

The Latest Tragedy: Sudden Adult Death Syndrome

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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STORY AT-A-GLANCE

- › In recent weeks, media outlets around the world have started highlighting a medical phenomenon called “sudden adult death syndrome,” or SADS, in what appears to be a clear effort to obscure the reality of COVID jab deaths. Sad on steroids indeed
- › Underlying factors for SADS include undiagnosed myocarditis, inflammatory conditions and other conditions that cause irregularities in the electrical system of the heart, thereby triggering cardiac arrest
- › While SADS has been known to occur previously, what’s new is the prevalence of this previously rare event. In Australia, the Melbourne Baker Heart and Diabetes Institute is setting up a new SADS registry “to gain more information” about the phenomenon
- › Data compiled by the International Olympic Committee show 1,101 sudden deaths in athletes under age 35 between 1966 and 2004, giving us an average annual rate of 29, across all sports. Meanwhile, between March 2021 and March 2022 alone – a single year – at least 769 athletes have suffered cardiac arrest, collapse, and/or have died on the field, worldwide
- › Among EU FIFA (football/soccer ball) athletes, sudden death increased by 420% in 2021. Historically, about five soccer players have died while playing the game each year. Between January and mid-November 2021, 21 FIFA players died from sudden death

In recent weeks, media outlets around the world have started highlighting a medical phenomenon called “sudden adult death syndrome,” or SADS, in what appears to be a clear effort to obscure the reality of COVID jab deaths.

SADS is also short for “sudden arrhythmic death syndrome,”¹ which was first identified in 1977. Underlying factors for SADS (both the sudden adult death and sudden arrhythmic versions) include undiagnosed myocarditis, inflammatory conditions and other conditions that cause irregularities in the electrical system of the heart, thereby triggering cardiac arrest.^{2,3,4} While SADS has been known to occur before, what’s new is the prevalence of this previously rare event.

Historical Prevalence of SADS

According to the British Heart Association, there are about 500 cases of SADS in the U.K. each year.⁵ The British Office for National Statistics, on the other hand, show far fewer cases.⁶ The ONS lists a total of 128 cases of SADS (all age groups, whether listed as cardiac-related or unknown) in 2016, 77 cases in 2017, 70 in 2018, 107 in 2019 and 139 cases in 2020.

While data on SADS incidence for 2021 and 2022 are hard to come by, incidence has apparently risen sufficiently enough to cause concern in some countries. Before the pandemic, SADS was the acronym for sudden arrhythmia death syndrome, which was rare and with scant research on it except to mention that it accounted for about 30% of unexpected cardiac deaths among young people.⁷

But today, it’s no longer rare and SADS is virtually on steroids as the numbers of sudden deaths in young adults pile up around the world. The numbers are so concerning that in Australia, for example, the Melbourne Baker Heart and Diabetes Institute is setting up a new SADS registry “to gain more information” about the phenomenon.^{8,9}

According to a spokesperson, there are approximately 750 SADS cases per year in Australia. In the U.S., the average annual death toll from SADS is said to be around 4,000.¹⁰

Since the rollout of the COVID jabs, the news has been chockful of reports of young, healthy and often athletic people dying “for no reason” and doctors claim to be “baffled”

by it. Doctors and scientists in Australia are even urging everyone under the age of 40 to get their hearts checked, even if they're healthy and fit.¹¹

Any thinking person, on the other hand, can clearly see the correlation between the shots, which are now well-known for their ability to cause heart inflammation, and the rise in sudden death among young and healthy people.

Hundreds of Athletes Have Collapsed and Died Post-Job

Among athletes, sudden death incidence has historically ranged between 1 in 40,000 and 1 in 80,000.¹² An analysis¹³ of deaths among competitive athletes between 1980 and 2006 in the U.S. identified a total of 1,866 cases where an athlete either collapsed from cardiac arrest and/or died suddenly. That's 1,866 cases occurring over a span of 27 years, giving us an annual average of 69 in the U.S.

Data¹⁴ compiled by the International Olympic Committee show 1,101 sudden deaths in athletes under age 35 between 1966 and 2004, giving us an average annual rate of 29 sudden deaths, across all sports. Meanwhile, between March 2021 and March 2022 alone – a single year – at least 769 athletes have suffered cardiac arrest, collapse, and/or have died on the field, worldwide.¹⁵

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Good Sciencing, which is keeping a running total of athletic deaths post-job puts the current number of cardiac arrests at 1,090 and total deaths at 715.¹⁶ Several dozen more are pending confirmation that the athlete had in fact received the shot.

Among EU FIFA (football/soccer ball) athletes, sudden death increased by 420% in 2021.¹⁷ Historically, about five soccer players have died while playing the game each year. Between January and mid-November 2021, 21 FIFA players died from sudden death.

COVID Jab Clearly Associated With Heart Injury

An opinion piece in *Frontiers in Sports and Active Living*, published in April 2022, highlights the correlation between COVID jab-induced heart inflammation and sudden cardiac death in athletes:¹⁸

“Increased COVID-related SCD [sudden cardiac death] appears to be due, at least in part, to a recent history of infection and/or vaccination that induces inflammatory and immune impairment that injures the heart.

An unhealthy lifestyle that may include poor diet or overtraining may likely be a contributing factor. The seeming increased incidence of myocarditis and pericarditis during COVID-19 and in the post-vaccination period, and SCD, poses a serious risk to not only athletes but all others and is a cause for alarm.

As the population ages and the popularity of running, cycling, and other endurance sports increases, the burden of SCD risk can potentially grow as well. A strong focus on both health and fitness should be a loud and clear public health message.”

The Signal That Cannot Be Silenced

In a June 13, 2022, Substack article, Dr. Pierre Kory also commented on this latest effort to explain away COVID jab deaths:¹⁹

“I recently posted a deeply referenced compilation²⁰ of evidence detailing the historic humanitarian catastrophe that has slowly unfolded within most advanced health economies across the world. Caused by a global mass vaccination campaign led by the Pharma masters of BMGF/WHO/CDC that illogically (but profitably) targeted a rapidly mutating coronavirus.

They did it with what turned out to be the most toxic protein used therapeutically in the history of medicine. In vials mixed with lipid nanoparticles, polyethylene glycol and who knows what else.

I cited studies and reports showing massive increases in cardiovascular deaths and neurologic (and other) disabilities amongst working age adults, beginning in 2021 only.

A disturbing signal screaming from the original clinical trials data,²¹ VAERS data,²² life insurance data,²³ disability data,²⁴ reports of cardiac arrests of professional athletes,²⁵ rises in ambulance calls for cardiac arrests in pre-heart attack age young people,²⁶ and the massive increases in illnesses and data manipulations²⁷ in Department of Defense databases.

As these events become more and more recognized by the average citizen (and occasional journalist), a new pathetic 'Disinformation Campaign' was launched in response trying to blame all the young people dying as simply a need for increased awareness of the rare condition called Sudden Adult Death Syndrome (SADS), rather than examples of the legions dying from the vaccines.

The fact checkers also came out in support of this narrative, branding anyone who thinks the vaccines are the cause of SADS as a conspiracy theorist ...

What is nauseating is the tone of purported good intention within these articles, informing folks that if you are related to someone young who died suddenly you should go see a cardiologist to make sure you don't have an abnormal EKG.

After it turns out normal, they will assuredly tell you to get vaccinated, an absurdity atop a mountain of absurdities caused by our bio-medical-media industrial complex over the past 2+ years."

Diseases 'Suppressed by COVID' Make Comebacks

Media are also trying to write off increases of other diseases as something other than COVID job-related. "Diseases Suppressed During COVID Are Coming Back in New and Peculiar Ways," CNBC reported June 10, 2022.²⁸

The article goes on to discuss how viruses other than SARS-CoV-2 are now “rearing their heads in new and unusual ways.” Influenza, respiratory syncytial virus (RSV), adenovirus, tuberculosis and monkeypox have all “spiked and exhibited strange behaviors in recent months,” CNBC notes.

No mention is made, however, of the fact that the COVID jab has been linked to vaccine-acquired immunodeficiency (lowered immune function), rendering you more susceptible to infections and chronic diseases of all kinds, including autoimmune diseases.²⁹ MIT research scientist Stephanie Seneff explains the mechanisms for this in [“COVID Vaccines and Neurodegenerative Disease.”](#)

The COVID jab has also been shown to activate latent viruses, including hepatitis C,³⁰ cytomegalovirus,³¹ varicella-zoster³² and herpes viruses.³³ Not surprisingly, Moderna is now working on a new vaccine for “latent cytomegalovirus prevention.”³⁴

This is yet another case of a drug company creating a “remedy” against a health problem their own product was responsible for creating in the first place. CNBC, meanwhile, cites “health experts” who attribute lowered immunity to COVID lockdowns, mask wearing and missed childhood vaccinations.³⁵

Amputations of arms, legs, fingers and toes — consequences of post-jab blood clots — are also being written off as something else.³⁶ In this case, media are blaming it on high cholesterol,³⁷ totally ignoring the fact that high cholesterol has been prevalent for decades, and only now are people losing their extremities in shocking numbers.

Spikes in blood clots and strokes, meanwhile, are being blamed on smoking, pregnancy and contraceptives,³⁸ even though blood clots and strokes are among the most common side effects of the COVID jab. Most ridiculous of all, however, is the claim that a “newly-discovered, highly reactive” chemical in the earth’s atmosphere is suspected of triggering heart disease.³⁹

To anyone with half a brain, it’s clear that government authorities and media are doing everything they can to shift blame away from what is the most obvious culprit, namely the COVID shots.

All the diseases and conditions they're now blaming on everything from cholesterol to mysterious atmospheric chemicals are known side effects of the jab. The elephant in the room is so gigantic, you can't even get around it anymore. It's pressing us against the walls.

Nursing Reports From the Frontlines

In his June 13, 2022, Substack article,⁴⁰ Kory also shares insider information from a senior ICU and ER nurse who suffered blood clotting injuries, spontaneous unstoppable bleeding and cervical lymph node enlargement following her second Pfizer dose.

She filed a report with the Vaccine Adverse Event Reporting System (VAERS), which has since vanished. The batch numbers for the shots she received were associated with bad neurological responses and clotting. She also lost her hematologist-oncologist to vaccine injury.

While only in his early 40s, he's now too injured to practice. "He was a 'true believer' and in denial until it was him who was the injured patient," she told Kory.

The major cancer hospital where she works now have caseloads "in the thousands," she says, whereas before the average caseload was between 250 and 400 in any given quarter. They don't even have enough beds or infusion space to treat them all, and radiation treatments are backlogged.

All kinds of cancers are showing up – brain, lymph, stomach, pancreas, blood and even EYE cancers, "especially in younger people recently vaxxed." Strokes are also "way up" in people with no risk factors or comorbidities. In an email to Kory, she wrote:⁴¹

"Ask me anything. I'll tell you inside scoop from the floors and suites. This has to stop. They need to admit the fraud and crime and STOP. The liability must be lifted, mandates ended. They KNOW NOW and many KNEW THEN.

Don't know if you'll even read this, but I follow all of you on substack and Twitter – those not banned yet! – and read ALL the data. I've been a lab rat myself

from an issue from a car accident years back – I know the process. So much fraud.”

In a follow-up email, the unnamed nurse continued:

“Lost 4 practitioners to serious side effects of ‘strongly encouraged’ boosters. 2 hospitalized, one in MICU ... All in early 30s to mid-40s. They had no need for boosters ... All had COVID previous, N antibodies fully measurable.”

Cardiac Anomalies Abound

Her colleagues in the cardiac unit also report “many anomalies ... that never existed before,” including massive thrombi that fill the entire artery. Some embalmers have documented this never-before-seen phenomenon.⁴² They also can barely keep up with the unprecedented number of cardiac arrests. Kory writes:⁴³

“She told me ... that on some night shifts, nurse teams are seeing more cardiac arrests in a single shift than ever before and in unprecedented younger age patients.

On some shifts, they have had so many that the ‘crash carts’ are rolled straight from one arrest to another because pharmacy, especially on night shifts, are not able to re-stock fast enough. This situation has happened maybe once in my whole career, when two arrests happened on the same floor or unit within a short time period.”

And, while medical staff still are not speaking out publicly, the reality of the situation appears to be dawning inside the hospital walls, in private conversations between staff. Even there, however, nurses speak in code for fear of reprisal, referring to COVID job injuries only as “that issue.”

The nurse pointed out that, now, the vaccination status is clearly marked at the top of the first screen of the patient’s medical record when the shot is suspected or known to

be related to the patient's "mysterious" or "complex" problem. Perhaps this is a sign that the dissociation from reality may be slowly breaking. I sure hope so.

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