From The Epoch Times

Long COVID and COVID-19 Vaccine Injuries: What's the Difference?

The COVID-19 pandemic is almost over—at least, officially.

Yet many long-haulers and the vaccine-injured see no end in sight as they wake up every day to debilitating symptoms.

Critical care pulmonary specialist Dr. Pierre Kory, who shares a private practice treating both long COVID and COVID-19 vaccine injuries, told The Epoch Times that his clinic has treated over 200 of these patients since February 2022.

He has only gotten "five or six off of medicines completely." For most of them, it's a chronic illness that needs chronic medication.

While long COVID has received plenty of media coverage and research, long-lasting post-vaccine symptoms have been rarely touched upon. Some may wonder if post-vaccine symptoms even exist.

Kory and the many doctors who treat these patients answer in the affirmative: Vaccine injuries do exist, and the appearance of this illness looks to be quite similar to long COVID—in his patients, at least.

This article aims to address many of the questions about long COVID and vaccine injuries: What are long COVID and vaccine injuries, and what similarities and differences do they have?

What Are Long COVID and Vaccine Injury?

Long COVID is defined by persistent symptoms after a COVID-19 infection, while vaccine injuries are symptoms that manifest due to vaccination.

As early as 2020, a preprint study reported on post-COVID symptoms that have persisted for several months, with the most common symptoms

reported after six months being fatigue, post-exertional malaise, and cognitive dysfunction.

The preprint paper was later published in The Lancet in August 2021 and tracked over 200 post-COVID symptoms.

It is not unusual for a viral disease to take a person out for a few weeks to months, but The Epoch Times spoke to several long-haulers who have not seen improvements for months to years.

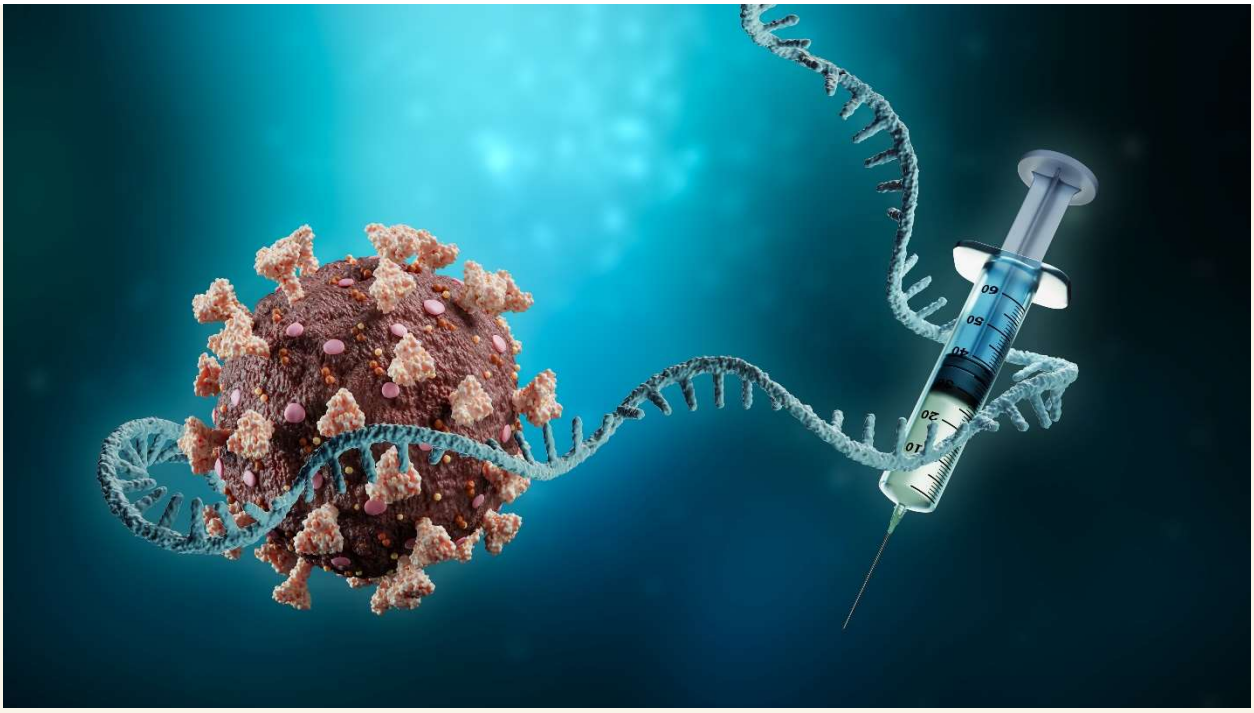
Across the United States, long-COVID clinics have popped up one after another, yet many long-haulers feel that their problems are not being addressed.

Compared to long COVID, COVID-19 vaccine injuries receive significantly less media coverage and research.

In the literature, the term "vaccine injury" has long been used with previous vaccines, including flu, polio, Measles, Mumps, and Rubella (MMR) vaccines, and many more. Such injuries have mostly been documented as vaccine adverse events, meaning untoward health events associated with the vaccine, but may or may not be vaccine-related.

It is up to the doctors during diagnosis to decide whether the patient's symptoms are related to the vaccine.

Neurological, cardiac, autoimmune, and immunological manifestations have been reported with all forms of COVID-19 vaccines, be it an inactivated, mRNA, or DNA vaccine.



(MattLphotography/Shutterstock)

There Are No Diagnostic Tests for Long COVID and Vaccine Injuries

There have been controversies on whether the current long-COVID cases are all real long COVID, or whether some of them are vaccine injury events.

Currently, there is no approved diagnostic test for either long COVID or vaccine injury. Existing clinical tests often return with normal test results, even though many patients report discomfort and sickness.

These two conditions also share similar clinical presentations, making it even harder to tell them apart.

Doctors, therefore, need to look at a patient's medical history and determine the events that led up to the symptom onset to come to a diagnosis.

The criteria for diagnosis mostly pertain to whether the chronic symptoms were preceded by a COVID-19 infection, in which case it is likely long COVID; if symptoms were preceded by vaccination, the patient may have a vaccine injury.

Some doctors have developed their own diagnostic methods.

Dr. Sabine Hazan, a California-based gastroenterologist and CEO of Progenabiome, uses gut bacterial composition as supplementing information in her diagnosis and treatment.

She told The Epoch Times that she sees differences in microbiome composition between these two groups of people, and this also helps her with a diagnosis, though there is still more research needed to confirm.

Long COVID and Vaccine Injury Likely Have Same Cause

Both long COVID and vaccine injury have been theorized to be caused by the spike protein, though by very different mechanisms.

In long-haulers, the COVID virus and its spike proteins likely entered through the lungs as part of the infection. If the infection is not cleared, some of the virus—especially its smaller spike proteins—may enter the blood vessels and cause systemic damage to the body.

With the vaccines, the individual gets a dose of mRNA or DNA shot into the deltoid, bypassing the lungs. The mRNA or DNA enters the cells in the deltoid and induces the cells to start producing spike protein, which may enter the blood vessels and cause systemic damage, according to current studies.

Since the spike protein can traverse and damage multiple organs, doctors theorize that spike protein-induced injuries are a multisystem syndrome rather than a disease.

The distinction of spike protein-injury syndromes is important, as it highlights that the condition is systemic and can be related to many organs and body systems.

There are also spike protein injuries that only involve a single organ. This would include adverse events such as myocarditis and pericarditis. While these adverse events may also be caused by vaccine spike protein, treatment is more straightforward since only the heart is affected.

Systemic spike injuries may lead to inflammation, impairments in the gut microbiome, mitochondrial dysfunction, allergic reactions, activation of latent viruses, blood clotting, and injuries to other organs.

The impairment of these mechanisms can therefore cause a collection of symptoms including cognitive problems, migraines, fatigue, malaise, breathing problems, rapid heart rates, neuropathic pain, seizures, and more.

Some doctors hypothesize that, compared to long-haulers, people who experience vaccine adverse events might have a higher amount of spike protein in their bodies. A hypothesis paper reasoned that in infection, the virus tends to be restricted to the lungs, while the vaccine introduces its content straight into the muscles. The authors' calculations suggest that plasma spike protein levels in vaccinated individuals who developed thrombocytopenia were found to be 10 to 100 times higher than in patients with severe COVID-19.

Differences in Symptoms Onset

Though spike protein invasion routes all share similarities, their differences may lead to different symptom progressions.

There tend to be two major groups among long-COVID patients. The minority progresses from acute COVID-19 into long COVID without a period of symptom alleviation in between.

Kory said that most of the long-haulers he sees experienced a period of recovery or symptom alleviation for a few days to weeks before progressing into long COVID. This has also been observed in research.

Board-certified internist Dr. Keith Berkowitz, also the founder and medical director of the Center for Balanced Health in New York, told The Epoch Times that some of his patients developed long COVID after a mild or asymptomatic infection. This has also been reported in peer-reviewed studies and other doctors have seen this trend, as well.

Since COVID-19 infects the lungs, many long-COVID patients develop persistent shortness of breath caused by systemic pneumonia. Because

the vaccine bypasses the lungs, pneumonia is seen less in vaccine-injured individuals.

Similar to that of long-haulers, there are also two major groups for the symptom onset of vaccine injuries.

One group of people experience symptoms within the first few minutes to hours of receiving the vaccine. These responses are likely due to sensitivities to the vaccine contents, which include lipid nanoparticles in the mRNA vaccines, and polyethylene glycol (PEG).

The second group of people develops symptoms later, within days or weeks after vaccination. Since it takes time for cells to make spike protein, it may take a longer time for the vaccines to start causing damage. A preprint study on mRNA lipid nanoparticles in cell culture found that cells need around three to seven hours to start to make spike protein carried in the lipid nanoparticles, though the duration may vary when applied to the human body. Another study found spike proteins detected in the plasma one day after vaccination.

Clinicians noticed other minor subtleties between patients who were diagnosed as either long-haulers or post-vaccine injured.

Kory's vaccine-injured patients tend to have more neurological symptoms including neuropathies, seizures, tremors, and tinnitus, while Berkowitz said that he observes more cardiac problems among his vaccine-injured patients.

Board-certified internist Dr. Syed Haider, who is the founder of MyGoToDoc.com, an online platform that connects over 50,000 long-COVID patients with health care professionals, said that with his patients, those who developed symptoms after the vaccine usually have one or two particularly prominent symptoms, while the long-COVID patients tend to have more of an even mix.

Hazan, on the other hand, notices subtle differences.

"The differences in the presentations are all in the history taking," she said.

From early 2022 to now, Kory and Berkowitz have seen a shift in the patients presenting in their clinics. A year ago, the majority of patients they treated had long COVID; now, people who first developed symptoms after vaccines make up the majority.

For Haider, the majority of his patients are still long-haulers, while Hazan sees around a 50-50 split.

Recent studies have found that compared to those infected with earlier variants, people infected with Omicron seem to be at a lower risk for long COVID.

While Berkowitz and Kory have continued to see long-COVID symptoms in people infected with Omicron, both say that long COVID after Omicron tends to be less prevalent.

SARS-CoV-2 variants. (Getty Images)

The Majority Now: Vaccinated and Infected

The unfortunate situation now is that most people have both been infected with COVID-19 and vaccinated, complicating diagnosis and treatment.

Regardless of doctors' own diagnostic methods on whether symptoms are caused by infection or vaccination, the consensus among clinicians interviewed by The Epoch Times is that people who have been harmed by the spike protein, whether through long COVID or vaccinations, should avoid getting reinfected, infected for the first time, or getting a booster.

A 2022 survey conducted by React19 on 98 long-COVID or post-vaccine sufferers found that around one-third of the people reported worsening symptoms after a COVID-19 reinfection.(pdf)

Subsequent vaccinations are also ill-advised.

"I've had patients who took the first shot, really got kind of sick in the weeks afterwards, and actually got a second shot," said Kory.

People who fell ill after the first shot are advised to speak to their physicians about potential health risks to decide if they should continue vaccinating.

While there are long-COVID cases where patients feel better after vaccination, these cases tend to be rare, with most patients experiencing symptom aggravations after a subsequent infection or vaccination.

An interesting thing Berkowitz noticed was that, while infections with previous COVID-19 variants such as Alpha and Delta may worsen a post-vaccine patient's symptoms, he sees less of this with post-vaccine patients infected with Omicron. This suggests that these patients' immune systems may be better able to control Omicron infections.

Similar Treatment Protocols

Treatment-wise, there is not a clear difference between treatment protocols for these two conditions.

“My approach to treating both syndromes is essentially the same,” said Haider, explaining that clinicians currently do not know how to remove the lipid nanoparticles, polyethylene glycol, intact mRNA, or fragmented mRNA from people who have been vaccinated with the mRNA shots, so there’s no specific way to address the differences.

A biodistribution study (pdf) released upon a Freedom of Information request on mRNA vaccines found that when lipid nanoparticles were injected into mice, most would stay in the injection site while some would sequester in the liver, adrenal glands, spleen, and ovaries. Another study in rats found that those injected with vaccine lipid nanoparticles tended to have a lower immune response, though it is unknown if this relationship is causal.

Since treatment protocols may be similar for both conditions, vaccine-injured patients may benefit from treatments available at long-COVID clinics, provided that they are receiving proper treatment.

Kory said that a majority of his patients tried going to primary care doctors and long-haul clinics, received little treatment or help, then came to him in despair.

“The other plight of the long-hauler and the vaccine-injured is that the majority have normal tests,” said Kory. “You might find some abnormalities [but] there’s no smoking gun to point to what the problem is, in testing.”

Therefore, a large part of long-COVID and vaccine-injury treatments aim to target the underlying mechanisms that may be causing the symptoms, hoping that the mechanism that is targeted is the right one.

Many of these treatments aim at clearing the remnant spike proteins and relieving the inflammation they cause, while also boosting overall health to help with self-recovery.

Sometimes these long-haul patients simply need time to recover. Kory observed that his long-haul patients tend to see improvement in their symptoms over time, while he found there seems to be less of a time benefit for people who have post-vaccine symptoms.

“We use this phrase: a tincture of time,” said Kory.

Long-COVID patients also tend to have more pulmonary problems from their prior infection; therefore, they may be prescribed steroids such as prednisone to control pneumonia.

Berkowitz, on the other hand, sees patients of various presentations and has to adjust his treatments to suit each patient. Vaccine-injured patients, especially, tend to have more symptoms, and this inevitably increases their recovery time.

Hazan, treats patients by replenishing their lost gut microbiome. The lost bacteria tend to vary among patients, so everyone is treated differently.

Research

While research on spike protein injury has exclusively focused on long-COVID patients, Kory suspects that some of these cohort studies have also included people who were harmed by the vaccines rather than COVID-19.

“I don’t think [the studies are] purely about long-haul, unless it’s [published in] 2020 before the vaccines came out,” Kory said.

Therefore, data on long COVID may be confounded and impure.

Focused attention on long COVID while denying vaccine injury syndromes promotes a vaccination agenda, as they may be led to think the vaccines are safe and without harm.

“It will continue to propagate this non-recognition of the scope and scale of vaccine injuries,” said Kory. “If anything, it could make people want to get vaccinated because they don’t want to get long COVID.”

Hazan, who has clinical trial experience of more than 30 years, told The Epoch Times that there has been a lot of resistance against published research that went against the mainstream narrative on vaccine safety and early treatment.

Though she has yet to publish any studies on vaccine injury, her previous papers that speculate on the possible benefits of ivermectin have faced