

March 20, 2025 › [Health Conditions](#) › [Toxic Exposures](#) › [News](#)
Children's Health Defense

Toxic Exposures

[After 3 Children Died Within 24 Hours of Routine Vaccines, Japanese Researchers Sound Alarm](#)

Citing the deaths of three Japanese children within 24 hours of receiving routine childhood immunizations, the authors of a peer-reviewed study called for a reevaluation of the “risks and benefits of currently approved vaccines” and a review of the childhood vaccination schedule.

by [Michael Nevradakis, Ph.D.](#)

March 20, 2025



Citing the deaths of three Japanese children within 24 hours of receiving routine childhood immunizations, the authors of a peer-reviewed study called for a reevaluation of the “risks and benefits of currently approved vaccines” and a [review of the childhood vaccination schedule](#).

The study, published March 14 in Discover Medicine by [Dr. Kenji Yamamoto](#), a cardiothoracic surgeon at Okamura Memorial Hospital in Japan, also addressed the increase in post-vaccination adverse events following the introduction of mRNA COVID-19 vaccines in Japan.

The study noted that Japan also has recorded an abnormal increase in [excess deaths](#) — or deaths above the amount expected under normal conditions — in the years since the [COVID-19](#) vaccines were introduced.

The authors wrote:

“Globally, questioning vaccination has long been considered taboo, with strong social pressures to conform and be vaccinated. The aggressive promotion of the coronavirus vaccine through biased messaging remains vividly remembered. This atmosphere of conformity may partially explain the lack of significant progress in critically reviewing vaccination practices.

“Furthermore, consideration should be given to temporarily suspending the current vaccination program to determine the full extent of potential harm.”

According to TrialSite News, “These bold assertions — supported by troubling real-world data — [pose a challenge to public health authorities](#), vaccine manufacturers, and media narratives that continue to frame questioning vaccination as ‘anti-science.’”

TrialSite News noted that the study received no external funding and was published in a prominent journal. [Springer Nature](#), the publisher of Discovery Medicine, is the [world’s largest academic publisher](#).

Daniel O’Connor, founder and publisher of [TrialSite News](#), said the study’s publication in a prominent journal indicates “increasing concern post-COVID-19 about the need for validation of certain vaccines.

He said:

“In this case, a mainstream peer-reviewed journal is facilitating a critical examination of recent events, including the tragic deaths of three young children occurring just a day after receiving routine scheduled vaccines. Such incidents should not be happening, and a thorough investigation is necessary.”

Study raises questions about the safety of the childhood vaccination schedule

The [study](#) presented data from Japan’s Ministry of Health, Labour and Welfare on three post-vaccination child deaths that occurred within 24 hours of the administration of routine childhood [vaccines](#). The deaths included:

- A healthy 2-month-old boy who experienced sudden illness 30 minutes after receiving the [Hib](#), rotavirus and pneumococcal vaccines. The boy died 59 minutes after vaccination.
- A 6-month-old girl with “cold symptoms” who was found dead in her bedroom one day after receiving the hepatitis B, Hib, pneumococcal and four-in-one (pertussis, diphtheria, tetanus, polio) vaccines.
- A 3-year-old boy with asthmatic bronchitis, allergic rhinitis and [febrile convulsions](#) who “appeared lethargic” and had a fever 8 hours after receiving the Japanese encephalitis vaccine and experienced cardiopulmonary arrest 10 hours after vaccination.

Detailed investigations, including autopsies, followed the children’s deaths, according to the study. However, “experts were unable to evaluate a causal link to vaccination.” Instead, the deaths were classified as “evaluation not possible.”

According to the study, such conclusions are “similar to [assessments of deaths following coronavirus vaccinations](#)” and raise concerns about “possible external pressures or vested interests influencing such determinations.”

Karl Jablonowski, Ph.D., senior research scientist for [Children’s Health Defense](#), said that the time following vaccination “is one of the foundations” for determining causation when adverse events occur.

The study questioned the safety of the childhood vaccination schedule:

“In Japan, vaccines are administered starting at 2 months of age. By adulthood in 2024, a child will have received vaccines for almost 14 different diseases, with doses delivered either individually or simultaneously. The total number of inoculations increases significantly when booster doses are included.”

The study noted that newly developed vaccines, whose adverse event profiles may not be fully confirmed, are often administered simultaneously with existing vaccines. This raises concerns that promoting simultaneous vaccination could obscure causal links to adverse events from the outset.

A peer-reviewed study published in [Cureus](#) in 2023 examined childhood vaccination in highly developed countries, finding a [positive correlation](#) between the number of vaccine doses infants receive and infant mortality rates.

The findings of the Cureus study confirmed the outcome of a [2011 study](#) that first identified a positive statistical correlation between infant mortality rates and the number of vaccine doses infants received.

Study links increase in adverse events, excess deaths to COVID vaccines

[Yamamoto's study](#) also raised concerns regarding mRNA COVID-19 vaccines — and their connection to an increased prevalence of post-vaccination adverse events.

“There has been a rise in cases of shingles, monkeypox, syphilis, severe streptococcal infections, measles, sepsis, and post-operative infections in countries administering multiple vaccine doses,” the study stated.

According to the study, such adverse events usually occur in the first two weeks after vaccination, “particularly [immunosuppression and lymphocyte reduction](#), which facilitate infections, especially by coronaviruses.”

Yet, patients experiencing such adverse events were often classified as “unvaccinated” by the Japanese Ministry of Health, Labor and Welfare. After this practice came under scrutiny, subsequent data showed a “low infection rate among unvaccinated individuals” — until the ministry “stopped releasing the statistics.”

The study was broadly critical of Japanese public health authorities, who have continued to promote widespread mRNA COVID-19 vaccination.

“The risk of immunodeficiency associated with frequent messenger ribonucleic acid (mRNA) vaccinations has become increasingly evident, leading to the widespread discontinuation of additional doses, except in Japan,” the study stated, noting that Japan regularly administers mRNA COVID-19 boosters to the elderly.

Japanese authorities have continued such practices despite an abnormally high level of excess deaths — over 600,000 — since the beginning of the COVID-19 vaccination campaign, the study stated.

Noting that the specific factors accounting for this increase remain “contentious,” the study suggested that the high number of excess deaths “cannot be explained solely by corona-related deaths or an aging population.”

Instead, the study suggests that “the [increase in vaccine-related deaths](#) may be a significant factor,” noting that “[Similar trends](#) are observed in other countries with intensive vaccination programs.”

The study cited the example of a 26-year-old healthcare worker in Japan, who “reportedly died of a brain hemorrhage 4 days after receiving a single dose of the mRNA vaccine early in the vaccination campaign.”

Though the worker’s death was found to be “potentially linked to vaccine-induced immune thrombotic thrombocytopenia,” Japan continued its COVID-19 vaccination campaign, which became “nearly mandatory.”

According to the study, over 99% of deaths occurring immediately after COVID-19 vaccination in Japan were classified as cases where “causality is difficult to determine” — even in instances where autopsies were performed.

The study noted that seven members of Japan’s Health Science Council, which investigates vaccine-related adverse events, “have received donations from [pharmaceutical companies](#).”

“Japan is not alone in its struggles and afflictions,” Jablonowski said. “The U.S. [legacy media is so entangled with Big Pharma](#) that being critical of vaccines would be self-infliction. We also have a regulatory body with a high degree of [conflicts of interest](#) and have rampantly [ignored adverse reactions to vaccines](#).”



This article was funded by critical thinkers like you.

The Defender is 100% reader-supported. No corporate sponsors. No paywalls. Our writers and editors rely on you to fund stories like this that mainstream media won't write.

[Please Donate Today](#)

Japanese public 'now being inadvertently involved in clinical trials'

The study was also critical of the rapid timeline under which COVID-19 vaccines were developed and released to the public.

“While vaccine development typically requires 7-10 years, the coronavirus disease 2019 (COVID-19) pandemic [accelerated the process](#), leading to the rapid development, approval, and distribution of vaccines without extensive animal or clinical trials,” the study stated.

However, Japan has gone a step further than other countries by becoming the first — and so far only — country to approve a [self-amplifying mRNA vaccine](#), noting that these vaccines have also not been sufficiently tested for safety.

“Vaccination with this product has already commenced, sparking societal concern. It seems the Japanese public is now being inadvertently involved in clinical trials to gather data on vaccine safety and risks,” the study stated.

Japan is currently administering the self-amplifying vaccines to people 65 and over, and 60- to 64-year-olds with severe [underlying conditions](#).

“A big problem with self-amplifying mRNA vaccines is that there’s no ‘off switch,’” Jablonowski said. “Once it’s injected, no one can control for how long or how much antigen your cells will be tricked into producing” potentially leading to immune dysfunction. The study called for a review of vaccination campaigns “in order to respond to the current changing circumstances” and proposed pre-vaccination medical checks, including blood tests and a review of a patient’s mRNA vaccination history.

“A vaccine risk-aware pediatrician needs to consider this information to risk-benefit balance immunization,” Jablonowski said.

Related articles in The Defender

- [Japan Approves World’s First ‘Self-amplifying’ mRNA COVID Shot — Is the U.S. Next?](#)
- [‘Perfectly Healthy’ 15-Month-Old Girl Dies Two Days After Routine Vaccination](#)
- [Higher Infant Mortality Rates Linked to Higher Number of Vaccine Doses, New Study Confirms](#)
- [FDA Dumps More Pfizer Documents: Why Were So Many Adverse Events Reported as ‘Unrelated’ to Vaccine?](#)



[Michael Nevradakis, Ph.D.](#)

Michael Nevradakis, Ph.D., based in Athens, Greece, is a senior reporter for The Defender and host of "The Defender In-Depth" on CHD.TV.