

# Bleeding after receiving COVID-19 Vaccine

By Craig Paardekooper

2580007 (87.6%) of 2946448 women received at least one SARS-CoV-2 vaccination and 1652472 (64.0%) 2580007 of vaccinated women received three doses before the end of follow-up.

The highest risks for bleeding in women who were postmenopausal were observed after the third dose, in the one to seven days risk window (hazard ratio 1.28 (95% confidence interval 1.01 to 1.62)) and in the 8-90 days risk window (1.25 (1.04 to 1.50)). The impact of adjustment for covariates was modest.

Risk of postmenopausal bleeding suggested a **23-33% increased risk after 8-90 days** with BNT162b2 and mRNA-1273 after the third dose

Large new study of **3 million women** shows mRNA Covid jabs increased the risk of severe vaginal bleeds. Women **45 and over** had a **23-33% higher risk of severe vaginal bleeding** after receiving mRNA Covid shots, Swedish researchers found.

The increased risk **lasted for at least three months** after women received a shot and was even **higher after the third shot than the first two**. That finding suggests what scientists call a “dose-response relationship,” strong evidence the link was not coincidence.

Because of **its size and reliance on formal medical diagnoses rather than self-reporting** of vaginal bleeding, the study offers **strong evidence** that the connection between Covid shots and bleeding is real.

## Results for Effect on Menstrual Bleeding

### 1.6 Million Women Aged 12-49 Years

Here are the results for a population of 1,634,294 women aged 12 – 49 years old

It can be observed that for people currently menstruating, the incidence of menstrual disturbance per 100,000 in the vaccinated exceeded that in the unvaccinated by the following percentages after 8-90 days –

Dose 1 : 2.8%

Dose 2 : 17.4%

Dose 3 : 35.6%

Risk windows	Person-years	Cases	Incidence rate (per 100 000 person-years)	Crude model,* HR (95% CI)	Full model,† HR (95% CI)
<b>Menstrual disturbance (12-49 years, n=1 634 294)</b>					
Unvaccinated	1 067 762	9615	900.5	ref	ref
<b>Any dose:</b>					
1-7 days	62 278	674	1082.2	1.41 (1.29 to 1.52)	1.13 (1.04 to 1.23)
8-90 days	480 493	4970	1034.4	1.38 (1.32 to 1.44)	1.06 (1.01 to 1.11)
<b>Dose 1:</b>					
1-7 days	26 034	288	1106.2	1.49 (1.32 to 1.68)	1.26 (1.11 to 1.42)
8-90 days	147 296	1364	926.0	1.29 (1.21 to 1.37)	1.07 (1.00 to 1.14)
<b>Dose 2:</b>					
1-7 days	24 969	250	1001.2	1.21 (1.06 to 1.37)	1.04 (0.91 to 1.18)
8-90 days	281 999	2981	1057.1	1.33 (1.26 to 1.40)	1.04 (0.98 to 1.10)
<b>Dose 3:</b>					
1-7 days	11 274	136	1206.3	1.34 (1.11 to 1.62)	1.02 (0.84 to 1.23)
8-90 days	51 198	625	1220.8	1.43 (1.27 to 1.62)	1.00 (0.89 to 1.13)

It appears that the initial effect of dose 1 tapers off after 7 days, since the incidence drops from 1106.2 down to 926 after 7 days. However dose 2 appears to restart the bleeding, and then it remains high. Dose 3 pushes it higher still.

Please note this sequential pattern –

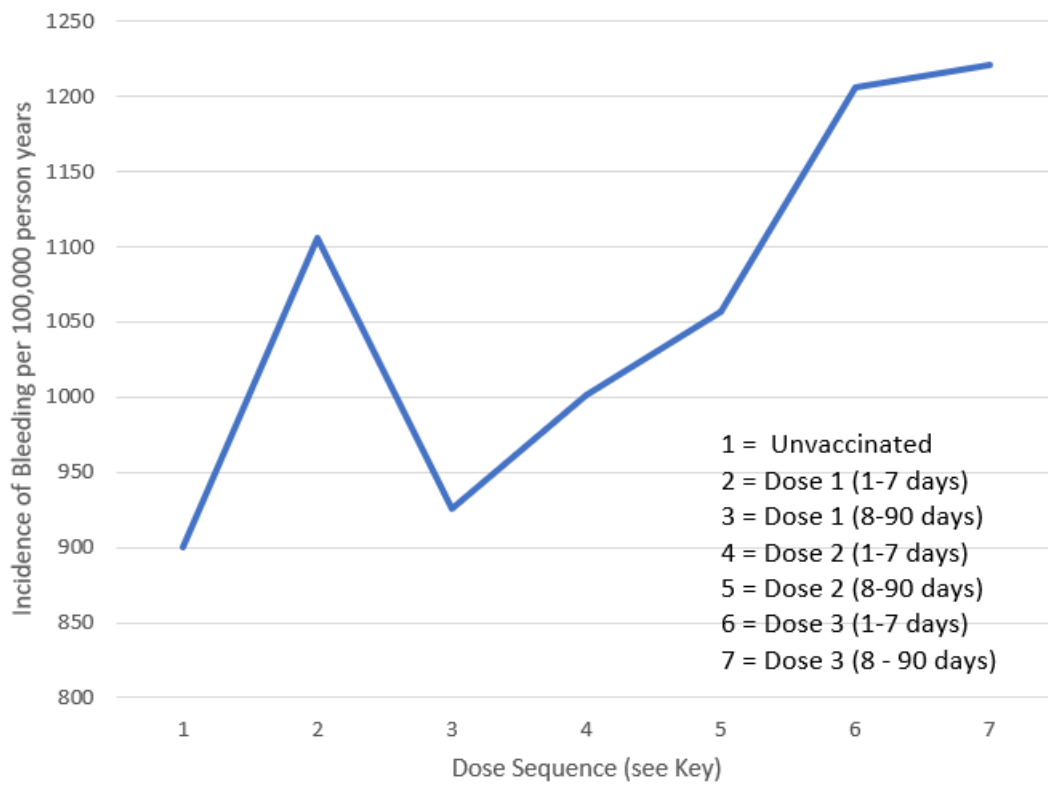
Dose 1	1-7 days	Up	by 206
Dose 1	8-90 days	Down	by 174
Dose 2	1-7 days	Up	by 74
Dose 2	8-90 days	Up	by 56
Dose 3	1-7 days	Up	by 143
Dose 3	8-90 days	Up	by 14

It is interesting that after dose 1 the body initially has a strong reaction, but then gradually recovers over 90 days until it almost reaches the base line again. It looks as if the body was repairing the damage.

However, if a person takes a second dose then bleeding is restarted, and does not decrease. The body no longer recovers as time passes. The damage is sustained.

If they take a third dose, then there is a significant jump upwards in bleeding. Once again, the body no longer recovers as time passes. The damage is sustained.

Pattern of Changes in Bleeding with Each Dose



So

Dose 1 triggers bleeding but the body recovers after 90 days

Dose 2 restarts bleeding and increases it back up to a level equivalent to the high level for dose 1

Dose 3 boosts bleeding above the previous highs.

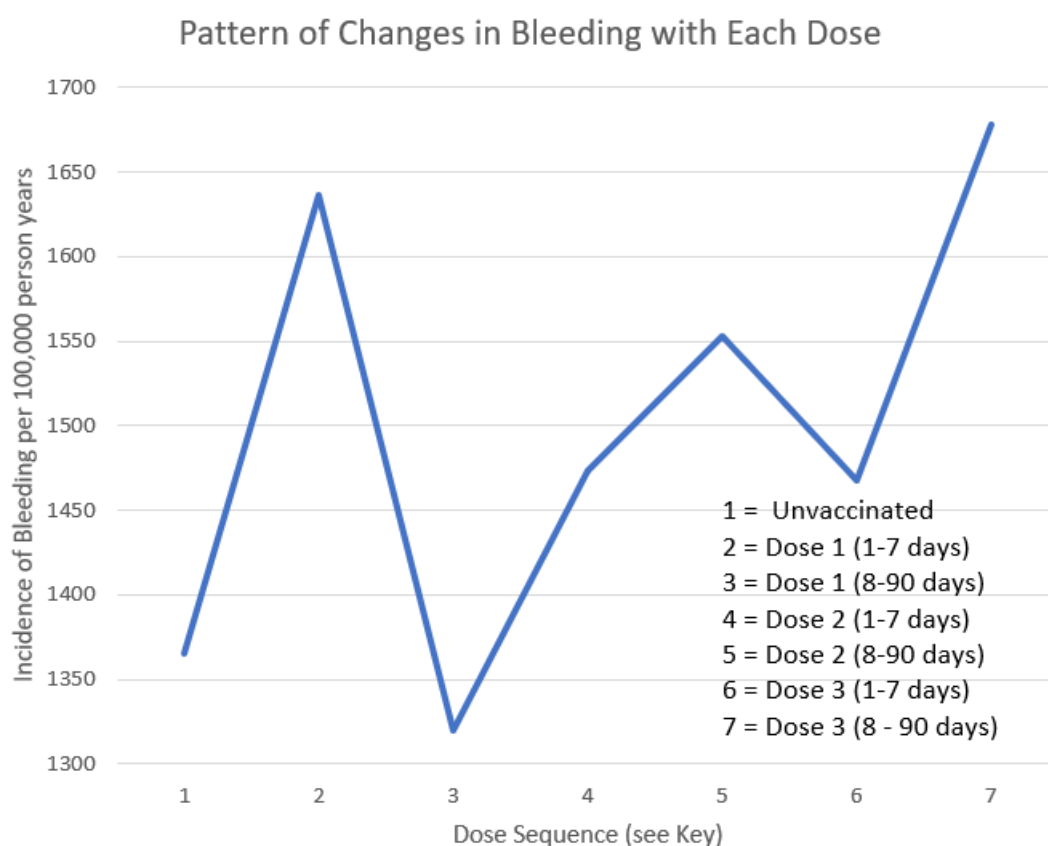
## Results for Effect on Menstrual Bleeding

### 664,201 Women in Primary Care, Aged 12-49 Years

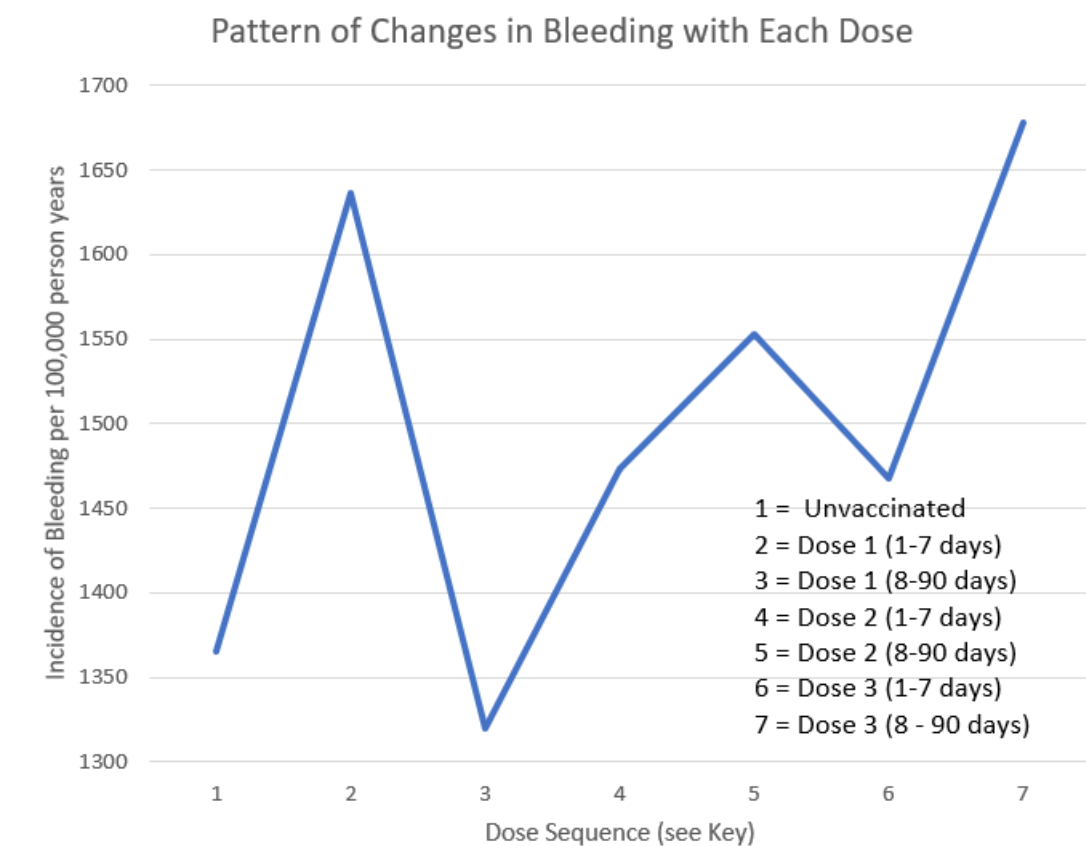
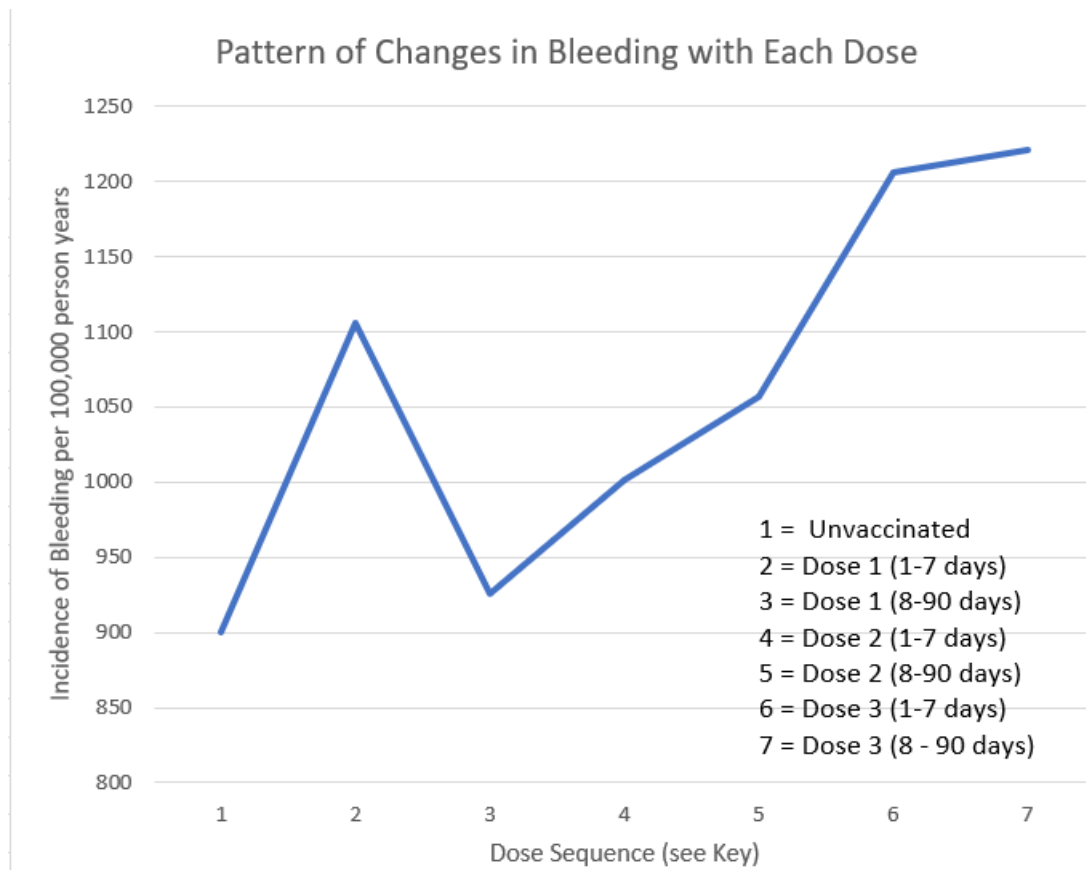
Here are the results for a population of 446,270 women aged 12 – 49 years old, in primary care.

Menstrual disturbance (12-49 years, n=664 201)					
Unvaccinated	446 270	6092	1365.1	ref	ref
Any dose:					
1-7 days	24 260	374	1 541.6	1.28 (1.15 to 1.43)	1.11 (0.99 to 1.23)
8-90 days	188 275	2802	1 488.2	1.27 (1.20 to 1.34)	1.06 (1.00 to 1.12)
Dose 1:					
1-7 days	10 331	169	1635.9	1.41 (1.21 to 1.65)	1.25 (1.07 to 1.46)
8-90 days	61 602	813	1319.8	1.16 (1.07 to 1.26)	1.03 (0.95 to 1.12)
Dose 2:					
1-7 days	9776	144	1473.0	1.15 (0.97 to 1.37)	1.05 (0.88 to 1.24)
8-90 days	109 514	1701	1553.2	1.26 (1.18 to 1.35)	1.07 (0.99 to 1.14)
Dose 3:					
1-7 days	4153	61	1468.7	1.03 (0.78 to 1.35)	0.87 (0.66 to 1.15)
8-90 days	17 159	288	1678.4	1.28 (1.08 to 1.51)	1.00 (0.85 to 1.19)

It appears that the initial effect of dose 1 tapers off after 7 days, since the incidence drops from 1635.9 down to 1319.8 after 7 days. However dose 2 appears to restart the bleeding, and elevates it back up to 1553.2. Dose 3 pushes it higher still to 1678.4.



## Comparing these graphs



In both cases, Dose 1 has an initial effect of increasing bleeding, but then the body fights back and repairs itself over 90 days. Dose 2 restarts the bleeding and elevates it to almost the same height as Dose 1, then Dose 3 carries it higher still.

## Results for Effects on Premenopausal Bleeding

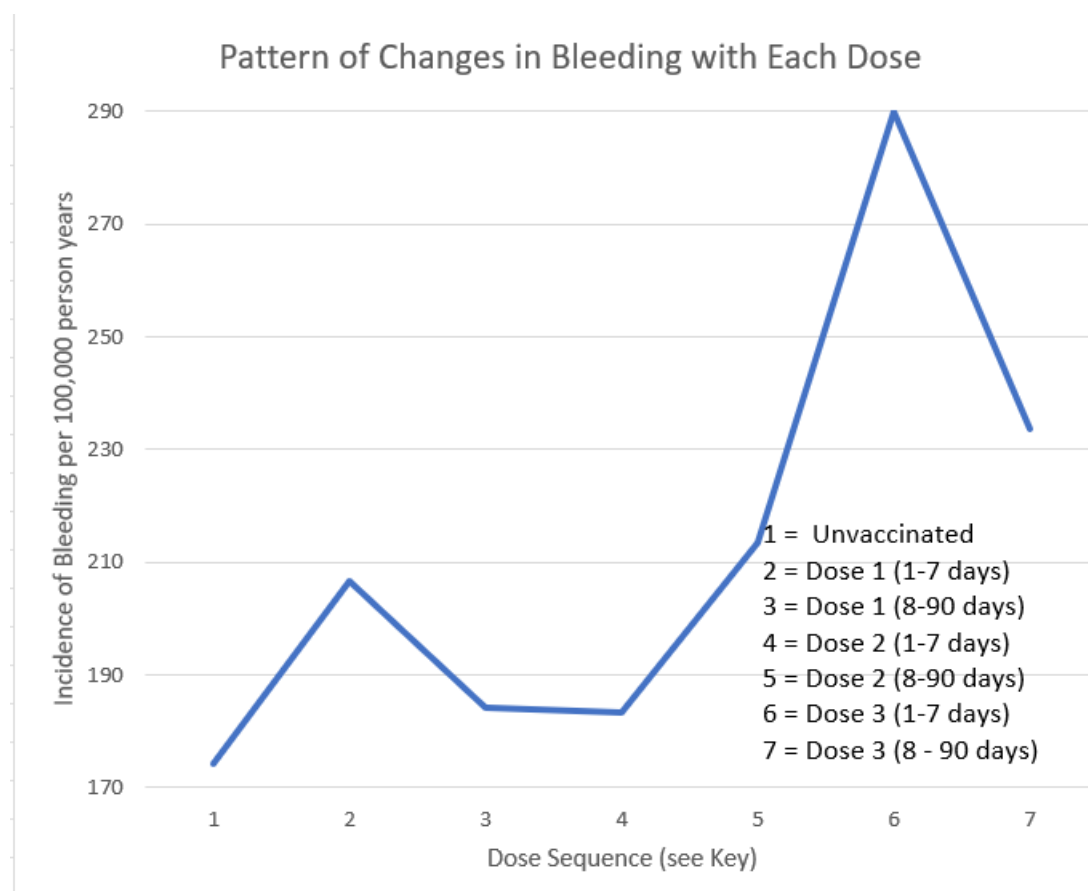
### 1.6 Million Women Aged 12-49 Years

Premenopausal bleeding (12-49 years, n=1 634 294)					
Unvaccinated	1 070 500	1865	174.2	ref	ref
Any dose:					
1-7 days	62 625	133	212.4	1.44 (1.2 to 1.74)	1.08 (0.90 to 1.30)
8-90 days	484 600	1002	206.8	1.43 (1.3 to 1.58)	1.01 (0.91 to 1.12)
Dose 1:					
1-7 days	26 144	54	206.6	1.40 (1.06 to 1.85)	1.14 (0.86 to 1.50)
8-90 days	148 118	273	184.3	1.32 (1.14 to 1.51)	1.01 (0.88 to 1.16)
Dose 2:					
1-7 days	25 096	46	183.3	1.22 (0.90 to 1.65)	0.96 (0.71 to 1.30)
8-90 days	284 736	608	213.5	1.45 (1.29 to 1.63)	1.03 (0.92 to 1.17)
Dose 3:					
1-7 days	11 385	33	289.9	1.67 (1.13 to 2.49)	1.14 (0.77 to 1.70)
8-90 days	51 745	121	233.8	1.32 (1.00 to 1.75)	0.83 (0.63 to 1.10)

\*Crude model included no covariates.

†Full model included age, country of birth, employed as a healthcare worker, marital status, education, and health seeking behaviours during 2018-19 (ie, no. of primary care visits, number of specialist outpatient visits, and days of inpatient stay), and prior comorbidities and treatments listed in supplement table S1.

The results for pre-menopausal women bear a striking resemblance to those for menstruating women



Once again, notice how the first dose elevates bleeding, but then the body recovers back to base line. The second dose has a delayed effect – elevating the bleeding back up to approximately the maximum level achieved by dose 1. It is the third dose that boosts bleeding far above these levels.

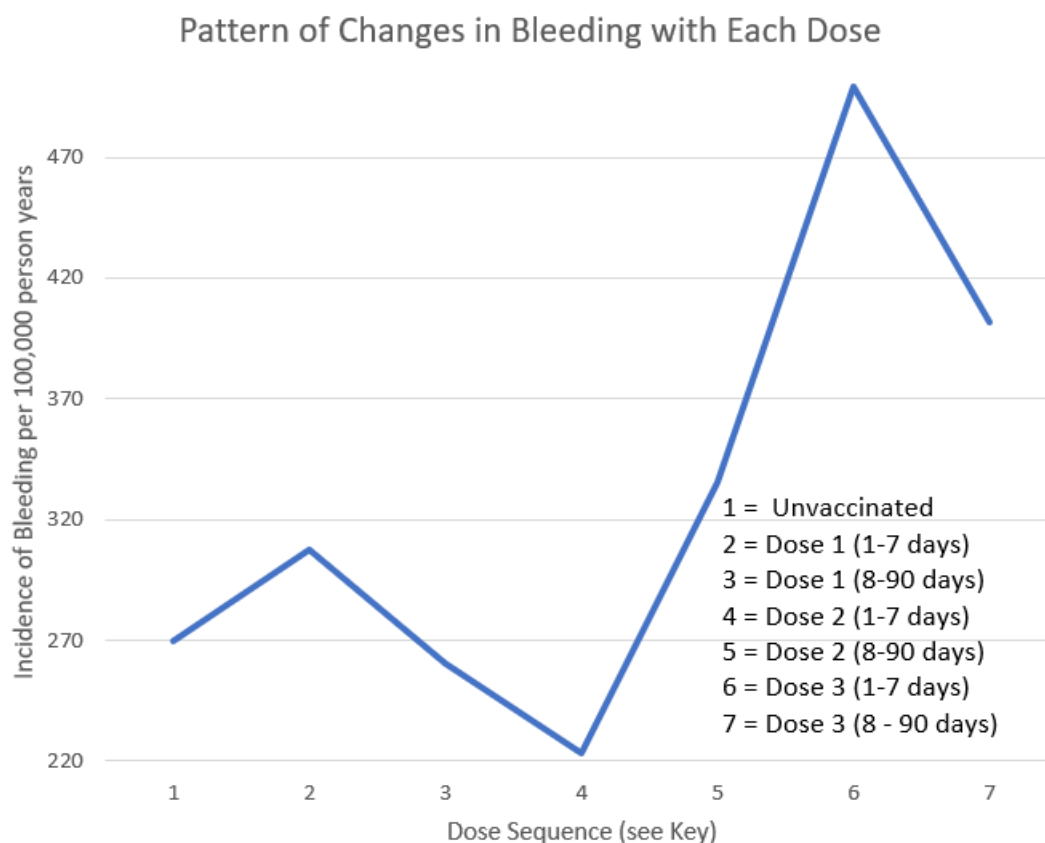
## Results for Effects on Premenopausal Bleeding 664,201 Women Aged 12-49 Years, in Primary Care

Premenopausal bleeding (12-49 years, n=664 201)					
Unvaccinated	449 008	1210	269.5	ref	ref
Any dose:					
1-7 days	24 459	75	306.6	1.33 (1.04 to 1.69)	1.00 (0.78 to 1.28)
8-90 days	190 173	603	317.1	1.39 (1.23 to 1.57)	0.99 (0.87 to 1.13)
Dose 1:					
1-7 days	10 398	32	307.8	1.37 (0.96 to 1.96)	1.13 (0.79 to 1.61)
8-90 days	62 149	162	260.7	1.21 (1.01 to 1.45)	0.95 (0.79 to 1.14)
Dose 2:					
1-7 days	9852	22	223.3	0.92 (0.60 to 1.42)	0.73 (0.47 to 1.13)
8-90 days	110 609	371	335.4	1.44 (1.24 to 1.67)	1.04 (0.89 to 1.22)
Dose 3:					
1-7 days	4209	21	498.9	1.62 (0.99 to 2.66)	1.15 (0.70 to 1.88)
8-90 days	17 414	70	402.0	1.27 (0.90 to 1.80)	0.83 (0.59 to 1.17)

\*Crude model included no covariates.

†Full model included age, country of birth, employed as a healthcare worker, marital status, education, and health seeking behaviours during 2018-19 (ie, no. of primary care visits, no. of specialist outpatient visits, and days of inpatient stay), and prior comorbidities and treatments listed in supplement table S1.

The pattern is confirmed for premenopausal bleeding with women in primary care.



Notice, once again, that bleeding incidence is elevated after the first dose during the first 7 days. Then the body recovers over the subsequent three months. However if someone takes a second dose, its effect is delayed, but manifests over a three month period, elevating the incidence of bleeding back up to approximately the maximum achieved by dose 1. Dose 3 boosts bleeding far above these levels.

Based on this common pattern, there can be absolutely no doubt that we are looking at a causal relationship. The body struggles to repair the damage, but repeated injections restore the damage then compound it – resulting in a significant increase in bleeding.

The same pattern applies to post-menopausal effects.

## References

[URGENT: Huge new study shows mRNA Covid jabs sharply raise the risk of severe vaginal bleeds \(substack.com\)](#)

[Association between SARS-CoV-2 vaccination and healthcare contacts for menstrual disturbance and bleeding in women before and after menopause: nationwide, register based cohort study | The BMJ](#)

<https://howbad.info/bleedingnation.pdf>