Collaborative Inquiry: Seeking Your Expert Opinion on Histopathological Findings Post-COVID-19 Vaccination

November xx st/th, 2025

Dear Colleague,

We are reaching out to you as an expert in Pathology to solicit your professional perspective on observations that have been raised by international colleagues.

You play a critical role in diagnosing patients accurately and in monitoring health changes from a broader perspective. This is especially important in the post-marketing surveillance of new medical products, where the identification of potential adverse events relies heavily on pathological expertise.

Discussions around the efficacy and safety of COVID-19 vaccines have been varied. In the interest of objectivity and patient safety, we believe it is essential to focus on the available data to form a rational, evidence-based opinion. This is especially important given the intention to use genetic vaccine technology instead of traditional vaccines.

Whilst the significance of some reported health impacts may be debated, the volume of peer-reviewed publications describing diverse aspects of COVID-19 vaccine-associated findings suggests this is a area requiring professional diligence. This is particularly relevant given the accelerated timeline for the approval of these products.

As professionals with a high degree of ethical responsibility, the Precautionary Principle is a relevant consideration. Potential risks of new medical products must be taken seriously. There is a duty of care to ensure that patient safety is prioritized.

Medical science can be influenced by competing interests, be they economic, political, or social in nature. It is therefore important that professionals who have observations based on data are heard, to ensure that informed consent is based on an environment of openness and transparency.

COVID-19 vaccines were rolled out under unique circumstances. Some have raised questions about whether passive pharmacovigilance systems were sufficient to characterise potential harms, given the speed and scale of the rollout. A number of experts have expressed concerns regarding the potential risks to health.

We represent a body of experts from various disciplines who are seeking to better understand the available safety signals. We would like to hear from you about your professional observations over the past 5 years, particularly in light of the scientific evidence presented below, which is a selection of what has been described in the literature, based on autopsies and pathological examinations.

Systematic reviews of autopsies conducted after COVID-19 vaccination

Two recent scientific review articles deal specifically with pathological and histological findings after COVID-19 vaccination.

The first study by Hulscher *et al.* (Jan 2024)[1] describes autopsy findings and histological examination of 28 deceased where the cause of death, based on the Bradford Hill criteria, was attributed to COVID-19 vaccination. The article's conclusion reads:

"The cardiovascular system was the only organ system affected in 26 cases. In two cases, myocarditis was characterised as a consequence of a multisystemic inflammatory syndrome. The average age at death was 44.4 years. The mean and median number of days from last COVID-19 vaccination to death was 6.2 and 3 days, respectively. We determined that a causal relationship between all 28 deaths and COVID-19 vaccination was most likely by independently reviewing the clinical information in each article. Thus, the study suggests that there is a high likelihood of a causal association between COVID-19 vaccines and death from myocarditis."

Another review by Hulscher *et al.* (Nov 2024)[2] includes a systematic review of autopsy findings in decedents following COVID-19 vaccination. This study includes:

"325 autopsy cases. The average age at death was 70.4 years. The most involved organ system among the cases was the cardiovascular (49%), followed by haematological (17%), respiratory (11%) and multiple organ systems (7%). Three or more organ systems were affected in 21 cases. The average time from vaccination to death was 14.3 days. Most deaths occurred within one week of the last vaccination. A total of 240 deaths (73.9%) were independently assessed as directly caused or substantially contributed to by COVID-19 vaccination, of which the primary causes of death included sudden cardiac death (35%), pulmonary embolism (12.5%), myocardial infarction (12%), VITT (7.9%), myocarditis (7.1%), multisystem inflammatory syndrome (4.6%), and stroke (3.8%)."

The authors conclude that a causal link is highly likely and that further studies are needed.

Case series from Professor Arne Burkhardt

A new histopathological atlas co-authored by pathologist Ute Krüger (2025),[3] describes histological studies of tissue from people who died after mRNA injections.

These studies are based on the autopsy findings of Professor Arne Burkhardt. Tissue samples were examined by histological methods including immunohistochemistry for Spike protein.

The work emphasises the importance of a multi-organ approach to autopsies. The most consistent finding was vascular inflammation. In almost 90% of cases, lymphocytes were found in the tissue surrounding vessels. Endothelial cells were seen to disintegrate and become detached.

In more than 50% of cases, inflammation was observed in the heart. Spike protein expression was identified, in association with pathological abnormalities, in heart tissue, vessels and brain tissue.

At the time of the analysis, immunohistochemistry for the viral nucleocapsid protein was used as a control to suggest the spike protein was vaccine-derived. It is now possible to more specifically distinguish between viral- and vaccine-derived Spike protein.

We would be interested to hear if you have implemented such analytical methods in your workplace.

Excess mortality.

Since 2021, non-COVID excess mortality has been recorded in many countries with high COVID-19 vaccine uptake, especially in younger age groups.[4,5,6,7,8] Pathologists are crucial in investigating the pathogenic signatures underlying mortality trends. This excess was accompanied by an increase in disability claims[9] and was observed in countries including Australia and Singapore.[10,11] As these countries had high vaccination uptake but a lower burden of COVID-19 infection, investigating the cause of this mortality is a pertinent scientific question.

A study by Sorli [5] reported that 6.08 million more people died in 2021 than in 2020. This contrasts with modelling studies that claimed COVID-19 vaccination saved 14 million lives,[12] a conclusion dependent on questionable assumptions.[13] Sorli's analysis of real-world data suggested that mortality in the vaccinated population in 2021 was 14.5% higher than in the unvaccinated population.

Cardiac deaths

Excess cardiac deaths have disproportionately affected younger age groups. The British Heart Foundation reported an excess of 100,000 cardiac deaths in England between March 2020 and June 2023.[14] The 50–64-year age group had a 33% higher rate of cardiovascular death.[15] One analysis has correlated excess cardiac deaths with vaccination rates at a regional level.[16]

Increase in cancer cases

Pathologist Ute Krüger has reported observing an increase in younger women diagnosed with fast-growing breast cancers, which she termed 'turbo cancers'.[3] These clinical observations are now being supported by large-scale epidemiological studies. A recent South Korean national cohort study found significantly increased risks for specific malignancies, including hematological cancers, following COVID-19 vaccination.[17] Similarly, a 30-month cohort study in an Italian province reported a significant increase in cancer hospitalization rates among the vaccinated population.[18]

The presence of residual DNA in the final product has been reported by independent researchers to be above regulatory limits. The presence of the SV40 promoter/enhancer has

been noted as a potential theoretical risk due to its known biological activity,[19] as outlined in a recent letter of concern from NORTH Group to prime ministers and health ministers from 27 countries.[20]

Although health authorities have not established a link, some data suggests changes in cancer incidence since 2022. The figure below shows a rise in the number of young people in the UK seeking financial support due to a cancer diagnosis[21]:

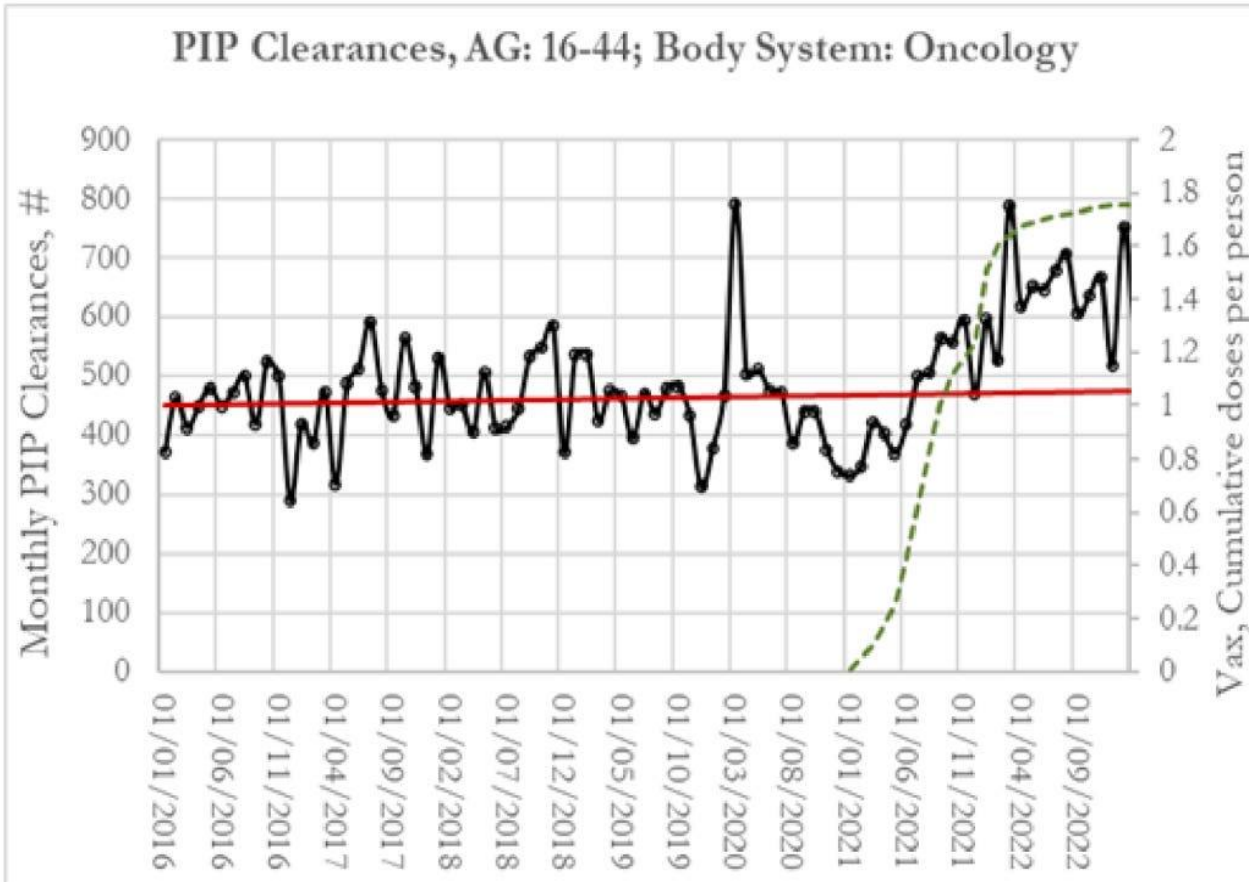

Figure 1. Personal Independence Plan (PIP) claims, January 2016-February 2023, UK

Our request to you.

This is only a small selection of studies that document observations following COVID-19 vaccination. We are interested in your professional experiences.

Have you noticed:
a) An increase in sudden and/or unexpected deaths among younger people?
b) More cardiovascular-related deaths?
c) Cardiac deaths in low risk groups?
d) Changes in cancer diagnoses including a younger demographic, rarer types, higher stage presentations and an increased incidence of dual primaries?
e) A change in the diagnostic picture in autopsies and histological results?
If yes, please describe these changes.

f) Do you have access currently to immunohistochemistry for spike protein – if not, would you be willing to set this up in your laboratory?

Please mail any comments to **contactus@northgroup.info**

We thank you for your time and interest. We hope to open a dialogue about these observations, in recognition of our shared duty of care to investigate and report potential adverse events.

With respect,

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