



Written by [Rebecca Terrell](#) on April 7, 2026

Oxford Study Says Myocarditis and Pericarditis Observed Only in Covid-vaccinated Youths

A major [observational study](#) from the University of Oxford confirms fears about Covid-19 vaccine safety in children. Published as a preprint in May 2024 on [medRxiv](#), the [OpenSAFELY analysis](#) examined health records of approximately 1.7 million children and adolescents in England. Researchers tracked outcomes following Pfizer-BioNTech vaccination and found that all documented cases of myocarditis and pericarditis occurred exclusively among those who received the shots. No such cases were recorded in the unvaccinated comparison group during the study's observation windows.



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The study, conducted via the OpenSAFELY secure analytics platform, focused on vaccine effectiveness and safety signals. It reported roughly 27 cases of myocarditis or pericarditis per million children after the first dose and about 10 cases per million after the second dose. Senior author William Hulme emphasized that the 1.7 million figure refers to the total study population, not the number affected. Actual cardiac events numbered in the dozens across the vaccinated cohort.

Pharma Pushback

The pharmaceutical industry and its advocates have [pushed back on interpretations](#) circulating in alternative media. They note the preprint has not yet undergone full peer review and was designed primarily to assess vaccination outcomes rather than [comprehensively compare](#) vaccine-related versus infection-related myocarditis. The study did not include a parallel analysis of heart inflammation following SARS-CoV-2 infection in the same population, nor did it track unvaccinated children for infection-triggered cases in identical time frames. High-risk children were also excluded from some cohorts.

Nevertheless, the findings align with earlier data showing a temporal association between mRNA vaccines (especially second doses) and myocarditis/pericarditis, predominantly in adolescent males. [Global surveillance systems](#), including the CDC's Vaccine Adverse Event Reporting System ([VAERS](#)), have consistently identified [this pattern](#) since 2021, with [highest risks](#) in teenage boys after dose two. Most cases resolve with rest and anti-inflammatory treatment, but concerns persist about long-term cardiac effects in a demographic with near-zero risk of severe Covid-19.

Are Mandates Ethical?

The Oxford results arrive as public-health authorities are reevaluating pediatric Covid mandates. First acknowledged in 2021, the danger signal led the CDC to [announce in May of last year](#) that it would no longer recommend Covid-19 shots for healthy children and pregnant women. The OpenSAFELY data —



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drawn from real-world English health records — provides one of the largest snapshots yet of vaccinated versus unvaccinated youth in a controlled observational setting. It raises pointed questions: If no cases appeared in the unvaccinated under the study parameters, why were healthy children pressured into a product carrying even a small cardiac risk?

While the pharmaceutical industry insists that absolute risk remains relatively low, the exclusive appearance of these inflammatory events in the vaccinated group in this large dataset fuels legitimate skepticism about universal recommendations for low-risk age groups. Why were healthy children administered experimental mRNA shots under emergency authorization? The study shows the importance of proper risk-benefit analysis rather than blind trust in such situations.

As explained in the landmark [Principles of Biomedical Ethics](#), one of the pillars of morality in the medical industry is autonomy, i.e., the ability to make one's own decisions (a.k.a. informed consent). If the contraindications of a therapy are not properly articulated, then informed consent cannot be achieved. Hence the coercion of a procedure cannot, definitionally, be ethical.

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