BREAKING: Study Identifies 86 Serious Neuropsychiatric Safety Signals Linked to COVID-19 Vaccination

CDC/FDA safety thresholds breached for 86 adverse events including dementia, schizophrenia, suicidal and homicidal thoughts, stroke, psychosis, depression, cognitive impairment, delusions, and more.

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The study by Thorp et al titled, **Association between COVID-19 Vaccination and Neuropsychiatric Conditions**, was just uploaded to the *Preprints.org* preprint server. They analyzed VAERS data from January 1990 through December 2024 and identified alarming increases in 86 adverse events related to brain function, behavior, and cognition following COVID-19 mRNA injection:

> **Introduction**: COVID-19 mRNA vaccines are known to penetrate the blood-brain barrier and could potentially cause a myriad of unintended adverse effects. The

purpose of this study is to explore potential associations between vaccination and neuropsychiatric conditions.

Methods: Data were collected from the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). The CDC/FDA Vaccine Adverse Event Reporting System (VAERS) was queried from January 1, 1990, to December 27, 2024, for adverse events (AEs) involving neuropsychiatric complications following COVID-19 vaccination. The timeframe included 420 months for all vaccines except COVID-19 vaccines which have been available to the public for only 48 of the 420 months (from January 1, 2021, to December 27, 2024). Proportional reporting ratios (PRRs) were calculated by time comparing AEs after COVID-19 vaccination to those after influenza vaccination and to those after all other vaccines. The CDC/FDA stipulates a safety concern if a PRR is ≥ 2.

Results: Comparing COVID-19 vaccination to influenza vaccinations, the CDC/FDA's safety signals (PRR, 95% confidence interval, p-value, Z-score) were breached for the following combinations: 47 AEs associated with cognitive impairment (PRR: 118, 95% CI: 87.2-160, $p < 0.0001$, Z-score: 30.9); 28 AEs associated with general psychiatric illness (PRR: 115, 95% CI: 85.1-156, $p < 0.0001$, Z-score: 30.8); and 11 AEs associated with suicide/homicide (PRR: 80.1, 95% CI: 57.3-112, $p < 0.0001$, Z-score: 25.7). Likewise, when comparing COVID-19 vaccination to all other

vaccines except COVID-19, the safety signals were also breached for the following: 47 AEs associated with cognitive impairment (PRR: 26.8, 95% CI: 19.8-36.1, p < 0.0001, Z-score: 21.5); 28 AEs associated with general psychiatric illness (PRR: 28.6, 95% CI: 21.2-38.6, p < 0.0001, Z-score: 21.9); and 11 AEs associated with suicide/homicide (PRR: 14.0, 95% CI: 10.3-19.0, p < 0.0001, Z-score: 16.8).

Conclusions: There are alarming safety signals regarding neuropsychiatric conditions following COVID-19 vaccination, compared to the influenza vaccinations alone and to all other vaccinations combined. These data raise concerns about long-term consequences, including continued cognitive decline, dementia, and neuropsychiatric morbidity and mortality. An immediate global moratorium on COVID-19 vaccination is warranted.

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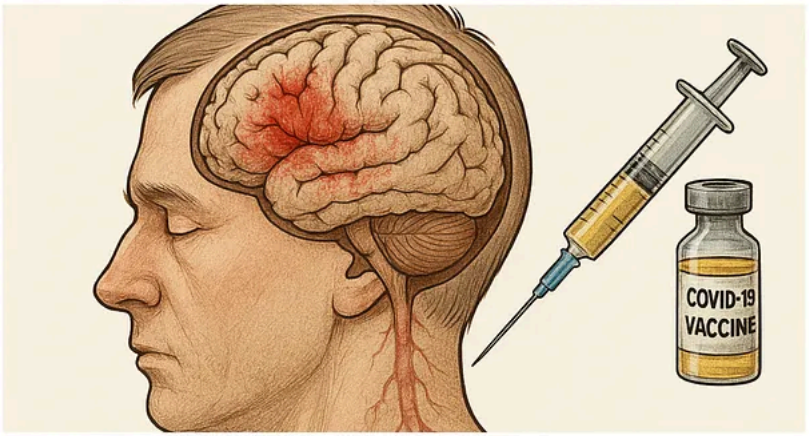
Association Between COVID-19 Vaccination and Neuropsychiatric Conditions

James A Thorp [1], Claire Rogers [2], Kirstin Cosgrove [3], Steven Hatfill [4], Peter Breggin [2], Drew Pinsky [5] and Peter A McCullough [6]



🧠 Cognitive Neuropsychiatric Disorders (47 AEs)

These refer to brain-related structural and functional injuries, including memory loss, dementia, vascular injury, and stroke-like syndromes:

Adverse Event	PRR (COVID vs. Flu)	PRR (COVID vs. All Other Vaccines)	Notes
Cerebral Venous Sinus Thrombosis	3,060×	437×	Fatal brain clot reported over **3,000× more frequently** than after flu shots
Cerebral Thrombosis	794×	289×	Stroke-causing brain clot **~800× more frequent** after mRNA
Mental Fatigue	704×	161×	Chronic cognitive exhaustion reported **700× more often**
Cerebral Hemorrhage	310×	57×	Brain bleeding events **310× higher** post-mRNA
Brain Fog	104×	41×	Memory loss and confusion reported **100× more often**
Dementia (General)	137×	45×	Broad cognitive decline increased **137×**
Dementia (Alzheimer's Type)	142×	82×	Early Alzheimer's-like symptoms **140× more frequent**
Depressed Level of Consciousness	87×	14×	Hospital-level unresponsiveness **nearly 90× more often**
Cerebral Small Vessel Ischemic Disease	98×	47×	Silent strokes and vascular dementia reported **up to 100× more**
Cerebral Atrophy	64×	20×	Brain shrinkage noted **64× more frequently**
Cerebral Disorder (General)	118×	21×	Unspecified brain dysfunction **118× more likely**

🧩 General Neuropsychiatric Disorders (28 AEs)

These include anxiety, delusions, psychosis, schizophrenia, and mania:

Adverse Event	PRR (COVID vs. Flu)	PRR (COVID vs. All Other Vaccines)	Notes
Psychotic Symptom	442×	73×	Severe psychotic breaks reported **440× more frequently**
Psychiatric Symptom (General)	238×	26×	Nonspecific mental health crises up **238×**
Panic Attack	197×	53×	Acute panic episodes **197× more often** after mRNA
Schizophrenia	315×	19×	Psychotic disorder with disorganized thought **300× more frequent**
Mania	155×	414×	Dangerous manic episodes up to **400× more common**
Anxiety	117×	30×	Emotional dysregulation reports up **117×**
Conversion Disorder	70×	10×	Psychosomatic paralysis/spasms **70× higher**
Delusion	50×	23×	Fixed false beliefs up **50×**
Acute Psychosis	118×	43×	Rapid-onset mental breaks **118× more likely**
Psychotic Disorder (Chronic)	79×	21×	Long-term mental health deterioration up **79×**
Psychotic Symptom (Severe)	442×	73×	Hallucinations or bizarre behavior **~440× more frequent**

⚠️ Suicidal and Homicidal Disorders (11 AEs)

This category captures violence, self-harm, suicidal ideation, and completed attempts:

Adverse Event	PRR (COVID vs. Flu)	PRR (COVID vs. All Other Vaccines)	Notes
Suicidal Ideation	153×	42×	Suicidal thoughts reported **150× more often**
Suicide Attempt	95×	12×	Emergency-level self-harm **95× more frequent**
Self-Injurious Ideation	385×	77×	Thoughts of self-harm increased **385×**
Depression (Suicidal)	534×	45×	Suicidal depression reported **over 500× more often**
Psychiatric Investigation	373×	184×	Involuntary psychiatric holds or evaluations up **370×**
Suicide Threat	182×	88×	Expressed threats to end life **182× more common**
Physical Violence	79×	26×	Aggression-related events **80× more frequent**
Aggression	35×	5×	Violent behavior reports increased **35×**

Using CDC/FDA-defined safety thresholds (PRR ≥ 2), they found statistically significant breaches for **47 cognitive, 28 general psychiatric, and 11**

suicide/homicide-related events — with proportional reporting ratios (PRRs) up to **3,060 times higher** than comparator vaccines.

When grouped by clinical category, compared to influenza vaccination, the COVID-19 mRNA injections were associated with:

- A **118-fold increase** in reports of cognitive adverse events (PRR: 118; 95% CI: 87.2–160; $p < 0.0001$; Z = 30.9)
- A **115-fold increase** in general psychiatric conditions (PRR: 115; 95% CI: 85.1–156; $p < 0.0001$; Z = 30.8)
- An **80-fold increase** in suicidal and homicidal outcomes (PRR: 80.1; 95% CI: 57.3–112; $p < 0.0001$; Z = 25.7)

Here is a comprehensive, easy-to-understand list of each safety signal:

🧠 Cognitive Adverse Events (47 total)

- **Cerebral venous sinus thrombosis** – PRR **3,060× vs. flu shot** ➤ Fatal brain clot reported **3,060× more often**
- **Cerebral thrombosis** – PRR **794× vs. flu shot** ➤ Stroke-causing brain clot **794× more frequent**
- **Mental fatigue** – PRR **704× vs. flu shot** ➤ Debilitating brain fog **704× more often**

- **Cerebral hemorrhage** – PRR **310× vs. flu shot** ➤ Brain bleeding event **310× more often**
- **Dementia with Lewy bodies** – PRR **425× vs. flu shot** ➤ Rare neurodegenerative disease **425× more common**
- **Dementia (Alzheimer's type)** – PRR **142× vs. flu shot** ➤ Alzheimer's-like decline **142× more often**
- **Dementia (general)** – PRR **137× vs. flu shot** ➤ Broad memory loss syndrome **137× more often**
- **Cerebral disorder** – PRR **118× vs. flu shot** ➤ General neurological injury **118× more common**
- **Brain fog** – PRR **104× vs. flu shot** ➤ Memory/concentration issues **104× more often**
- **Cerebral small vessel ischemic disease** – PRR **98× vs. flu shot** ➤ Silent brain strokes **98× more often**
- **Mental impairment** – PRR **115× vs. flu shot** ➤ Diagnosed cognitive dysfunction **115× more frequent**
- **Depressed level of consciousness** – PRR **87× vs. flu shot** ➤ Semi-conscious or unresponsive states **87× more often**

- **Brain injury** – PRR **73× vs. flu shot** ➤ Neurological trauma reports **73× more frequent**
- **Cerebral atrophy** – PRR **64× vs. flu shot** ➤ Brain tissue shrinkage **64× more often**
- **Cerebral edema** – PRR **59× vs. flu shot** ➤ Brain swelling with neurological compromise **59× more often**
- **Delirium** – PRR **54× vs. flu shot** ➤ Acute confusion or disorientation **54× more common**
- **Mental status changes** – PRR **108× vs. flu shot** ➤ Sudden cognitive shifts **108× more often**
- **Cerebral infarction** – PRR **34× vs. other shots** ➤ Ischemic brain injury or stroke **34× more often**
- **Ischemic demyelination** – PRR **12× vs. flu shot** ➤ Nerve insulation damage **12× more frequent**
- **Perfusion brain scan abnormal** – PRR **6× vs. other shots** ➤ Altered blood flow patterns **6× more often**
- *(Many more in this category ranged between 5×–50× vs. flu or other shots)*

🧩 General Psychiatric Adverse Events (28 total)

- **Psychotic symptom** – PRR **442× vs. flu shot** ➤ Hallucinations/delusions **442× more frequent**
- **Psychiatric symptom** – PRR **238× vs. flu shot** ➤ Severe psychiatric changes **238× more often**
- **Panic attack** – PRR **197× vs. flu shot** ➤ Acute fear episodes **197× more frequent**
- **Schizophrenia** – PRR **315× vs. flu shot** ➤ Chronic psychosis diagnosis **315× more often**
- **Mania** – PRR **414× vs. other shots** ➤ Dangerous agitation and hyperactivity **414× more common**
- **Anxiety** – PRR **117× vs. flu shot** ➤ Overwhelming emotional distress **117× more frequent**
- **Conversion disorder** – PRR **70× vs. flu shot** ➤ Functional paralysis or neurological symptoms **70× more often**
- **Delusion** – PRR **50× vs. flu shot** ➤ Fixed false beliefs **50× more common**
- **Acute psychosis** – PRR **118× vs. flu shot** ➤ Sudden psychotic break **118× more frequent**
- **Psychotic disorder** – PRR **79× vs. flu shot** ➤ Persistent severe mental illness **79× more often**

- **Psychotic behavior** – PRR **52× vs. other shots** ➤ Violent or irrational acts **52× more often**
- **Schizoaffective disorder** – PRR **6× vs. flu shot** ➤ Bipolar-psychosis hybrid illness **6× more often**
- **Stress** – PRR **119× vs. flu shot** ➤ Severe reported stress levels **119× more often**
- *(Other events in this category ranged from 5×–100× elevated risk vs. flu or other shots)*

⚠ Suicidal and Homicidal Adverse Events (11 total)

- **Depression (suicidal)** – PRR **534× vs. flu shot** ➤ Suicidal depression **534× more common**
- **Self-injurious ideation** – PRR **385× vs. flu shot** ➤ Thoughts of self-harm **385× more frequent**
- **Suicidal ideation** – PRR **153× vs. flu shot** ➤ Suicidal thoughts **153× more often**
- **Suicide attempt** – PRR **96× vs. flu shot** ➤ Active self-harm efforts **96× more frequent**
- **Suicide threat** – PRR **182× vs. flu shot** ➤ Expressed desire to die **182× more common**

- **Homicidal ideation** – PRR **25× vs. flu shot** ➤ Thoughts of killing others **25× more frequent**
- **Aggression** – PRR **35× vs. flu shot** ➤ Dangerous behavior toward others **35× more often**
- **Physical assault** – PRR **114× vs. flu shot** ➤ Violent acts reported **114× more frequent**
- **Physical violence** – PRR **79× vs. flu shot** ➤ Violent outbursts **79× more common**
- **Psychiatric investigation** – PRR **373× vs. flu shot** ➤ Involuntary psych evaluations **373× more frequent**
- **Suicidal behavior** – PRR **65× vs. other shots** ➤ Suicide-related actions **65× more often**

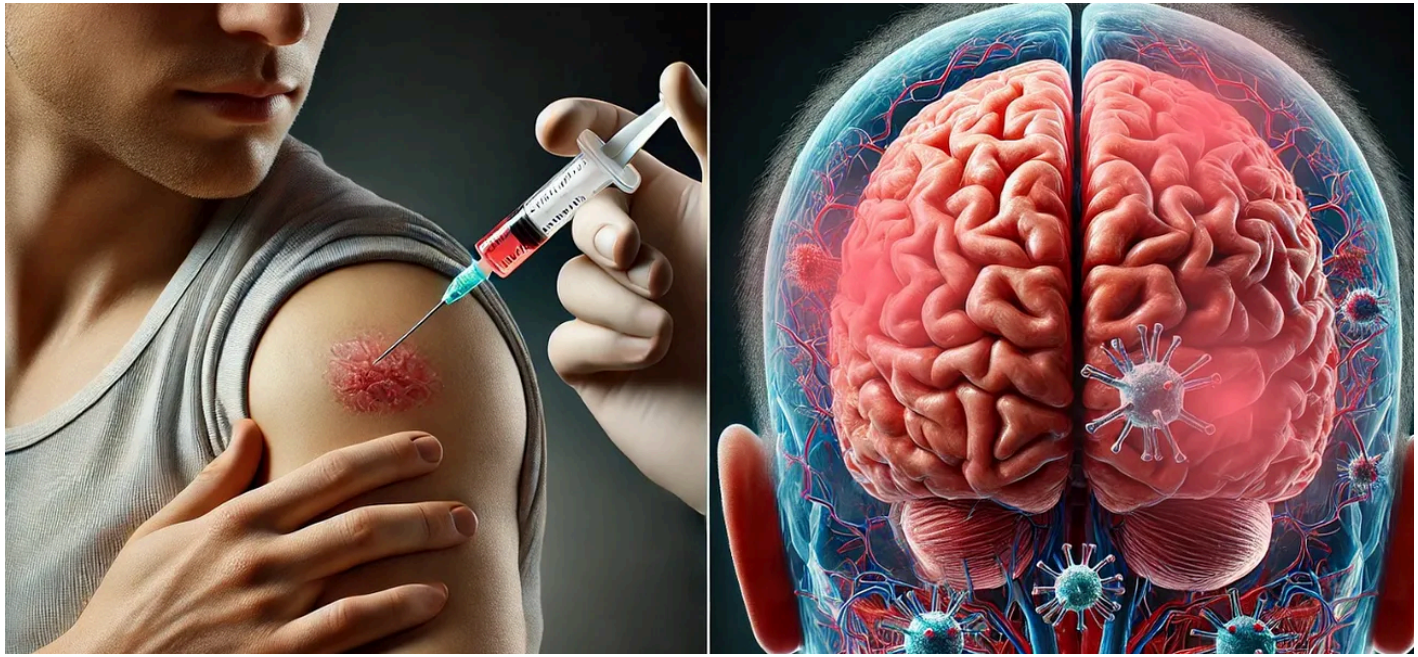
These findings are in line with **previous studies** showing increased risks of the following conditions after COVID-19 vaccination:

> 1. **Ischemic stroke** (+44%)
> 2. **Hemorrhagic stroke** (+50%)
> 3. **Transient ischemic attack** (+67%)
> 4. **Myelitis** (+165%)

5. **Myasthenia gravis** (+71%)
6. **Alzheimer's** (+22.5%)
7. **Cognitive impairment** (+137.7%)
8. **Depression** (+68.3%)
9. **Anxiety disorders** (+43.9%)
10. **Sleep disorders** (+93.4%)

Catastrophic Neurological and Psychiatric Damage from COVID-19 'Vaccines'

NICOLAS HULSCHER, MPH • 5. JAN.



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This catastrophic neurological and psychiatric damage is likely due to toxic Spike protein production in the brain's of COVID-19 mRNA injected individuals, as recently confirmed by **Ota et al**:

Contents lists available at ScienceDirect

Journal of Clinical Neuroscience

journal homepage: www.journals.elsevier.com/journal-of-clinical-neuroscience

Expression of SARS-CoV-2 spike protein in cerebral Arteries: Implications for hemorrhagic stroke Post-mRNA vaccination

Nakao Ota [a,*], Masahiko Itani [b,c], Tomohiro Aoki [b], Aki Sakurai [d], Takashi Fujisawa [e], Yasuaki Okada [a], Kosumo Noda [a], Yoshiki Arakawa [c], Sadahisa Tokuda [a], Rokuya Tanikawa [a]

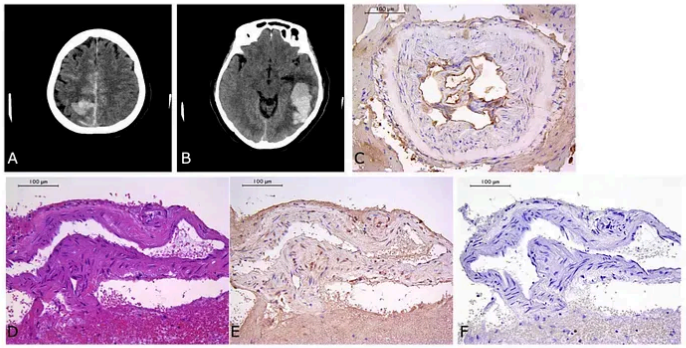


Fig. 1. Atypical intracerebral hemorrhage case expressing the COVID-19 spike protein. A, B: Computed tomography reveals intracerebral hemorrhage along with subarachnoid and subdural hemorrhages in the left temporal lobe and right parietal lobe. **C:** Immunohistochemical staining using MA5-35946 (mouse monoclonal [1A9] S2 domain) shows positive staining for the spike protein in the intima of the vessel. **D:** Hematoxylin and eosin staining of brain tissue. **E:** Immunohistochemical staining using MA5-35946 (mouse monoclonal [1A9] S2 domain) demonstrates positive staining for the spike protein in the intima of the vessel and smooth muscle. **F:** Direct Fast Scarlet staining shows negative results for amyloid protein.

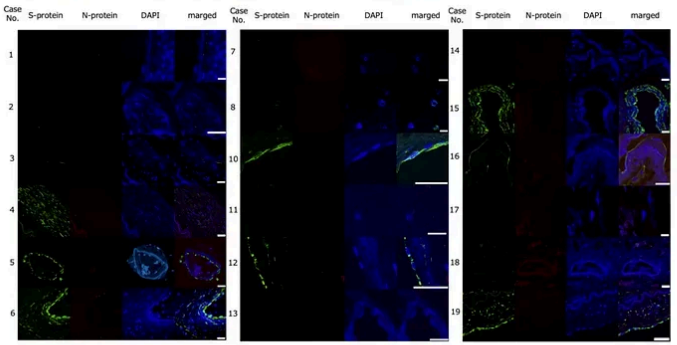


Fig. 2. Immunohistochemical staining of study cases. Cases 4, 5, 6, 10, 12, 15, 16, 18, and 19 showed positive staining for the SARS-CoV-2 spike protein. None of the cases showed positive staining for the nucleocapsid protein. The specimen of the case 9 is defective. Scale bar indicates 20 μm. S-protein; Spike protein, N-protein; Nucleocapsid protein, DAPI; 4′,6-diamidino-2-phenylindole.

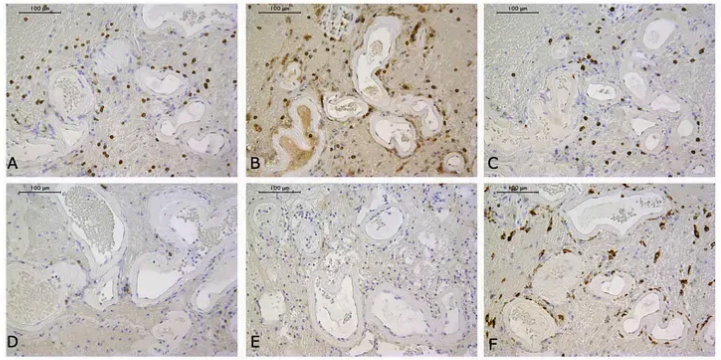


Fig. 3. Immunohistochemical staining of study case 16. An 88-year-old woman presented with subcortical hemorrhage, with history of seven vaccination and no history of COVID-19 infection. A: Immunohistochemical staining for CD3 demonstrated that CD3-positive cells infiltration. B: Immunohistochemical staining for CD4 demonstrated that CD4-positive cells are infiltration in the intima. C: Immunohistochemical staining for CD8 demonstrated that CD8-positive cells are infiltration in the adventitia. D: Immunohistochemical staining for CD20 demonstrated no obvious infiltration. E: Immunohistochemical staining for CD38 demonstrated no obvious infiltration. F: Immunohistochemical staining for CD68 demonstrated CD68-positive cells infiltration in the intima.

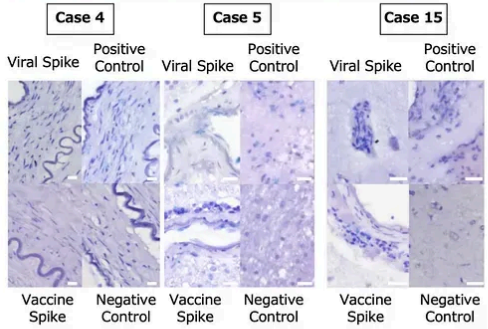
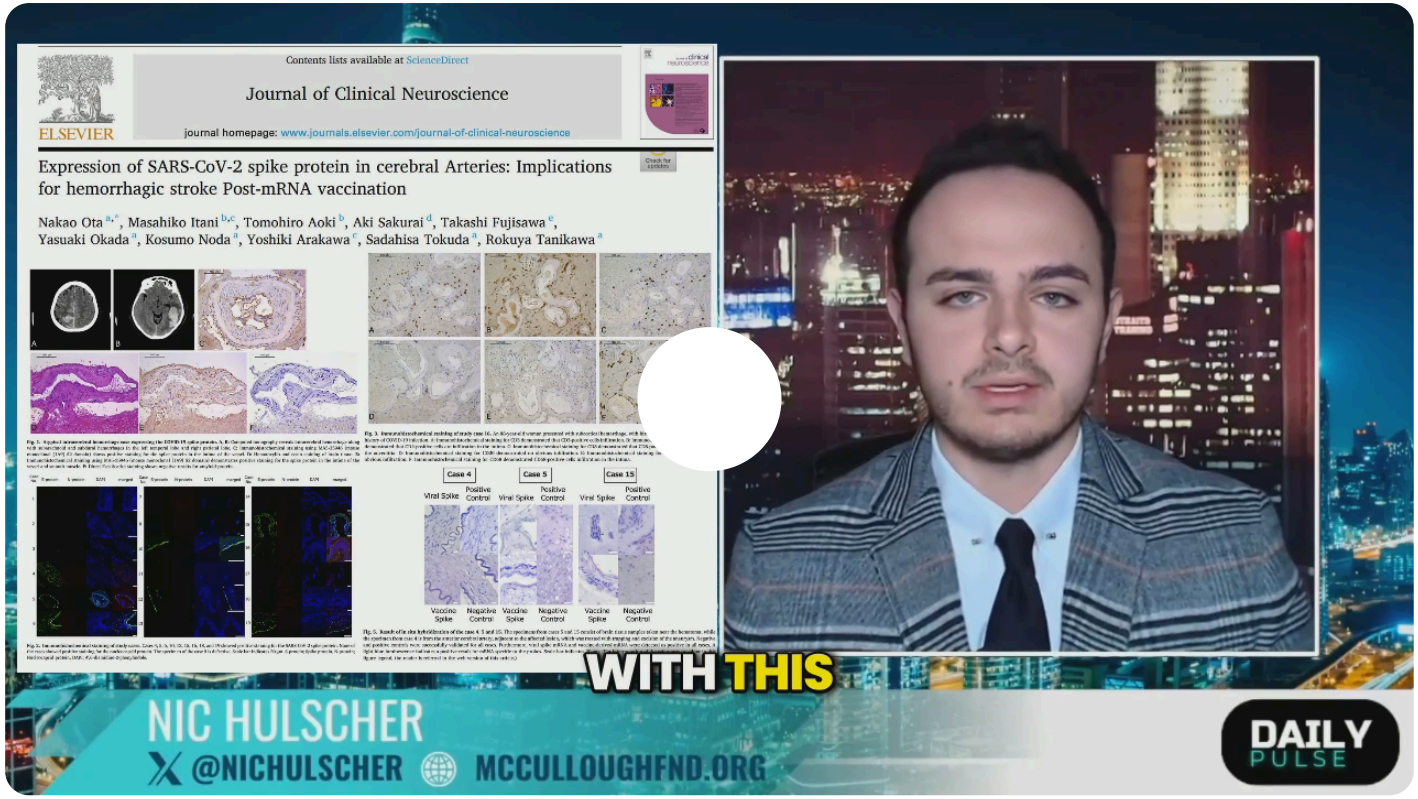


Fig. 5. Result of in situ hybridization of the case 4, 5 and 15. The specimens from cases 5 and 15 consist of brain tissue samples taken near the hematoma, while the specimen from case 4 is from the anterior cerebral artery, adjacent to the affected lesion, which was treated with trapping and excision of the aneurysm. Negative and positive controls were successfully validated for all cases. Furthermore, viral spike mRNA and vaccine-derived mRNA were detected as positive in all cases. A light blue luminescence indicates a positive result for mRNA specific to the probes. Scale bar indicates 20 μm. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)



As Thorp et al concluded:

> An immediate global moratorium on COVID-19 vaccination is warranted.

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