUPTURE OF MEMBRANES	53
LACTATION DISORDER	50
PREMATURE BABY	43
PREMATURE SEPARATION OF PLACENTA	41
ANTIPHOSPHOLIPID SYNDROME	40
GESTATIONAL DIABETES	40
MATERNAL EXPOSURE TIMING UNSPECIFIED	39
GESTATIONAL HYPERTENSION	36
COMPLICATION OF PREGNANCY	34
ABORTION MISSED	32
FOETAL DISORDER	31
LIVE BIRTH	31
ECTOPIC PREGNANCY	28

POSTPARTUM HAEMORRHAGE	28
ANEMBRYONIC GESTATION	25
CEREBRAL PALSY	24
MORNING SICKNESS	24
FIRST TRIMESTER PREGNANCY	23
PLACENTAL DISORDER	22
AMNIORRHOEA	21
BREAST ENGORGEMENT	21
BREECH PRESENTATION	20
GALACTOSTASIS	20
PROLONGED LABOUR	18
ABORTION THREATENED	17
PRETERM PREMATURE RUPTURE OF MEMBRANES	17
SUBCHORIONIC HAEMORRHAGE	17
BRIEF RESOLVED UNEXPLAINED EVENT	15
POSTPARTUM STATE	15
POLYHYDRAMNIOS	14

TWIN PREGNANCY	14
HIGH RISK PREGNANCY	13
UTERINE CONTRACTIONS ABNORMAL	13
BREAST ABSCESS	12
CERVICAL DILATATION	12
SUBCHORIONIC HAEMATOMA	12
TACHYCARDIA FOETAL	12
NEONATAL DYSPNOEA	11
PLACENTA PRAEVIA	11
SECOND TRIMESTER PREGNANCY	11
FOETAL CARDIAC DISORDER	10
PELVIC GIRDLE PAIN	10
POOR FEEDING INFANT	10
SPONTANEOUS RUPTURE OF MEMBRANES	10
ABNORMAL CORD INSERTION	9
BREAST MILK DISCOLOURATION	9
FOETAL GROWTH ABNORMALITY	9

HELLP SYNDROME	9
HYDROPS FOETALIS	9
INFANT IRRITABILITY	9
OLIGOHYDRAMNIOS	9
REVERSIBLE CEREBRAL VASOCONSTRICTION SYNDROME	9
THIRD TRIMESTER PREGNANCY	9
ABORTION	8
BRADYCARDIA FOETAL	8
CHLOASMA	8
CHOLESTASIS OF PREGNANCY	8
FOETAL CHROMOSOME ABNORMALITY	8
VERTICAL INFECTION TRANSMISSION	8
FEEDING INTOLERANCE	7
PERINEAL INJURY	7
UMBILICAL CORD ABNORMALITY	7
BIOCHEMICAL PREGNANCY	6
ECLAMPSIA	6

FOETAL HEART RATE DECELERATION ABNORMALITY	6
HYPEREMESIS GRAVIDARUM	6
JAUNDICE NEONATAL	6
LABOUR PAIN	6
LOW BIRTH WEIGHT BABY	6
PULMONARY AIR LEAKAGE	6
RETAINED PLACENTA OR MEMBRANES	6
UTERINE HYPERTONUS	6
BENIGN HYDATIDIFORM MOLE	5
FOETAL DISTRESS SYNDROME	5
FOETAL VASCULAR MALPERFUSION	5
AMNIOTIC CAVITY INFECTION	4
DECREASED EMBRYO VIABILITY	4
FOETAL RENAL IMPAIRMENT	4
HABITUAL ABORTION	4
LABOUR COMPLICATION	4
LARGE FOR DATES BABY	4

MULTIPLE PREGNANCY	4
PLACENTA PRAEVIA HAEMORRHAGE	4
POSTPARTUM DISORDER	4
RETAINED PRODUCTS OF CONCEPTION	4
SINGLE UMBILICAL ARTERY	4
TERM BIRTH	4
CENTRAL NERVOUS SYSTEM LYMPHOMA	3
DECIDUAL CAST	3
FAILED INDUCTION OF LABOUR	3
FEVER NEONATAL	3
FOETAL ARRHYTHMIA	3
FOETAL CARDIAC ARREST	3
GROUP B STREPTOCOCCUS NEONATAL SEPSIS	3
HERPES GESTATIONIS	3
INFANTILE VOMITING	3
INTRAPARTUM HAEMORRHAGE	3

LACTATION PUERPERAL INCREASED	3
MECONIUM IN AMNIOTIC FLUID	3
NEONATAL DISORDER	3
OMPHALITIS	3
PERIPARTUM CARDIOMYOPATHY	3
PLACENTAL INFARCTION	3
PLACENTAL INSUFFICIENCY	3
PREGNANCY WITH ADVANCED MATERNAL AGE	3
PREMATURE BABY DEATH	3
TERM BABY	3
UMBILICAL CORD PROLAPSE	3
ABORTION SPONTANEOUS INCOMPLETE	2
ANAEMIA OF PREGNANCY	2
ARRESTED LABOUR	2
CEREBRAL HAEMORRHAGE FOETAL	2
CERVICAL INCOMPETENCE	2

CHRONIC VILLITIS OF UNKNOWN ETIOLOGY	2
COMPLICATION OF DELIVERY	2
FALSE LABOUR	2
FOETAL CEREBROVASCULAR DISORDER	2
FOETAL MACROSOMIA	2
FOETAL MALFORMATION	2
INFANTILE SPITTING UP	2
NEONATAL RESPIRATORY DISTRESS SYNDROME	2
PATERNAL EXPOSURE BEFORE PREGNANCY	2
PERINATAL DEPRESSION	2
PERIVENTRICULAR LEUKOMALACIA	2
PLACENTA ACCRETA	2
PRECIPITATE LABOUR	2
PREGNANCY OF UNKNOWN LOCATION	2
PROLONGED PREGNANCY	2

RESPIRATORY DISORDER NEONATAL	2
RETRACTED NIPPLE	2
SILENT THYROIDITIS	2
SMALL SIZE PLACENTA	2
SOMATIC SYMPTOM DISORDER OF PREGNANCY	2
SUPERIMPOSED PRE-ECLAMPSIA	2
UMBILICAL CORD AROUND NECK	2
UMBILICAL CORD THROMBOSIS	2
UNINTENDED PREGNANCY	2
UTERINE ATONY	2
UTERINE IRRITABILITY	2
UTERINE RUPTURE	2
ABNORMAL LABOUR	1
ABORTION COMPLETE	1
ABORTION INCOMPLETE	1
ABORTION OF ECTOPIC PREGNANCY	1

ABORTION SPONTANEOUS COMPLETE	1
ACUTE FATTY LIVER OF PREGNANCY	1
AFTERBIRTH PAIN	1
AMNIORRHEXIS	1
AMNIOTIC BAND SYNDROME	1
ANAPHYLACTOID SYNDROME OF PREGNANCY	1
ARRHYTHMIA NEONATAL	1
BIRTH TRAUMA	1
BREECH DELIVERY	1
CARDIAC ARREST NEONATAL	1
CONJOINED TWINS	1
DEATH NEONATAL	1
DELAYED DELIVERY	1
DIASTASIS RECTI ABDOMINIS	1
DRUG EXPOSURE BEFORE PREGNANCY	1
DRY LUNG SYNDROME	1

DUCTUS ARTERIOSUS PREMATURE CLOSURE	1
ECTOPIC PREGNANCY WITH CONTRACEPTIVE DEVICE	1
EXPOSURE VIA FATHER	1
FIXED BOWEL LOOP	1
FOETAL ANAEMIA	1
FOETAL HEART RATE ACCELERATION ABNORMALITY	1
FOETAL MOVEMENT DISORDER	1
FOETAL-MATERNAL HAEMORRHAGE	1
GLUCOSE TOLERANCE IMPAIRED IN PREGNANCY	1
HYPERBILIRUBINAEMIA NEONATAL	1
HYPERGLYCINAEMIA	1
INDUCED ABORTION FAILED	1
INFANTILE APNOEA	1
LYMPHOCYTIC HYPOPHYSITIS	1
MASTITIS POSTPARTUM	1
MATERNAL EXPOSURE DURING	1

DELIVERY	
MECONIUM ASPIRATION SYNDROME	1
MECONIUM STAIN	1
NEONATAL ASPHYXIA	1
NEONATAL ASPIRATION	1
NEONATAL CANDIDA INFECTION	1
NEONATAL HYPOXIA	1
NEONATAL RESPIRATORY DISTRESS	1
NEONATAL SEIZURE	1
NEONATAL TACHYCARDIA	1
NEUTROPENIA NEONATAL	1
NONREASSURING FOETAL HEART RATE PATTERN	1
NORMAL FOETUS	1
PATERNAL EXPOSURE DURING PREGNANCY	1
PERINEAL ABSCESS	1
PERINEAL HAEMATOMA	1
PLACENTAL CALCIFICATION	1

PLACENTAL CYST	1
PLACENTAL TRANSFUSION SYNDROME	1
POLYMORPHIC ERUPTION OF PREGNANCY	1
POOR MILK EJECTION REFLEX	1
POOR SUCKING REFLEX	1
POST ABORTION HAEMORRHAGE	1
POSTHAEMORRHAGIC HYDROCEPHALUS	1
POSTPARTUM ANXIETY	1
POSTPARTUM THROMBOSIS	1
POSTPARTUM VENOUS THROMBOSIS	1
PREGNANCY ON CONTRACEPTIVE	1
PREGNANCY WITH CONTRACEPTIVE DEVICE	1
RASH NEONATAL	1
RETROPLACENTAL HAEMATOMA	1
RISK OF FUTURE PREGNANCY MISCARRIAGE	1
RUPTURED ECTOPIC PREGNANCY	1

SHORT INTERPREGNANCY INTERVAL	1
SHOULDER DYSTOCIA	1
SOMNOLENCE NEONATAL	1
SUBGALEAL HAEMATOMA	1
SUBGALEAL HAEMORRHAGE	1
SUCK-SWALLOW BREATHING COORDINATION DISTURBANCE	1
SYMPHYSIOLYSIS	1
THIRD STAGE POSTPARTUM HAEMORRHAGE	1
THREATENED LABOUR	1
TRANSIENT TACHYPNOEA OF THE NEWBORN	1
TRAUMATIC DELIVERY	1
UMBILICAL CORD SHORT	1
UMBILICAL DISCHARGE	1
UMBILICAL GRANULOMA	1
URINARY TRACT INFECTION NEONATAL	1
UTERINE INVERSION	1

UTERINE MALPOSITION	1
VANISHING TWIN SYNDROME	1

TABLE 3B – ADVERSE REPRODUCTIVE DISORDER EVENTS AND NUMBERS OF ENTRIES FOR EACH

EVENT	FREQUENCY
HEAVY MENSTRUAL BLEEDING	5127
HOT FLUSH	4104
MENSTRUATION IRREGULAR	3911
MENSTRUAL DISORDER	2967
BREAST PAIN	2202
DYSMENORRHOEA	2166
VAGINAL HAEMORRHAGE	1777
INTERMENSTRUAL BLEEDING	1511
MENSTRUATION DELAYED	1262
AMENORRHOEA	863
BREAST SWELLING	861

POLYMENORRHOEA	777
OLIGOMENORRHOEA	686
POSTMENOPAUSAL HAEMORRHAGE	643
BREAST TENDERNESS	608
HAEMATURIA	561
BREAST MASS	539
PELVIC PAIN	508
TESTICULAR PAIN	266
HYPOMENORRHOEA	202
ERECTILE DYSFUNCTION	196
PREMENSTRUAL SYNDROME	173
VAGINAL DISCHARGE	172
OVARIAN CYST	170
ADNEXA UTERI PAIN	157
VULVOVAGINAL PAIN	153
NIPPLE PAIN	144
BREAST CANCER FEMALE	143
GENITAL HERPES	139

UTERINE LEIOMYOMA	138
UTERINE SPASM	136
BREAST DISCOMFORT	135
TESTICULAR SWELLING	128
MASTITIS	123
UTERINE HAEMORRHAGE	92
BREAST CYST	90
ABNORMAL UTERINE BLEEDING	89
BREAST CANCER	87
BREAST ENLARGEMENT	86
GENITAL RASH	78
BREAST DISCHARGE	74
VAGINAL ULCERATION	72
VULVOVAGINAL PRURITUS	70
UTERINE PAIN	67
VULVAL ULCERATION	67
BENIGN PROSTATIC HYPERPLASIA	64
BREAST INFLAMMATION	61

VULVOVAGINAL DISCOMFORT	61
GENITAL ULCERATION	59
GENITAL PAIN	55
PROSTATOMEGALY	54
LIBIDO DECREASED	53
MENOPAUSAL SYMPTOMS	52
PROSTATE CANCER	52
VULVOVAGINAL SWELLING	52
LACTATION DISORDER	50
VAGINAL INFECTION	48
PRURITUS GENITAL	47
ENDOMETRIAL THICKENING	46
ENDOMETRIOSIS	46
MENOMETRORRHAGIA	46
PREMENSTRUAL PAIN	44
VULVOVAGINAL BURNING SENSATION	43
VULVOVAGINAL MYCOTIC INFECTION	43

EPIDIDYMITIS	39
LICHEN SCLEROSUS	39
INTRA-ABDOMINAL FLUID COLLECTION	36
SCROTAL SWELLING	36
GENITAL SWELLING	34
MENSTRUAL DISCOMFORT	34
OVARIAN CYST RUPTURED	34
BACTERIAL VAGINOSIS	33
PROSTATITIS	33
BREAST INDURATION	32
OVULATION DISORDER	31
UTERINE POLYP	30
VULVAL DISORDER	29
NIPPLE SWELLING	28
OVULATION PAIN	27
GYNAECOMASTIA	26
INVASIVE DUCTAL BREAST CARCINOMA	26

SEXUAL DYSFUNCTION	26
BREAST DISORDER FEMALE	25
PENIS DISORDER	25
POLYCYSTIC OVARIES	25
ANOVULATORY CYCLE	24
INFERTILITY FEMALE	24
BEHCET'S SYNDROME	23
SCROTAL PAIN	23
VULVOVAGINAL DRYNESS	23
BREAST CANCER METASTATIC	22
GENITAL DISCOMFORT	22
INTRADUCTAL PROLIFERATIVE BREAST LESION	22
TESTICULAR DISORDER	22
BREAST ENGORGEMENT	21
ENDOMETRIAL HYPERPLASIA	21
GENITAL LESION	21
NIPPLE DISORDER	21
PELVIC DISCOMFORT	21

PREMATURE MENOPAUSE	21
VULVOVAGINAL RASH	21
GALACTOSTASIS	20
OVARIAN MASS	20
OVULATION DELAYED	20
HAEMATOSPERMIA	19
UTERINE CANCER	19
UTERINE DISORDER	19
VAGINAL LESION	19
GENITAL BLISTER	18
BREAST DISCOLOURATION	17
ERECTION INCREASED	17
OVARIAN VEIN THROMBOSIS	17
VULVOVAGINAL ERYTHEMA	17
BREAST DISORDER	16
BREAST OEDEMA	16
HAEMORRHAGIC OVARIAN CYST	16
INFERTILITY	16

OVARIAN CANCER	16
PENILE PAIN	16
PENILE SWELLING	16
PROSTATE CANCER METASTATIC	16
OVARIAN ENLARGEMENT	15
PREMENSTRUAL DYSPHORIC DISORDER	15
VARICOCELE	15
GENITAL BURNING SENSATION	14
ORCHITIS	14
OVARIAN DISORDER	14
PELVIC ABSCESS	14
PELVIC FLUID COLLECTION	14
BREAST CELLULITIS	13
ENDOMETRIAL CANCER	13
ENDOMETRIAL DISORDER	13
HYDROCELE	13
PREMATURE MENARCHE	13

PROSTATE INFECTION	13
UTERINE CONTRACTIONS ABNORMAL	13
ABNORMAL MENSTRUAL CLOTS	12
BREAST ABSCESS	12
FIBROCYSTIC BREAST DISEASE	12
GENITOURINARY SYMPTOM	12
PELVIC MASS	12
PERINEAL PAIN	12
PROSTATIC DISORDER	12
TRIPLE NEGATIVE BREAST CANCER	12
VAGINAL ODOUR	12
ADENOMYOSIS	11
BARTHOLIN'S CYST	11
DERMATITIS DIAPER	11
FIBROADENOMA OF BREAST	11
TESTIS DISCOMFORT	11
UTERINE CYST	11
VAGINAL DISORDER	11

ANISOMASTIA	10
BENIGN BREAST NEOPLASM	10
GENITAL ERYTHEMA	10
LABIA ENLARGED	10
LIBIDO INCREASED	10
PELVIC INFLAMMATORY DISEASE	10
UTERINE ENLARGEMENT	10
UTERINE INFLAMMATION	10
UTERINE MASS	10
ADNEXA UTERI MASS	9
BREAST CALCIFICATIONS	9
BREAST MILK DISCOLOURATION	9
BREAST NEOPLASM	9
DYSPAREUNIA	9
GENITAL PARAESTHESIA	9
GONORRHOEA	9
PRIAPISM	9
VULVOVAGINAL INFLAMMATION	9

BALANOPOSTHITIS	8
CAPSULAR CONTRACTURE ASSOCIATED WITH BREAST IMPLANT	8
GENITAL HERPES SIMPLEX	8
PENILE HAEMORRHAGE	8
SCROTAL OEDEMA	8
ANOGENITAL WARTS	7
BREAST ATROPHY	7
BREAST CANCER RECURRENT	7
BREAST HAEMORRHAGE	7
BREAST HYPERPLASIA	7
CERVICAL DISCHARGE	7
CERVIX DISORDER	7
EJACULATION DISORDER	7
GALACTORRHOEA	7
GENITAL TRACT INFLAMMATION	7
OVARIAN FAILURE	7
PERINEAL INJURY	7

PEYRONIE'S DISEASE	7
SCROTAL CELLULITIS	7
SPONTANEOUS PENILE ERECTION	7
TESTIS CANCER	7
VULVAL ABSCESS	7
BREAST CANCER STAGE III	6
GENITAL HAEMORRHAGE	6
GENITAL HYPOAESTHESIA	6
INFLAMMATORY CARCINOMA OF THE BREAST	6
INVASIVE BREAST CARCINOMA	6
INVASIVE LOBULAR BREAST CARCINOMA	6
NIPPLE EXUDATE BLOODY	6
PENILE OEDEMA	6
TESTICULAR MASS	6
TRIPLE POSITIVE BREAST CANCER	6
UTERINE HYPERTONUS	6
VAGINAL CYST	6

VULVOVAGINAL CANDIDIASIS	6
VULVOVAGINAL ULCERATION	6
BENIGN HYDATIDIFORM MOLE	5
BREAST CANCER STAGE II	5
CERVICAL CYST	5
CERVICAL DYSPLASIA	5
CERVICAL POLYP	5
COITAL BLEEDING	5
EJACULATION FAILURE	5
FEMALE ORGASMIC DISORDER	5
HER2 POSITIVE BREAST CANCER	5
NIPPLE INFLAMMATION	5
PAINFUL ERECTION	5
PELVIC CONGESTION	5
PELVIC HAEMATOMA	5
PENILE DISCOMFORT	5
PLASMA CELL MASTITIS	5
SHORTENED CERVIX	5

TESTICULAR TORSION	5
VULVOVAGINAL INJURY	5
ADNEXAL TORSION	4
ATROPHIC VULVOVAGINITIS	4
BREAST CANCER STAGE I	4
BREAST CANCER STAGE IV	4
FEMALE REPRODUCTIVE TRACT DISORDER	4
FOURNIER'S GANGRENE	4
GENITAL ABSCESS	4
GENITAL DISCOLOURATION	4
GENITO-PELVIC PAIN/PENETRATION DISORDER	4
HORMONE RECEPTOR POSITIVE BREAST CANCER	4
HYDROSALPINX	4
LOBULAR BREAST CARCINOMA IN SITU	4
MENOPAUSAL DISORDER	4
METASTASES TO PELVIS	4

ORCHITIS NONINFECTIVE	4
PAINFUL EJACULATION	4
PELVIC HAEMORRHAGE	4
PENILE CURVATURE	4
PENILE ERYTHEMA	4
PENILE VEIN THROMBOSIS	4
PERINEAL RASH	4
PREMATURE EJACULATION	4
PREMATURE OVULATION	4
PROSTATIC PAIN	4
PUDENDAL CANAL SYNDROME	4
UTERINE INFECTION	4
VAGINAL FISTULA	4
VAGINAL MUCOSAL BLISTERING	4
VULVA CYST	4
VULVAR EROSION	4
BARTHOLIN'S ABSCESS	3
BREAST FIBROSIS	3

BREAST NECROSIS	3
CERVIX CARCINOMA	3
CERVIX INFLAMMATION	3
CONGENITAL UTERINE ANOMALY	3
DECIDUAL CAST	3
ENDOMETRITIS	3
GENITAL ULCER SYNDROME	3
HAEMATOSALPINX	3
INTRADUCTAL PAPILLOMA OF BREAST	3
LACTATION PUERPERAL INCREASED	3
LERICHE SYNDROME	3
MALE SEXUAL DYSFUNCTION	3
MAMMARY DUCT ECTASIA	3
OEDEMA GENITAL	3
ORGANIC ERECTILE DYSFUNCTION	3
ORGASM ABNORMAL	3
PELVIC CYST	3

PELVIC FLOOR MUSCLE WEAKNESS	3
PENILE BLISTER	3
PENILE CONTUSION	3
PENILE SIZE REDUCED	3
PERINEAL DISORDER	3
PHIMOSIS	3
PROSTATIC OBSTRUCTION	3
SCROTAL DERMATITIS	3
TESTICULAR ATROPHY	3
TESTICULAR CYST	3
VAGINAL ABSCESS	3
VULVOVAGINITIS	3
WITHDRAWAL BLEED	3
AZOOSPERMIA	2
BACTERIAL VULVOVAGINITIS	2
BENIGN NEOPLASM OF CERVIX UTERI	2
BENIGN OVARIAN TUMOUR	2
BENIGN UTERINE NEOPLASM	2

BLEEDING ANOVULATORY	2
BREAST CANCER IN SITU	2
BREAST CANCER MALE	2
BREAST INJURY	2
CERVICAL INCOMPETENCE	2
CERVICITIS	2
CERVIX NEOPLASM	2
CYSTOCELE	2
ENDOMETRIAL ADENOCARCINOMA	2
ENDOMETRIAL ATROPHY	2
ENDOMETRIAL CANCER STAGE I	2
ENLARGED CLITORIS	2
EPIDIDYMAL CYST	2
EPIDIDYMAL ENLARGEMENT	2
FEMINISATION ACQUIRED	2
FERTILITY INCREASED	2
GENITAL CONTUSION	2

GENITAL CYST	2
GENITAL DISCHARGE	2
GENITAL DISORDER	2
GENITAL INFECTION FUNGAL	2
HER2 NEGATIVE BREAST CANCER	2
HYDROMETRA	2
HYPOGONADISM	2
INVASIVE PAPILLARY BREAST CARCINOMA	2
LIBIDO DISORDER	2
MENOPAUSE DELAYED	2
NEOPLASM PROSTATE	2
NIPPLE ENLARGEMENT	2
NIPPLE INFECTION	2
NONINFECTIVE OOPHORITIS	2
OVARIAN CANCER STAGE IV	2
OVARIAN CLEAR CELL CARCINOMA	2
PELVIC INFECTION	2
PELVIC ORGAN PROLAPSE	2

PENILE ABSCESS	2
PENILE BURNING SENSATION	2
PERSISTENT GENITAL AROUSAL DISORDER	2
POLYMENORRHAGIA	2
PRECOCIOUS PUBERTY	2
PROSTATE TENDERNESS	2
REPRODUCTIVE TRACT DISORDER	2
RETRACTED NIPPLE	2
SALPINGITIS	2
SCROTAL DISCOMFORT	2
SCROTAL DISORDER	2
SCROTAL ERYTHEMA	2
SCROTAL MASS	2
SEMEN DISCOLOURATION	2
TESTICULAR HAEMORRHAGE	2
TUBO-OVARIAN ABSCESS	2
UTERINE ATONY	2

UTERINE CERVICAL PAIN	2
UTERINE NEOPLASM	2
UTERINE PROLAPSE	2
UTERINE RUPTURE	2
UTERINE TENDERNESS	2
VAGINAL PROLAPSE	2
VAGINITIS GARDNERELLA	2
VULVAL OEDEMA	2
VULVITIS	2
VULVOVAGINAL EXFOLIATION	2
ABNORMAL WITHDRAWAL BLEEDING	1
ADNEXA UTERI CYST	1
ANDROGEN DEFICIENCY	1
BREAST CYST RUPTURE	1
BREAST HAEMATOMA	1
BREAST MALFORMATION	1
BREAST PROLIFERATIVE CHANGES	1
BREAST SARCOMA	1

BRENNER TUMOUR	1
CERVICITIS TRICHOMONAL	1
CERVIX HAEMATOMA UTERINE	1
CERVIX HAEMORRHAGE UTERINE	1
CRYPTORCHISM	1
EJACULATION DELAYED	1
ENDOCERVICAL MUCOSAL THICKENING	1
ENDOMETRIAL CANCER STAGE II	1
ENDOMETRIAL CANCER STAGE III	1
ENDOMETRIAL NEOPLASM	1
EPIDIDYMAL CALCULUS	1
FALLOPIAN TUBE CANCER	1
FALLOPIAN TUBE CANCER STAGE III	1
FALLOPIAN TUBE CYST	1
FALLOPIAN TUBE DISORDER	1
FALLOPIAN TUBE NEOPLASM	1
FALLOPIAN TUBE OBSTRUCTION	1

FALLOPIAN TUBE PERFORATION	1
FEMALE GENITAL TRACT FISTULA	1
FEMALE SEXUAL DYSFUNCTION	1
GENITAL ATROPHY	1
GENITAL CANDIDIASIS	1
GENITAL HERPES ZOSTER	1
GENITAL HYPERAESTHESIA	1
GENITAL INFECTION	1
GENITAL INFECTION FEMALE	1
GENITAL INFECTION VIRAL	1
GENITAL INJURY	1
GENITAL SCARRING	1
GENITALS ENLARGED	1
GERM CELL NEOPLASM	1
HAEMANGIOMA OF BREAST	1
HAEMORRHAGIC BREAST CYST	1
HETEROGENEOUS TESTIS	1
HORMONE RECEPTOR NEGATIVE HER2 POSITIVE BREAST CANCER	1

HUMAN SEMINAL PLASMA HYPERSENSITIVITY	1
HYPOGONADISM MALE	1
MASTITIS POSTPARTUM	1
METASTASES TO TESTICLE	1
NIPPLE OEDEMA	1
OVARIAN CALCIFICATION	1
OVARIAN CANCER RECURRENT	1
OVARIAN CANCER STAGE III	1
OVARIAN FIBROSIS	1
OVARIAN GERM CELL CANCER	1
OVARIAN GERM CELL TERATOMA BENIGN	1
OVARIAN GRANULOSA CELL TUMOUR	1
OVARIAN NECROSIS	1
OVARIAN NEOPLASM	1
OVARIAN RUPTURE	1
PELVIC NEOPLASM	1

PENILE EXFOLIATION	1
PENILE WART	1
PENIS INJURY	1
PERINEAL ABSCESS	1
PERINEAL CYST	1
PERINEAL HAEMATOMA	1
PERINEAL ULCERATION	1
PERITONEAL ADHESIONS	1
POOR MILK EJECTION REFLEX	1
PROSTATE CANCER RECURRENT	1
PROSTATE CANCER STAGE I	1
PROSTATE CANCER STAGE IV	1
PROSTATIC ABSCESS	1
PROSTATIC CALCIFICATION	1
PROSTATIC HAEMORRHAGE	1
RECTOCELE	1
RECURRENT SUBAREOLAR BREAST ABSCESS	1
RED BREAST SYNDROME	1

SCROTAL ABSCESS	1
SCROTAL CYST	1
SCROTAL GANGRENE	1
SCROTAL HAEMATOMA	1
SCROTAL HAEMORRHAGE	1
SCROTAL INFLAMMATION	1
SPERMATIC CORD INFLAMMATION	1
SPERMATOCELE	1
SPONTANEOUS EJACULATION	1
SUPEROVULATION	1
SYMPHYSIOLYSIS	1
TERATOMA	1
TESTICULAR ABSCESS	1
TESTICULAR APPENDAGE TORSION	1
TESTICULAR FAILURE	1
TESTICULAR GERM CELL CANCER	1
TESTICULAR INJURY	1
TESTICULAR NECROSIS	1

TESTICULAR OEDEMA	1
TUBULAR BREAST CARCINOMA	1
URETHRAL ATROPHY	1
UROGENITAL FISTULA	1
UTERINE ATROPHY	1
UTERINE CERVIX HYPERPLASIA	1
UTERINE CERVIX STENOSIS	1

Comments (2)

What do you think?

0/3000

Publish

marybethpf

Mar. 19, 2023, 4:11 p.m.

Thorough analysis of pregnancy and C19 vaccines with good references. I'm saving this one. Thanks, Ronald and TSN.
These shots should never have been approved.

Reply

A

andissho2

Mar. 22, 2023, 12:12 a.m.

Thank you again!
Again, I'm plagued by some system-fanatic citing all the "good" studies claiming "safe and effective" and "nothing to see here".

Do you know someone that could help to decompose and fairly critisize these? :

(All stating "nothing to see here".)

List of studies in
https://docs.google.com/document/d/19FNXcmdI0MU6RPmvKYo_g9zEWPKI2-I760OX_8zww3E/edit
(Compiled by Viki Male, Senior Lecturer in Reproductive Immunology at Imperial College London)

1.
"Vaccine Side Effects in Health Care Workers after Vaccination against SARS-CoV-2: Data from TüSeRe:exact Study " Bareiß et al

https://www.mdpi.com/1999-4915/15/1/65

2.
"COVID-19 mRNA Vaccines During PregnancyNew Evidence to Help Address Vaccine Hesitancy", Elyse O. Kharbanda, MD, MPH; Gabriela Vazquez-Benitez, PhD
https://jamanetwork.com/journals/jama/fullarticle/2790610

3.
"Association of COVID-19 Vaccination in Pregnancy With Adverse Peripartum Outcomes"
Deshayne B. Fell, PhD1,2; Tavleen Dhinsa, MSc2,3; Gillian D. Alton, PhD2,3; et al
https://jamanetwork.com/journals/jama/fullarticle/2790607

Reply

TrialSiteNews
159 W Broadway, Suite 200
Salt Lake City, UT 84101