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CORRIGENDUM

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Author correction: Cardiovascular safety signals in Israeli adolescents following COVID-19 vaccination: Evidence from an unprocessed FOIA dataset

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This article has been corrected at the request of the authors

In the originally published version, the "SideEffectDate" field was interpreted as representing the date of adverse event onset, and the cardiovascular cases were accordingly described as occurring within a six-week window. Subsequent review identified a potential ambiguity in the dataset, as the "VacDate" and "SideEffectDate" fields appear to contain identical values across most records, making it uncertain whether the recorded date reflects vaccination date or event onset.

CORRECTION TO :

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This has now been corrected as follows

This clarification accompanies our article "Cardiovascular Safety Signals in Israeli Adolescents Following COVID-19 Vaccination: Evidence from an Unprocessed FOIA Dataset" (Ophir et al., 2026) and aims to provide additional technical context regarding the structure of the FOIA-released dataset on which the analysis was based.

The analyzed dataset, obtained from Clalit Health Services through Freedom of Information requests, consists of structured adverse event reports submitted to the Israeli Ministry of Health's national computerized vaccination management system. This closed professional surveillance system enables authorized healthcare providers to document suspected adverse events occurring in temporal proximity to vaccination using standardized diagnostic terminology and predefined numeric codes.

The dataset includes vaccination dates, dose numbers, batch numbers, patient sex, year of birth, and coded adverse event diagnoses. Within this structured dataset, we identified a potential technical ambiguity concerning the date variables. Specifically, two fields labeled "VacDate" and "SideEffectDate" appear in the released file, yet their contents are identical across most records. In the original analysis, we interpreted the "SideEffectDate" field as representing the actual date of adverse event onset and accordingly described the cardiovascular cases as occurring within a six-week window (June 28–August 8, 2021).

However, if the duplicated date fields reflect a system-level technical artifact rather than two distinct variables, the precise onset date of each adverse event cannot be definitively established from the dataset alone. Under such circumstances, the exact duration of the temporal window described in the article cannot be determined with certainty.

Importantly, this technical ambiguity does not affect:

- The identification of 277 unique cardiovascular cases.
- The age distribution (271 cases among adolescents aged 12–16).
- The dose-based categorization (133 after dose 1, 84 within 21 days of dose 2, 60 more than 21 days after dose 2), which relies on the system's categorical timing variable rather than the duplicated date fields.
- The population-level risk estimate (minimum 1:939 vaccinated adolescents), which is calculated independently of the specific duration of the observation window.

Moreover, even under the conservative assumption that the duplicated date reflects vaccination date rather than event onset date, the categorical timing data indicate that the large majority of cases (217 of 277) occurred either after dose 1 or within 21 days of dose 2. Given the nature of post-vaccination adverse event reporting, substantially delayed cases are less likely to be attributed to vaccination and thus less likely to be captured in the surveillance system. Accordingly, it remains reasonable to infer that the relevant temporal clustering occurred within a relatively short period—likely on the order of weeks to a few months following the expansion of vaccine eligibility in June 2021.

Thus, while the precise characterization of a "six-week window" should be interpreted with caution pending clarification of the date fields, the core findings regarding the magnitude of the cardiovascular signal, its temporal proximity to the expansion of vaccine eligibility in June 2021, and the estimated minimum risk remain unchanged.

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