

VAERS:

About VAERS

Established in 1990, the Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. Anyone can report an adverse event to VAERS. Healthcare professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

VAERS ID: 1099241 (history)

Form: Version 2.0

Age: 1.33

Sex: Female

Location: California

Vaccinated: 2021-03-10

Onset: 2021-03-11

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-03-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Exposure via breast milk, Haemolytic anaemia, Jaundice  
SMQs: Cholestasis and jaundice of hepatic origin (narrow),  
Haemolytic disorders (narrow), Acute pancreatitis (broad), Systemic  
lupus erythematosus (broad), Biliary system related investigations,  
signs and symptoms (narrow), Biliary tract disorders (narrow),  
Neonatal exposures via breast milk (narrow), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is breastfed by mother, who was vaccinated on

3/10. Patient developed jaundice 3/11, and was admitted for evaluation of hemolytic anemia. Evaluation ongoing. Likely not related to vaccine, but occurred within 2 days of possible to vaccine components via breastmilk

VAERS ID: 1261766 (history)  
Form: Version 2.0  
Age: 1.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-04-08  
Onset: 2021-04-10  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-04-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA - / 1 LA / IM  
Administered by: Unknown Purchased by: ?

Symptoms: Body temperature increased, Death, Seizure  
SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-04-10

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: increased body temperature, seizure, death

VAERS ID: 1012508 (history)  
Form: Version 2.0  
Age: 1.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-01-19  
Onset: 2021-01-20

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-02-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
NOT KNOWN / UNK - / -  
Administered by: Other Purchased by: ?  
Symptoms: External ear pain, Facial paralysis, Product administered  
to patient of inappropriate age  
SMQs: Guillain-Barre syndrome (broad), Noninfectious encephalitis  
(broad), Noninfectious meningitis (broad), Hearing impairment  
(broad), Medication errors (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: GBPFIZER INC2021070976  
Write-up: full left sided bells palsy; left postauricular pain; 1-  
years-old female patient received bnt162b2; This is a spontaneous  
report from a contactable physician. This is a report received from  
the Regulatory Authority. Regulatory authority report number GB-  
MHRA-WEBCOVID-202101242032552430, Safety Report Unique Identifier  
GB-MHRA-ADR 24639483. A 1-year-old female patient received bnt162b2  
(PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of  
administration on 19Jan2021 at single dose for COVID-19  
immunisation. The patient medical history and concomitant  
medications were not reported. The patient fit and well, nil  
previous concerns. The patient developed left postauricular pain  
(20Jan2021) 4/7 after vaccine, progressed to full left sided bells  
palsy (20Jan2021) 1/7 later, presented to ed with this. The events  
reported as disability and medically significant. Patient has not  
had symptoms associated with COVID-19. Patient did not had a  
COVID-19 test. Patient was not enrolled in clinical trial. Patient  
has not tested positive for COVID-19 since having the vaccine.  
Outcome of the events left postauricular pain and full left sided  
bells palsy was not recovered. No follow-up attempts are possible;  
information about lot/batch number cannot be obtained.

VAERS ID: 1489303 (history)  
Form: Version 2.0  
Age: 1.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-06  
Onset: 2021-06-06  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC2336 / 1 - / 0T  
Administered by: Other Purchased by: ?  
Symptoms: Exposure via breast milk, Infantile vomiting, Pyrexia  
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Neonatal exposures via breast milk (narrow),  
Neonatal disorders (narrow), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: EUTIROX; LORAZEPAM; SERTRALINE

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergic reaction to drug excipient; Egg allergy; Fish allergy;

Fruit allergy; Gluten sensitivity; Meat allergy; Milk protein

allergy; Soy allergy

Allergies:

Diagnostic Lab Data:

CDC Split Type: PTPFIZER INC2021843405

Write-up: use by Comirnaty's mother of mRNA vaccine against  
COVID-19 (with modified nucleoside) (lot FC2336), administered  
transmammary (breastfeeding mother); Fever; Vomiting; This is a  
spontaneous report from a contactable consumer (parent) downloaded  
from the WEB, regulatory authority number PT-INFARMED-A202106-2169.  
This is the baby case. A 1-year-old male patient received bnt162b2  
(COMIRNATY), dose 1 transmammary on 06Jun2021 at 1-year-old (Lot  
Number: FC2336) as Dose 1, 0.3 mL, single for covid-19 immunization.  
Medical history included known allergy to milk protein, egg, soy,  
banana, gluten, fish and supposedly beef; Allergy to the "banana  
antibiotic with excipient". Concomitant medication included  
levothyroxine sodium (EUTIROX); lorazepam; sertraline. The patient  
previously took amoxicillin and experienced hypersensitivity. The  
patient presented with "fever and vomiting" associated with the use  
by Comirnaty's mother of mRNA vaccine against COVID-19 (with  
modified nucleoside) administered transmammary (breastfeeding  
mother) in the first use, for immunization against the SARS-Cov-2  
virus, with a dosage of 0.3ml. The adverse reaction (ADR) started on  
the day of administration of the suspected drug, lasting  
approximately 2 weeks and caused disability. There was no suspicion

of drug interactions. Previous reactions to the same drug were not known. Specific treatment of the reaction with Benuron 250mg suppositories and Brufen 75mg suppositories. The events fever and vomiting were resolved with treatment on 19Jun2021. Reporter's Comment: "Concomitant Medicine-Covid Vaccine Pfizer Further information-On June 6th I took the covid vaccine, which I informed that I was breastfeeding and about my baby's serious allergies. I was told it was safe. Even on this day he started with fevers and vomiting, which were devalued and discarded by the doctors who attended him in the emergency room as well as in the private one." No follow-up attempts are needed. No further information is expected.; Reporter's Comments: Concomitant Medicine-Covid Vaccine Pfizer Further information-On June 6th I took the covid vaccine, which I informed that I was breastfeeding and about my baby's serious allergies. I was told it was safe. Even on this day he started with fevers and vomiting, which were devalued and discarded by the doctors who attended him in the emergency room as well as in the private one.

VAERS ID: 1529962 (history)  
Form: Version 2.0  
Age: 1.92  
Sex: Unknown  
Location: Foreign

Vaccinated: 2021-06-30

Onset: 2021-06-30

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Body temperature, Exposure via breast milk, Pyrexia  
SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Neonatal exposures via breast milk (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210702; Test Name: Body  
temperature; Result Unstructured Data: Test Result:38.3 -38.4

Centigrade; Comments: fever for approximately 36 hours which was elevating up to 38.3 -38.4

CDC Split Type: GRPFIZER INC202100967074

Write-up: Fever; Vaccine Exposure via Breastmilk; This is a spontaneous report from a contactable consumer (parent) downloaded from the WEB. The regulatory authority number is GR-GREOF-20216205. This consumer reported events for the mother and baby. This is the first of two reports. This is the baby report. A 23-month-old infant patient of unspecified gender received the first dose of bnt162b2 (COMIRNATY), via transmammary on 30Jun2021 as DOSE 1, SINGLE for COVID-19 immunisation. The patient's medical history and concomitant medications were not provided. The patient experienced vaccine exposure via breastmilk on 30Jun2021. The vaccinated mother received bnt162b2 via intramuscular route of administration that she was also breastfeeding her 23-month-old infant patient. 2 days after the mother first Pfizer vaccination the patient developed a fever lasted for a while (little bit above 24 hours) without any other symptoms on 02Jul2021. The patient had a fever for approximately 36 hours which was elevating up to 38.3-38.4, falling rapidly after taking antipyretic medication and rising again after 6 hours. The patient had no other symptoms and there was no other in the family environment with fever or flu-like symptoms. The event fever reported as life-threatening. Therapeutic measures were taken as a result of fever. Outcome of the event fever was recovered on 03Jul2021, while of the other event was unknown. This report was assessed by the reporting was serious. The paediatrician member of the committee has assessed on 20Jul2021 this incident as unlikely: ''The onset of fever in a breastfed infant is not likely to be related to the mother's vaccination but to a possible seasonal virus. In the event that the vaccine have caused a large increase in cytokines that could pass into the milk and cause a fever, the mother should have similar symptoms (fever), something that is not mentioned in the yellow card (report). The national pharmacovigilance committee has investigated the incident on 20Jul2021 and assessed the infant's fever as unlikely (not related to mother's vaccination). The causality assessment for suspect drug to event was reported as follows: Source of assessment the national pharmacovigilance committee (20Jul2021); Method of assessment who global introspection method; Result of Assessment was unlikely. The lot number for the vaccine bnt162b2 was not provided and will be requested during follow up.; Sender's Comments: Linked Report(s) : GR-PFIZER INC-202100981752 mother/baby case

VAERS ID: 1228684 (history)

Form: Version 2.0

Age: 2.17

Sex: Female

Location: Wisconsin

Vaccinated: 2021-03-25

Onset: 2021-04-07

Days after vaccination: 13

Submitted: 0000-00-00

Entered: 2021-04-19

Vaccination / Manufacturer            Lot / Dose            Site / Route  
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN            1805031 /  
1            - / -

Administered by: Public            Purchased by: ?

Symptoms: Angiogram pulmonary abnormal, Anticoagulant therapy, Back pain, Computerised tomogram thorax normal, Leukocytosis, Oropharyngeal pain, Pelvic venous thrombosis, Pyrexia, Ultrasound Doppler abnormal

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Thrombophlebitis (narrow), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Xarelto 15 mg twice a day Aspirin 81 mg daily

Pepcid 10 mg daily Birth control containing estrogen

Current Illness: none listed

Preexisting Conditions: History of bilateral venous thromboemboli diagnosed in Aug 2020 treated at Hospital. Patient reports that she had several procedures including iliofemoral stenting on the R. She was initially treated with Lovenox, later placed on Xarelto and aspirin.

Allergies: Penicillin

Diagnostic Lab Data: Ultrasound legs venous duplex CT angio chest PE

CDC Split Type:

Write-up: Patient admitted to Hospital 4/6-4/9 for bilateral lower back pain, fever, sore throat and leukocytosis. Diagnosed with a R iliofemoral nonocclusive thrombus present on admission. Ultrasound was performed and there was no evidence of an occlusive thrombus, there was evidence of flow through her previously placed stent. She was placed on a heparin drip and converted back to Xarelto at the time of discharge. Chest CT showed no evidence of PE. Of note, patient went on spring break and was out her Xarelto, missed approximate 4 days worth of medical. She was also diagnosed and treated for an acute strep throat infection.

VAERS ID:            1257673 (history)

Form:            Version 2.0

Age:            2.0

Sex:            Female

Location:            Unknown

Vaccinated: 2021-03-25  
Onset: 2021-04-02  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-04-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Headache  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Headache

VAERS ID: 1234413 (history)  
Form: Version 2.0  
Age: 2.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-02-05  
Onset: 2021-02-05  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-04-20  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -  
Administered by: Other Purchased by: ?  
Symptoms: Bell's palsy, Disease recurrence, Magnetic resonance  
imaging, Neuralgia, Off label use, Product administered to patient  
of inappropriate age  
SMQs:, Peripheral neuropathy (narrow), Hearing impairment (broad),  
Medication errors (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No



Permanent Disability? Yes  
 Recovered? No  
 Office Visit? No  
 ER Visit? No  
 ER or Doctor Visit? No  
 Hospitalized? No  
 Previous Vaccinations:  
 Other Medications:  
 Current Illness:  
 Preexisting Conditions: Medical History/Concurrent Conditions:  
 Neuralgia  
 Allergies:  
 Diagnostic Lab Data: Test Name: MRI; Result Unstructured Data: Test  
 Result:unknown result; Comments: pending  
 CDC Split Type: GBPFIZER INC2021380163  
 Write-up: neuralgia; neuralgia; Palsy Bells; 2-years-old male  
 patient received the first dose of BNT162B2; 2-years-old male  
 patient received the first dose of BNT162B2; This is a spontaneous  
 report received from a contactable physician downloaded from the  
 Regulatory Authority-WEB, [GB-MHRA-APPCOVID-202103311042424320] and  
 [GB-MHRA-ADR 25055877]. This is a report received from the  
 Regulatory Agency. A 2-year-old male patient received the first dose  
 of BNT162B2 (Lot Number and expiry date were unknown), via an  
 unspecified route of administration on 05Feb2021 (at the age of 2-  
 year-old) as single dose for COVID-19 immunization. Medical history  
 included neuralgia. The patient's concomitant medications were not  
 reported. The patient has not had symptoms associated with COVID-19,  
 not had a COVID-19 test. The patient is not enrolled in clinical  
 trial. The patient experienced palsy bells on 12Feb2021 and  
 neuralgia on an unspecified date. The patient has not tested  
 positive for COVID-19 since having the vaccine. The patient  
 underwent laboratory test which included MRI on unspecified date  
 with pending results (unknown result). The outcome of the event  
 palsy bells was not recovered, and outcome of the remaining events  
 was unknown. The events were assessed as serious (disability). No  
 follow-up attempts are possible; information about lot/batch number  
 cannot be obtained.

VAERS ID: 1294861 (history)  
 Form: Version 2.0  
 Age: 3.0  
 Sex: Unknown  
 Location: California

Vaccinated: 2021-03-05  
 Onset: 2021-03-08  
 Days after vaccination: 3  
 Submitted: 0000-00-00  
 Entered: 2021-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		029A21A / 1
LA / -		
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		026B21A / 2
LA / -		

Administered by: Unknown Purchased by: ?  
Symptoms: Delusion, Hallucination, Paranoia, Psychotic disorder,  
Sleep deficit, Thinking abnormal  
SMQs:, Systemic lupus erythematosus (broad), Anticholinergic  
syndrome (broad), Dementia (broad), Psychosis and psychotic  
disorders (narrow), Noninfectious encephalitis (broad),  
Noninfectious encephalopathy/delirium (broad), Hostility/aggression  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: 3 days after first dose started having Hallucinations  
sleep deprivation paranoia uncontrolled thoughts of being stalked  
raped hearing voices talking about her this psychosis escalated  
after the second dose came night an day out of nowhere she went to  
medical center ER who then transferred her to hospital where she  
spent 5 days and was released and is now taking Lexipro and Abilify  
to ease these delusions.. no history of mental illness prior to  
receiving Moderna vaccines

VAERS ID: 1445746 (history)  
Form: Version 2.0  
Age: 3.0  
Sex: Unknown  
Location: Pennsylvania

Vaccinated: 2021-06-18  
Onset: 2021-06-18  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-03

Vaccin-ation / Manu-facturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		- / 1 - / OT

Administered by: Unknown Purchased by: ?  
Symptoms: Exposure via breast milk, Seizure  
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Neonatal  
exposures via breast milk (narrow), Generalised convulsive seizures  
following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20212

Write-up: Breastfed baby having seizures after Mother vaccinated;  
Breastfed baby having seizures after Mother vaccinated; This spontaneous case was reported by a consumer and describes the occurrence of SEIZURE (Breastfed baby having seizures after Mother vaccinated) in a 3-month-old infant of an unknown gender exposed to mRNA-1273 (Moderna COVID-19 Vaccine) , while the mother received the product for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 18-Jun-2021, the mother received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the mother received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) at an unspecified dose. Last menstrual period and estimated date of delivery were not provided. On 18-Jun-2021, the infant was diagnosed with SEIZURE (Breastfed baby having seizures after Mother vaccinated) (seriousness criteria hospitalization and medically significant). On an unknown date, the infant was diagnosed with EXPOSURE VIA BREAST MILK (Breastfed baby having seizures after Mother vaccinated). The Infant was exposed to mRNA-1273 (Moderna COVID-19 Vaccine) during pregnancy. The infant was treated with LEVETIRACETAM (KEPPRA [LEVETIRACETAM]) ongoing since an unknown date at an unspecified dose and frequency. At the time of the report, SEIZURE (Breastfed baby having seizures after Mother vaccinated) and EXPOSURE VIA BREAST MILK (Breastfed baby having seizures after Mother vaccinated) outcome was unknown. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown Route) and mRNA-1273 (Moderna COVID-19 Vaccine) (Transmammary) was unknown. No concomitant medication reported. 30-year-old Mother received the first dose of Moderna COVID-19 vaccine on Friday 18JUN2021 and she breastfed a 3-month-old baby. 7 hours later the baby started having a seizure. The baby did not have a fever. The baby had a seizure at home and another one at the hospital. The baby was Diagnosed with Seizure by MD. The baby is taking Keppra now. on to her daughter to update us. Meantime the baby is being evaluated by a Neurologist. This is a case of product exposure during breast feeding with an associated seizure event to infant. Based on the temporal association between the use of the product and the start date of the

event, a causal relationship cannot be excluded. Further information has been requested. This case was linked to MOD-2021-231108 (Parent-Child Link). See case MOD-2021-231108 for details regarding the Parent case.; Sender's Comments: This is a case of product exposure during breast feeding with an associated seizure event to infant. Based on the temporal association between the use of the product and the start date of the event, a causal relationship cannot be excluded. Further information has been requested.

VAERS ID: 971456 (history)  
Form: Version 2.0  
Age: 3.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-01-11  
Onset: 2021-01-11  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-01-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EE8493 / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Cough, Myalgia, Nausea, Off label use, Oropharyngeal pain, Pyrexia, SARS-CoV-2 test, Vaccination site pain

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

COVID-19; Penicillin allergy

Allergies:

Diagnostic Lab Data: Test Date: 202010; Test Name: COVID-19 Test;

Result Unstructured Data: Test Result:Antibodies present

CDC Split Type: GBPFIZER INC2021029618

Write-up: Sore throat and cough; Pain at injection site; High fever;

Muscle aches; Sore throat and cough; Nausea; 3-year-old female

patient; This is a spontaneous report from a contactable consumer received from the Regulatory Agency. Regulatory authority report number GB-MHRA-WEBCOVID-20210113155330, Safety Report Unique Identifier GB-MHRA-ADR 24589993. A 3-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number: EE8493), via an unspecified route of administration on 11Jan2021 for COVID-19 immunisation. Medical history included penicillin allergy, COVID-19 infection from Mar2020. Patient has not had symptoms associated with COVID-19, patient has not been tested/or has had an inconclusive test for COVID-19, and patient is not enrolled in clinical trial. The patient's concomitant medications were not reported. The patient experienced sore throat and cough, pain at injection site, muscle aches, high fever, and nausea on 11Jan2021. Patient was disabled due to the events. The patient underwent lab tests and procedures which included COVID-19 virus test: antibodies present in Oct2020. Patient has not tested positive for COVID-19 since having the vaccine. The outcome of the events was not recovered. Follow-up attempts are completed. No further information is expected.

VAERS ID: 984229 (history)  
Form: Version 2.0  
Age: 3.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-01-01  
Onset: 2021-01-01  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-01-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Muscle spasms, Neck pain, Pain, Product administered to patient of inappropriate age, Pyrexia, SARS-CoV-2 test, Vaccination site joint movement impairment

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Arthritis (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Suspected COVID-19

Preexisting Conditions: Medical History/Concurrent Conditions:  
Asthma; COVID-19 virus test positive; Endometriosis

Allergies:

Diagnostic Lab Data: Test Date: 20200311; Test Name: COVID-19 virus  
test; Test Result: Positive

CDC Split Type: GBPFIZER INC2021034292

Write-up: fevers; neck pain unable to turn had left on same side of  
vaccination site; neck pain unable to turn had left on same side of  
vaccination site; body aches; neck muscle spasms; A 3-year-old  
female patient received BNT162B2; This is a spontaneous report from  
a contactable healthcare professional. This is a report received  
from the Regulatory Authority. Regulatory authority report number  
GB-MHRA-WEBCOVID-20210113220913, Safety Report Unique Identifier GB-  
MHRA-ADR 24592816. A 3-year-old female patient received  
BNT162B2(PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route  
of administration in Jan2021 at single dose for covid-19  
immunisation. Medical history included suspected COVID-19 from  
12Jan2021 and ongoing, endometriosis, asthma and COVID-19 virus test  
positive on 11Mar2020. The patient's concomitant medications were  
not reported. The patient experienced neck pain unable to turn had  
left on same side of vaccination site, fevers and body aches on  
13Jan2021 with outcome of not recovered. It was reported that the  
patient had neck muscle spasms about 5 hrs after jab in Jan2021.  
Then about 13 hrs after all other symptoms started. The outcome of  
neck muscle spasms was unknown. Patient has not tested positive for  
COVID-19 since having the vaccine. The patient underwent lab tests  
and procedures which included positive COVID-19 virus test on  
11Mar2020. Patient is not enrolled in clinical trial. Patient is not  
pregnant. The case was considered as serious due to Disability. No  
follow-up attempts are possible; information about lot/batch number  
cannot be obtained.

VAERS ID: 1050641 (history)

Form: Version 2.0

Age: 3.0

Sex: Female

Location: Foreign

Vaccinated: 2021-01-25

Onset: 2021-01-25

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-02-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

NOT KNOWN / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Blepharospasm, Fatigue, Feeling hot, Head discomfort,

Hypertension, Lymphadenopathy, Muscle fatigue, Muscle spasms,

Myoclonus, Nausea, Neuralgia, Off label use, Pain in jaw,

Paraesthesia, Paraesthesia oral, Poor quality sleep, Product

administered to patient of inappropriate age

SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad),

Peripheral neuropathy (narrow), Neuroleptic malignant syndrome

(broad), Dystonia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Depression (excl suicide and self injury) (broad), Periorbital and eyelid disorders (narrow), Osteonecrosis (broad), Ocular motility disorders (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: GBPFIZER INC2021137247

Write-up: Nausea; Sensation of heat; Muscle spasm; Myoclonic jerks; Head pressure; Jaw pain; Nerve pain; Hypertension; Glands swollen; Tiredness; Poor sleep; Muscle fatigue; Eyelid twitching; Tingling tongue/Mouth paresthesia; Pins and needles; Patient's age: 3-year-old; Patient's age: 3-year-old; This is a spontaneous report from a contactable consumer. This is a report received from the Regulatory Authority. Regulatory authority report number GB-MHRA-WEBCOVID-202102071856293040, Safety Report Unique Identifier GB-MHRA-ADR 24716786. A 3-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: not known), via an unspecified route of administration on 25Jan2021 at single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient has not had symptoms associated with COVID-19. Not had a COVID-19 test. Patient is not enrolled in clinical trial. Patient is not pregnant. Patient has not tested positive for COVID-19 since having the vaccine. The patient experienced pins and needles, eyelid twitching, tingling tongue, and mouth paresthesia on 25Jan2021; head pressure, jaw pain, muscle spasm, myoclonic jerks, nerve pain, and sensation of heat on 30Jan2021; tiredness and poor sleep on 27Jan2021; muscle fatigue on 26Jan2021; glands swollen and hypertension on 29Jan2021; and nausea on 31Jan2021. The patient was hospitalized due to the events. The patient had not recovered from the events. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

VAERS ID: 1339773 (history)

Form: Version 2.0

Age: 3.0

Sex: Female

Location: Foreign

Vaccinated: 2021-04-25

Onset: 2021-04-26

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH

EW2245 / 2 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Dyspnoea, Headache, Myalgia, Oxygen saturation,

Respiratory distress, Tachycardia

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergy

Allergies:

Diagnostic Lab Data: Test Date: 20210426; Test Name: Oxygen saturation; Test Result: 86 %; Comments: Sensation of dyspnea with Oxygen saturation of 86%

CDC Split Type: MXPFIZER INC2021535613

Write-up: Dyspnea / Oxygen saturation of 86%; Respiratory distress; Headache; Tachycardia; Myalgia; This is a Spontaneous report from a non-contactable Other Health Professional. This is a report received from Health Authority via email. Regulatory authority report number is 14077-5. A 46-year-old female patient received second dose bnt162b2 (BNT162B2), intramuscular, administered in Arm Left on 25Apr2021 (Batch/Lot Number: EW2245; Expiration Date: 31Jul2021) at single dose for COVID-19 immunisation. Medical history included allergies. The patient was healthy before vaccination. The patient was not pregnant. The patient's concomitant medications were not reported. The patient experienced Headache, Tachycardia, Dyspnea/Respiratory distress, Myalgia. The patient started 32 hours after



vaccination with headache, myalgia, and a sensation of dyspnea, went to the emergency room where oxygen was indicated because she had 86% saturation, application of intravenous hydrocortisone and diphenhydramine, presenting improvement, deciding today discharge. First symptom onset date was 26Apr2021. Timeframe between vaccination and starting of symptoms was 32 Hours. The events required hospitalization. Treatment received included: hydrocortisone 500 mg single dose, posterior 300mg every 8 hours intravenous plus diphenhydramine 40mg every 8 hours. The outcome of the events was recovered on an unspecified date. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1005825 (history)  
Form: Version 2.0  
Age: 4.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-01-19  
Onset: 2021-01-01  
Submitted: 0000-00-00  
Entered: 2021-02-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EL0739 / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Blood test, Dysgeusia, Dyspnoea, Feeling hot, Malaise, Product administered to patient of inappropriate age, Tachycardia  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Medication errors (narrow), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: AMITRIPTYLINE; BRALTUS; LEVOTHYROXINE;  
OMEPRAZOLE; SERETIDE

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: COPD;  
Gastroesophageal reflux; Hypothyroidism; Nerve pain; Neurological symptoms NOS

Allergies:

Diagnostic Lab Data: Test Name: Blood tests; Result Unstructured  
Data: Test Result:unknown results

CDC Split Type: GBPFIZER INC2021062116

Write-up: Sensation of warmth; Shortness of breath; Tachycardia; Taste peculiar; bnt162b2 for 4 year old patient; Felt unwell at home; This is a spontaneous report from a contactable healthcare professional. This is a report received from the Regulatory Authority. The regulatory authority report number is GB-MHRA-WEBCOVID-202101211213346110, Safety Report Unique Identifier GB-MHRA-ADR 24625028. A 4-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/lot number: EL0739), via an unspecified route of administration on 19Jan2021 at a single dose for Covid-19 immunization. The patient's medical history included neurological symptom from May2020; Nerve pain, COPD, hypothyroidism and Gastroesophageal reflux from an unknown date. Concomitant medication included amitriptyline for nerve pain, tiotropium bromide (BRALTUS) for COPD, influenza vaccine (INFLUENZA VIRUS), levothyroxine for hypothyroidism, omeprazole for gastroesophageal reflux, and fluticasone propionate, salmeterol xinafoate (SERETIDE) for COPD. On 19Jan2021, approximately 30 minutes after vaccination the patient experienced sensation of warmth, shortness of breath, tachycardia, taste peculiar. Attended emergency department treated with antihistamine and prednisolone. Discharged after 2 hours, patient did not feel symptoms had fully resolved. In Jan 2021, patient felt unwell at home with recurrence of symptoms. The patient took antihistamine. Symptoms did not settle. Attended Emergency dept again. Treated with IV and oral bisoprolol. Discharged after 4 hours. Patient has not tested positive for COVID-19 since having the vaccine. Relevant investigations or tests included blood tests (unspecified). Outcome of the event felt unwell at home and bnt162bt for 4 y/yo was unknown and recovered on 19Jan2021 for the rest of the events. No follow-up attempts are possible. No further information expected.

VAERS ID: 1141441 (history)

Form: Version 2.0

Age: 5.25

Sex: Male

Location: Florida

Vaccinated: 2021-03-19

Onset: 2021-03-25

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-03-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA

- / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Diplopia, Eye pain, Laboratory test, Ocular discomfort, Ophthalmological examination, Vith nerve paralysis, Vision blurred

SMQs:, Anticholinergic syndrome (broad), Guillain-Barre syndrome

(broad), Noninfectious encephalitis (broad), Noninfectious

meningitis (broad), Glaucoma (broad), Lens disorders (broad),

Retinal disorders (broad), Ocular motility disorders (narrow),

Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: escitalopram  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: Several eye exams performed by the  
aforementioned O.D.  
CDC Split Type:

Write-up: Approximately 5-6 days after my vaccination I began to experience blurred vision. There was a feeling of pressure coming from my eyes. When both eyes were open I had double vision. If one eye was closed vision was more normal. Overall, vision was blurred and there was pain/discomfort in the eyes. On March 27 I went to the eye doctor After examining me he concluded I had experienced cranial nerve palsy in the sixth abducent nerve. It was my left eye that was affected. In my past, i have had two incidences of bells palsy and one incident of an 'eye stroke'. I am not diabetic. My bp and cholesterol are good. I tested negative for Lymes disease 2 years ago.

VAERS ID: 1314766 (history)  
Form: Version 2.0  
Age: 5.92  
Sex: Male  
Location: Washington

Vaccinated: 2021-02-28  
Onset: 0000-00-00  
Submitted: 0000-00-00  
Entered: 2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		00821BA / 2
RL / IM		

Administered by: Work Purchased by: ?  
Symptoms: Balance disorder, Condition aggravated, Hypoacusis, Meniere's disease, Tinnitus, Vertigo  
SMQs: Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Hearing impairment (narrow), Vestibular disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No

Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: ckd - dialysis patient  
Allergies: none  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Pre-existing tinnitus, Meniere's Disease. These problems greatly exacerbated with 2nd vaccination and continue to worsen. New "noises" within a week of vaccine not before heard (sounds like a gas generator next door and a flock of birds chirping). Also, marked decrease in hearing? voices poorly heard and distorted. Marked development of vertigo? loss of balance is alarming at times.

VAERS ID: 1488482 (history)  
Form: Version 2.0  
Age: 5.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-05-21  
Onset: 2021-05-25  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-07-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EY5456 / 1 - / -  
Administered by: Other Purchased by: ?

Symptoms: Tinnitus  
SMQs: Hearing impairment (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: GBPFIZER INC2021853440  
Write-up: Pulsatile tinnitus; This is a spontaneous report from a contactable consumer. This is a report received from the Regulatory Agency. Regulatory authority report number (GB-MHRA-WEBCOVID-202107031942570790-6V17U), Safety Report Unique Identifier (GB-MHRA-ADR 25591058). A 5-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE Lot Number:

Ey5456), via an unspecified route of administration at dose 1, single on 21May2021 for COVID-19 immunization (at the age of 5-year). The patient medical history was not reported. Unsure if patient has had symptoms associated with COVID-19 Not had a COVID-19 test Patient is not enrolled in clinical trial. The patient's concomitant medications were not reported. The patient experienced pulsatile tinnitus on 25May2021. Patient has not tested positive for COVID-19 since having the vaccine. The event was assessed as medically significant. The outcome of event was not recovered. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1410928 (history)  
Form: Version 2.0  
Age: 6.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-02-04  
Onset: 2021-06-15  
Days after vaccination: 131  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Blood test, Chest X-ray, Chest pain, Electrocardiogram  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: entresto, Nexium.  
Current Illness: eye infection pursuant to cataract surgery (2)  
Preexisting Conditions: CHF after MI on 6/9/2014  
Allergies: sulfa based drugs. Bidil, Effient  
Diagnostic Lab Data: EKG, blood test, chest X-ray, etc...  
CDC Split Type:  
Write-up: Severe chest pains, very reminiscent to MI 7 years ago

VAERS ID: 999492 (history)  
Form: Version 2.0  
Age: 6.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-01-10  
Onset: 2021-01-10  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-02-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EL1491 / UNK LA / OT  
Administered by: Other Purchased by: ?  
Symptoms: Anaphylactic shock, Dyspnoea, Hypotension, Off label use,  
Product administered to patient of inappropriate age  
SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant  
syndrome (broad), Anaphylactic/anaphylactoid shock conditions  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Cardiomyopathy (broad), Hypersensitivity  
(narrow), Medication errors (narrow), Dehydration (broad),  
Hypokalaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: DEPFIZER INC2021083095  
Write-up: Anaphylactic shock; Hypotension; Dyspnoea; A male 6-  
year(s)-old patient was vaccinated with Comirnaty; A male 6-year(s)-  
old patient was vaccinated with Comirnaty; This is a spontaneous  
report from a non-contactable physician via Regulatory Authority,  
downloaded (DE-PEI-PEI2021001477). A 6-year-old male patient  
received BNT162B2 (COMIRNATY; Batch/lot number: EL1491)  
intramuscular in the left upper arm on 10Jan2021 at single dose for  
COVID-19 immunisation. Relevant medical history and concomitant  
medications were not reported. The patient previously received  
influenza vaccine in Oct2020 for immunisation and experienced  
dyspnoea. On 10Jan2021, 5 minutes after vaccination, the patient  
developed anaphylactic shock with dyspnoea and hypotension, lasting  
for 30 minutes. The patient was hospitalized and condition was  
considered life-threatening. The patient recovered from the events  
on an unspecified date in Jan2021. Relatedness of drug to all  
reaction(s)/event(s) was reported as D. Unclassifiable (by PEI).

VAERS ID: 1050594 (history)  
Form: Version 2.0

Age: 7.0  
Sex: Female  
Location: Foreign

Vaccinated: 2020-12-13

Onset: 2020-12-13

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-02-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

NK / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Blood test, Confusional state, Decreased appetite, Fatigue, General physical health deterioration, Hypokalaemic syndrome, Mobility decreased, Off label use, Product administered to patient of inappropriate age, SARS-CoV-2 test

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow), Hypoglycaemia (broad), Hypokalaemia (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: ESTRADIOL; SIMVASTATIN; BENDROFLUMETHIAZIDE; CO-CODAMOL; POTASSIUM; DONEPEZIL; APIXABAN

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Blood pressure; Dementia; Heart rate; Irregular pulse; Urea urine increased

Allergies:

Diagnostic Lab Data: Test Name: Blood tests; Result Unstructured Data: Test Result:showed low potassium levels; Test Date: 20210128; Test Name: COVID-19 virus test; Result Unstructured Data: Test Result:No - Negative COVID-19 test

CDC Split Type: GBPFIZER INC2021135603

Write-up: overall decline of the patient; Mobility decreased; Confused; Fatigue; Low potassium syndrome; Appetite lost; Patient's age: 7-year-old; Patient's age: 7-year-old; This is a spontaneous report from a contactable consumer downloaded from the Regulatory Agency, GB-MHRA-WEBCOVID-202102041652427080 and GB-MHRA-ADR 24700983. This is a report received from the Regulatory Agency. A 7-year-old female patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: NK), via an unspecified route of administration on 13Dec2020 at single dose for COVID-19

immunization. Medical history included dementia from an unknown date and unknown if ongoing; urea urine increased, heart rate, blood pressure, and irregular pulse. Patient has not had symptoms associated with COVID-19. Patient is not enrolled in clinical trial. Concomitant medication included estradiol for urea urine increased, simvastatin for heart rate, Bendroflumethiazide for blood pressure, codeine phosphate, paracetamol (CO-CODAMOL), potassium, donepezil for dementia, and apixaban for irregular pulse. The patient experienced low potassium syndrome on 30Dec2020; mobility decreased, confused, and fatigue on 02Jan2021; and appetite lost on 29Dec2020. The overall decline of the patient on an unspecified date since the first dose has been rapid and distressing to watch. The reporter has no doubt it was connected to the vaccine. She has just got the second vaccine today. The reporter will be monitoring the patient's reaction very closely. The events were reported as serious, disability. Patient has not tested positive for COVID-19 since having the vaccine. The patient underwent lab tests and procedures which included blood test: showed low potassium levels on an unspecified date and COVID-19 virus test: no - negative covid-19 test on 28Jan2021. Therapeutic measures were taken as a result of low potassium syndrome with an unspecified treatment. The patient had not recovered from the events. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

VAERS ID: 1446386 (history)  
Form: Version 2.0  
Age: 11.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-29  
Onset: 2021-07-02  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0198 / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal pain upper, Blood creatine phosphokinase MB increased, C-reactive protein increased, Chest discomfort, Chest pain, Electrocardiogram normal, Fatigue, Headache, Laboratory test, Pyrexia, Troponin increased, Wheezing

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No  
Birth Defect? No  
Died? No



Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data: Troponin 7.09 ng/ml (7/2)-\$g 6.549-\$g 5.571-\$g5.699-\$g7.210 (7/3)-\$g 5.621, CK-MB 45.4 ng/ml-\$g 37.7, CRP 4.8 mg/dl-2.6, ECG normal x2

CDC Split Type:

Write-up: 12 year old male here with chest pain following his second COVID-19 vaccine. At around noon on 6/29 he received his second Pfizer COVID-19 vaccine. The following day he was tired, had a headache, and stomach ache. Thursday at 2 am he felt "wheezy" and had a subjective fever. He woke up this morning just after midnight with central chest pain, and pressure that was 7/10. He was given ibuprofen and it improved to 5/10. His mother then took him to ED where labs were done and notable for an elevated troponin to 7.09. He was then sent here for further care. He was given a dose of Toradol and his pain resolved. Troponins were trended and stayed below 10, so he was not given IVIG or steroids. He remained asymptomatic and labs improved so he was discharged the day after admission.

VAERS ID: 1336933 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-05-16  
Onset: 2021-05-16  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adjustment disorder with anxiety, Arthralgia, Burning sensation, CSF culture negative, Condition aggravated, Confusional state, Conversion disorder, Diarrhoea, Dyspnoea, Dysstasia, Fall, Gram stain negative, Guillain-Barre syndrome, Headache, Hypersomnia, Hypokinesia, Joint instability, Joint range of motion decreased, Lumbar puncture normal, Magnetic resonance imaging head normal, Magnetic resonance imaging spinal normal, Muscle twitching, Muscular weakness, Neurological examination abnormal, Palpitations, Panic attack, Paraesthesia, SARS-CoV-2 test negative, Scan with contrast

normal, Sensory loss, Varicella virus test negative, Wheelchair user  
SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Pseudomembranous colitis (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Demyelination (narrow), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol MDI, cephalexin 500 mg TID, cetirizine 5 mg daily, cholecalciferol 1000 units daily, cyproheptadine 4 mg daily, fluticasone 110 mcg MDI BID, hydroxyzine 25 mg bedtime, mupirocin ointment, sertraline 50 mg daily, triamcinolone 0.1%

Current Illness: Ingrown toenail treated with mupirocin, triamcinolone, cephalexin.

Preexisting Conditions: hypogammaglobulinemia, asthma, IBS, anxiety, panic attacks

Allergies: amoxicillin, azithromycin

Diagnostic Lab Data: MRI brain/spine - normal LP - normal, culture gram stain - neg; varicella-zoster PCR - neg COVID neg

CDC Split Type:

Write-up: 12 yo male presenting with bilateral lower extremity paresthesias and confusion. Admitted to the hospital. Pending discharge to rehab facility. ED Note 5/19/21 Patient is a 12-year-old male with hypogammaglobulinemia, asthma, IBS who presents with weakness in his lower extremities. 6 days ago, patient had seafood and later that night vomited once, nonbloody, nonbilious. 4 days ago, he received the first dose of the Pfizer SARS-CoV2 vaccination. That day, he also felt some burning over the anterior parts of his bilateral ankles. Over the past 3 days, he has been sleeping a lot and had a headache. He has not had a fever or other muscle aches, no subsequent N/V, abdominal pain. Last night, he reported ankle pain to his mom. Today at school, he was playing kickball when he had the sensation that his ankles were not working/gave out and he fell to

the ground. He had difficulty getting up and required a wheelchair. He did not lose consciousness, denied CP, palpitations, SOB, headache, vision change during or before that episode. He was not incontinent of urine/stool and had no abnormal movements noted at the time. Since then he has noted twitching in his thighs, calves and toes. He reports weakness throughout both lower extremities and has difficulty with intentional movements at the toes/ankles/knees, weakness in hips. He reports a burning sensation over the anterior ankles/dorsum of foot b/l. Denies fevers, chills, cough, SOB, CP, palpitations, abdominal pain, N/V/C. He endorses diarrhea 3x daily which is his baseline. He has panic attacks 3x daily w palpitations/SOB that self resolve. He has been on keflex for an ingrown toe nail for the last week. MRI performed with normal brain and spine. However, on repeat exam patient has diminished sensation in the bilateral feet and diminished ability to dorsiflex or plantarflex both ankles with very limited toe range of motion. Still with preserved reflexes in the patella and Achilles. Discussed at length with neurology and the family. Differential diagnosis at this point of functional neurological disorder versus Guillaine Barré syndrome. Neurology note 5/21/21 Patient is a 12yo M with hypogammaglobinemia, IBS, and poorly controlled anxiety, presenting with 4 days of lower extremity paresthesias and 1 day of hyperacute onset of lower extremity weakness and perhaps some mild confusion. History notable for covid vaccine three days prior to presentation and anxiety surrounding covid and return to school. His general examination is notable for anxious affect with difficult to localize neurologic exam. Exam shows possible bilateral lower extremity weakness of TA and hamstring/gquad/IP that is very challenging to grade due to poor effort and giveaway, and decreased sensation in a bilateral stocking/glove distribution to all sensory modalities. MRI w/wo contrast brain and spinal cord normal on admission. LP performed in ED also normal. Given negative workup and history of anxiety with recent psychosocial stressors, most likely sudden onset weakness is secondary to a functional neurologic disorder. Plan for discharge to rehab pending PT evaluation.

VAERS ID: 1338829 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-16  
Onset: 2021-05-17  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 AR / IM

Administered by: Other Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate  
aminotransferase normal, Blood alkaline phosphatase increased, Blood  
bicarbonate, Blood creatinine normal, Blood fibrinogen increased,

Blood potassium normal, Blood sodium decreased, Blood urea normal, Brain natriuretic peptide increased, C-reactive protein increased, Diarrhoea, Haemoglobin normal, Hyponatraemia, Lymphocyte count decreased, Multisystem inflammatory syndrome in children, Musculoskeletal stiffness, Neck pain, Platelet count normal, Pyrexia, Rash papular, SARS-CoV-2 antibody test, SARS-CoV-2 antibody test positive, Serum ferritin normal, Troponin increased, Vomiting, White blood cell count increased

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (broad), Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Pseudomembranous colitis (broad), Dystonia (broad), Parkinson-like events (broad), Biliary system related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Chronic kidney disease (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: 5/20 Fibrinogen 785, Ferritin 377, CRP, 321, WBC 16.6, Hgb 14.9, plts 203 BNP 225, troponin 1525 pg/ml Na 132, K 3.9, Bicarb 24, BUN 12, Cr 0.8 AST 32, ALT 31, AlkPhos 285 COVID IgG: detected COVID: not detected

CDC Split Type:

Write-up: 5 days prior to admission on 5/16/21, he received a first Pfizer COVID vaccination. The day after the vaccine, he had neck pain and stiffness. He subsequently developed fever, diarrhea, and vomiting. The day prior to admission, he developed a diffuse popular rash. He was seen in clinic on 5/20 and lab work was obtained, which was consistent with MIS-C findings (elevated troponin, elevated fibrinogen, elevated CRP, hyponatremia, relatively low absolute lymphocyte count).

VAERS ID: 1341115 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-16  
Onset: 2021-05-20  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Appendicitis  
SMQs:

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Letrozole Levothyroxine Minocycline Somatropin  
Current Illness:  
Preexisting Conditions: Non-classical CAH Alice in Wonderland  
Syndrome  
Allergies: N/A  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Acute appendicitis without perforation within 5 days of  
administration

VAERS ID: 1341317 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-21  
Onset: 2021-05-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 1 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Asthenia, Confusional state, Dizziness, Drug screen

negative, Full blood count normal, Hypoaesthesia, Loss of consciousness, Metabolic function test, Mobility decreased, Urine analysis

SMQs: Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: fluoxetine, guanfacine, hydroxyzine

Current Illness: none

Preexisting Conditions: anxiety, depression

Allergies: no known allergies

Diagnostic Lab Data: CBC, CMP, Urinalysis, UDS unremarkable.

5/21/2021

CDC Split Type:

Write-up: Patient received IM vaccine, was under observation when felt dizzy and lost consciousness. Spontaneously awoke a few minutes later and was confused, and wasn't able to feel his legs. Confusion resolved after about 5 min but leg numbness/weakness remained. Was taken via EMS to the hospital, with clinical assessment showing no neurological deficit, withdrawing to pain, and patient demonstrated ability to ambulate independently about 12 hours after symptom onset. CBC, CMP, Urinalysis, UDS unremarkable.

VAERS ID: 1343983 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Connecticut

Vaccinated: 2021-05-20

Onset: 2021-05-21

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time, C-reactive protein normal, Echocardiogram, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Erythema, Full blood count normal, Hypersensitivity, Paraesthesia, Petechiae, Prothrombin time normal, Purpura, Red blood cell sedimentation rate normal, Swelling face, Urticaria

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Tests: Normal CBC, CRP, ESR, PT/PTT 5/24 EKG: 5/23 and 5/24 diffuse ST elevation ECHO: Pending at time of submission 2 ED visits, one hospitalization Epinephrine x2, steroids, benadrly,

CDC Split Type:

Write-up: Thurs 5/20 4pm 1st COVID vaccine given Friday: tingly all day; 6pm developed diffuse erythema, some bright red Sat 5/22: redness, hives worse, facial swelling started. Seen at Danbury ED. Given all supplemental anaphylaxis stuff, then epi. Discharged home Sunday: 5/23: Facial swelling returns, mom gives IM Epi, returns to hospital. Found to have ST abnormalities on EKG, sent to hospital for prolonged allergic reaction and eval of possible pericarditis. 5/24: continues to have urticaria, now with new petechiae/purpuric breakouts in areas where hives were, but most prominently in bilateral ankles.

VAERS ID: 1347250 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: New York

Vaccinated: 2021-05-13

Onset: 2021-05-14

Days after vaccination: 1

Submitted: 0000-00-00  
Entered: 2021-05-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Ophthalmic herpes zoster  
SMQs:, Ocular infections (narrow), Opportunistic infections (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Amoxicillin  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Onset of herpes zoster ophthalmicus approximately 24  
hours following vaccination Patient is fully vaccinated against  
varicella with no clinical history of wild-type varicella infection

VAERS ID: 1347549 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-05-21  
Onset: 2021-05-22  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Asthenia, Chest pain, Headache, Paraesthesia, Pyrexia,  
Troponin increased  
SMQs:, Peripheral neuropathy (broad), Neuroleptic malignant syndrome  
(broad), Myocardial infarction (narrow), Anticholinergic syndrome  
(broad), Guillain-Barre syndrome (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No



Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None reported  
Preexisting Conditions: None  
Allergies: NKDA  
Diagnostic Lab Data: Elevated troponin at 450. Stable on room air.  
No fevers, Vital signs stable.  
CDC Split Type:  
Write-up: headache, weakness, tactile fever 1 day after the 1st dose  
of vaccine. On day 5 (today) developed left arm tingling and chest  
pain, so seen at ED. Symptoms subsided on ED arrival.

VAERS ID: 1359277 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-05-23  
Onset: 2021-05-26  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / IM  
Administered by: Other Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Echocardiogram abnormal,  
Electrocardiogram abnormal, Troponin increased  
SMQs: Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None reported

Preexisting Conditions: Seasonal allergies

Allergies: None known

Diagnostic Lab Data: Abnormal ECG, elevated troponins, abnormal echocardiography

CDC Split Type:

Write-up: Patient developed acute onset of chest pain on the 3rd day after receiving Pfizer vaccine. Patient describes pain as squeezing in his chest. Pain resolved after about 20 minutes, but patient's mother brought him to emergency room where he had an abnormal ECG and was admitted for further evaluation.

VAERS ID: 1360961 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Indiana

Vaccinated: 2021-05-19

Onset: 2021-05-21

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-29

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK UN / IM

Administered by: Private Purchased by: ?

Symptoms: Cellulitis, Magnetic resonance imaging abnormal,

Osteochondrosis, Osteomyelitis, Subperiosteal abscess

SMQs:, Osteonecrosis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: N/A

Allergies: N/A

Diagnostic Lab Data: MRI Tib/Fib 1. Significant diffuse signal abnormality seen throughout the shaft of the tibia as described above compatible with osteomyelitis. Thin rim of circumferential subperiosteal fluid signal and enhancement is seen involving the distal tibia may represent thin rim of subperiosteal phlegmon or even abscess. 2. No significant ankle effusion is seen to suggest septic joint. 3. Small osteochondral defect appreciated involving most medial aspect of the talus. Follow-up radiographs recommended  
CDC Split Type:

Write-up: Pt developed right tibial osteomyelitis 2 days following

vaccine. Treated with antibiotics

VAERS ID: 1365345 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-14  
Onset: 2021-05-28  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Appendicectomy, Appendicitis, C-reactive protein increased, Full blood count abnormal, Laboratory test, Laparoscopic surgery, Ultrasound abdomen abnormal, White blood cell count increased

SMQs: Acute pancreatitis (broad), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol PRN, fluticasone nasal spray PRN, acetaminophen PRN

Current Illness: Had COVID early 2021 (didn't get tested then but brother was positive Feb 2021, admitted for MIS-C March 2021)

Preexisting Conditions: Obesity, high cholesterol (especially high triglycerides), vitamin D insufficiency

Allergies: No known allergies

Diagnostic Lab Data: 5/28 labs and abdominal U/S done in ER/hospital notable for CBC with elevated WBCs; CRP 5.2

CDC Split Type:

Write-up: No immediate adverse event, but 2 weeks later (5/28) pt was seen for abdominal pain and referred to ER. Workup showed acute appendicitis, pt was admitted and underwent laparoscopic appendectomy. At time of follow-up (6/1), pt reportedly recovering well.

VAERS ID: 1376638 (history)

Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-17  
Onset: 2021-05-19  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Appendectomy, Appendicitis  
SMQs:

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 6 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Appendicitis and Appendectomy

VAERS ID: 1376872 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-06-03  
Onset: 2021-06-04  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain upper, Adenovirus test, Blood bilirubin  
increased, Blood creatine phosphokinase normal, Borrelia test, Brain  
natriuretic peptide increased, C-reactive protein normal, Chest X-  
ray normal, Chest pain, Coxsackie virus test, Cytomegalovirus test,

Echocardiogram normal, Echovirus test, Ejection fraction, Electrocardiogram ST segment abnormal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Epstein-Barr virus test, Fatigue, Fibrin D dimer increased, Full blood count normal, Headache, Herpes virus test, Immunoglobulin therapy, Metabolic function test, Myalgia, Myocarditis, Oropharyngeal pain, Parvovirus B19 test, Pericarditis, Pyrexia, Red blood cell sedimentation rate normal, SARS-CoV-2 antibody test, Sinus tachycardia, Somnolence, Tachycardia, Troponin increased  
SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: 6/5 Pro-BNP 193, CRP 1.57, Total bilirubin 1.1, d-dimer 274, troponin initially normal then elevated to peak 3.45, CK normal, ESR normal, CBC normal, BMP normal. 6/5 Troponin 0.33 6/6 Troponin 3.45 2.08 1.0 6/5: Chest x-ray normal. 6/5: ECG normal sinus rhythm, diffuse ST changes and J-point elevation particularly in inferolateral leads. Read as early repolarization vs myocarditis 6/6: ECG sinus tachycardia, diffuse ST changes with J point elevation 6/5: Echo obtained read as normal, with EF 60% without pericardial effusion.

CDC Split Type:

Write-up: Patient had initial fatigue/ somnolence in AM day after vaccine, in PM developing fever, HA, sore throat, myalgias stomach

ache and chest pain. Chest pain every 20-30 minutes, worse when supine, pain with breathing when laying down that resolved when sitting up, presented to ED for workup. Found to be tachycardia to 100s, hemodynamically stable otherwise. Pro-BNP 193, CRP 1.57, Total bilirubin 1.1, d-dimer 274, troponin initially normal then elevated to peak 3.45, CK normal, ESR normal, CBC normal, BMP normal. Chest x-ray normal. ECG normal sinus rhythm, diffuse ST changes and J-point elevation in inferolateral leads. Echo obtained read as normal, with EF 60% without pericardial effusion. Working Diagnosis pericarditis/myocarditis. Cardiology and infectious disease consulted, and started on ibuprofen, tylenol, IVIG, methylprednisolone. Labs for COVID antibodies, lyme, echovirus, HSV 6, EBV, CMV, Parvovirus B19, coxsackie, adenovirus pending. Cardiac MRI planned to be completed.

VAERS ID: 1377933 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: South Carolina

Vaccinated: 2021-06-03

Onset: 2021-06-04

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 2 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Anaemia, Asthenia, Basophil count decreased, Blood pressure decreased, Body temperature increased, Condition aggravated, Dysstasia, Eosinophil count decreased, Gait inability, Hereditary spherocytosis, Lymphocyte count, Mean platelet volume increased, Monocyte count decreased, Platelet count normal, Red cell distribution width normal, Reticulocyte count normal, Reticulocyte percentage normal, Vomiting, White blood cell count normal  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Congenital, familial and genetic disorders (narrow), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: unknown  
Current Illness: hereditary spherocytosis  
Preexisting Conditions: hereditary spherocytosis  
Allergies: nkda per our records however we do not have full profile  
Diagnostic Lab Data: date: 6/4/2021: 10:08am WBC: 10.0  
Reticulocytes: 7.81% Reticulocyte Abs: 0.30 RDW-CV: 12.7% RDW-SD:  
53.2 platelets: 157 MPV: 11.5 lymphocytes, Abs: 0.24 monocytes, Abs:  
0.38 Eosinophils, Abs: <0.03 Basophils, Abs: 0.03  
CDC Split Type:

Write-up: did well acted right, felt right up until 5 AM this morning (6/4/21), she woke up throwing up over and over again, she couldn't keep even a dissolvable Zofran down. I immediately contacted her Hematologist and he told me to take her to the E.R. I blood disorder, Hereditary Spherocytosis came to life, flared up. I got extremely sick, where she could not walk or stand by 8:00 am this morning, when we arrived at the E.R. she had to be placed in a wheelchair because she was so weak. I Fluids, Pain medicine, Motrin, and nausea medication were given, plus rotating cool rags on her head to get her body temperature down. I CBC, was off the charts, she has developed Anemia and was diagnosed this morning. I blood pressure dropped to 91/42. I spoke with two hematologist on top of speaking with the 2 E.R. Doctors. I reached over 110% immunity if not more. I Both Hematologist I spoke with plus the E.R. doctors determined she was at 100% immunity with just the first dose. I Due to her reaction her Oncologist/Hematologist are communicating with other hematologist in the U.S. about a reaction of a 12 year old pediatric patient with Hereditary Spherocytosis, further research will begin according to the Director of Onocologist/Hematologist in the next few weeks to help other pediatric patients with Hereditary Spherocytosis in the U.S., the main point of this research is determining that one dose of Covid vaccine reaches 100% immunity vs 2 doses which would be equivalent to 2 doses plus 2 booster shots of Covid vaccine to someone with hereditary spherocytosis. I I After 8 hours of going through this, she was able to walk and stand. She was back to her old self. I If you can please reach out to CDC and let them know about a 12 year olds patient with Hereditary Spherocytosis reaction to second dose of Pfizer Vaccine.

VAERS ID: 1378817 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: California

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood culture, Chest pain, Cytomegalovirus test,  
Echocardiogram, Electrocardiogram normal, Enterovirus test, Epstein-  
Barr virus test, Full blood count, Headache, Nausea, Respiratory  
viral panel, SARS-CoV-2 test, Troponin increased  
SMQs:, Acute pancreatitis (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: troponin 2.12 - we are also sending COVID swab,  
RVP, Enterovirus pcr (from throat, stool, serum), EBV,CMV, cbc and  
blood culture ekg was negative  
CDC Split Type:  
Write-up: first headache then nausea then 3 days after had chest  
pain and elevated troponins. Is being admitted for ECHO and serial  
troponins

VAERS ID: 1379320 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Washington

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 RA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Chest discomfort, Throat tightness, Vomiting  
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Angioedema (broad), Oropharyngeal conditions (excl neoplasms,  
infections and allergies) (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Hypersensitivity



(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Melitonin  
Current Illness: UTI – unknown at the time of vaccination.  
Preexisting Conditions:  
Allergies: Latex and adhesive  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: Ten minutes after shot she began complaining of tightness in throat and chest. Monitored for 45 min and then began throwing up at 7 pm. Vomited rest of evening and all the next day. Went to ER and given an injection of epinephrine. Sent home. Continued to vomit and went back into ER and admitted to hospital.

VAERS ID: 1379324 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-04  
Onset: 2021-06-07  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Elevated Troponin  
CDC Split Type:  
Write-up: Chest Pain due to Myocarditis

VAERS ID: 1379720 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Nevada

Vaccinated: 2021-06-03

Onset: 2021-06-04

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Full blood count normal, Heart rate increased, Metabolic function test normal, Nausea, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Keflex 500mg BID

Current Illness: None

Preexisting Conditions: None

Allergies: Augmentin

Diagnostic Lab Data: Only CBC and CMP in ER which came back normal.  
CDC Split Type:

Write-up: Nausea and vomiting started just after midnight, every 30 minutes, then increased to constant every 5 minutes by 0500. 0630 intractable and heart rate in 130s. Taken to ER where 2 boluses of fluids and Zofran given. 1200 she still could not get an ice chip down without vomiting and heart rate remained between 110-140.

Admitted to pediatric floor for observation and fluids. About 1600 she was able to hold down spoonful of fluids. By 1900 she was

totally back to feeling good and was able to hold down mac-n-cheese, ice cream, crackers with no nausea.

VAERS ID: 1382338 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Antibody test, Bacterial test, Blood gases, Blood immunoglobulin E, Borrelia test, C-reactive protein increased, CD4 lymphocytes, CD8 lymphocytes, CSF test, Coagulation test, Coxsackie virus test, Ehrlichia test, Electroencephalogram, Encephalitis, Endotracheal intubation, Enterovirus test, Full blood count, Headache, Hyponatraemia, Inappropriate antidiuretic hormone secretion, Intensive care, Laboratory test, Lumbar puncture, Lyme carditis, Magnetic resonance imaging, Multisystem inflammatory syndrome in children, Myocarditis, Polymerase chain reaction, Prothrombin time prolonged, Pyrexia, Respiratory viral panel, Thyroid function test, Toxicologic test, Troponin increased, Varicella virus test, Viral test, Vomiting, West Nile virus test  
SMQs:, Liver-related coagulation and bleeding disturbances (narrow), Acute pancreatitis (broad), Angioedema (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Noninfectious encephalitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Amoxicillin 500 mg TID, Auvi-Q 0.3 mg IM PRN anaphylaxis, Flovent 100 mcg Diskus 2 puffs daily  
Current Illness: Lyme disease diagnosed 19 days prior to admission (~5/16/21) being treated with amoxicillin

Preexisting Conditions: Tympanostomy tubes, myopia, asthma

Allergies: Nuts

Diagnostic Lab Data: - CSF Studies Pending: VZV PCR, Enterovirus PCR, West Nile Virus antibody, Eastern Equine Encephalitis virus antibody, Lyme Antibody Index, Anti-MOG, Autoimmune encephalitis panel. One tube held/froze - Blood Studies Pending: Enterovirus PCR, Anaplasma/ehrlichia PCR, Rickettsia rickettsii IgG, IgM, Adenovirus PCR, Blood for Lyme Antibody Index, Autoimmune Encephalitis, Anti-MOG, Coxsackie PCR - NP Swab: Viral Respiratory Panel (Myocarditis) negative Serial troponins (highest to date 0.19) Serial CRP (highest to date 4.51) LP EEG Blood gas CBC plus diff x 3 Coags (PT = 15.7) Serial Chem10 Urine tox screen (all negative) IgE 751 IgG 553 CD8 and CD4 studies Thyroid panels

CDC Split Type:

Write-up: Patient admitted with a diagnosis of myocarditis and encephalitis, currently still hospitalized at the time of this report. From EHR note: Patient is an otherwise healthy 12yM with recent Lyme disease (erythema migrans) transferred to hospital for hyponatremia, encephalitis, myocarditis. Initially intubated due to aspiration risk, now s/p extubation and stable on RA. Broad workup so far including consultations from neurology, cardiology, immunology, and infectious disease with unclear etiology, s/p MRI and LP with c/f covid-vaccine related myocarditis/encephalitis vs Lyme carditis/meningoencephalitis vs less likely MISC vs other. Infectious testing so far negative, patient otherwise has returned to baseline behavior without any current symptoms. He is transferred to general for further workup and evaluation and close monitoring. Diagnosed with Lyme 19 days prior to admission, treated with amoxicillin; p/w headache, fever and vomiting so concern for encephalitis as above vs inflammatory process post-COVID or vaccine. Less likely meningitis given reassuring initial CSF studies. Negative COVID antibody. Resolving hyponatremia, thought to be likely SIADH. Given presentation and maternal history of albinism with immunodeficiency, broad workup sent. Also with c/f possible inflammatory response/MISC-C vs vaccine myocarditis.

VAERS ID: 1382368 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: New York

Vaccinated: 2021-06-03

Onset: 2021-06-06

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: Adenovirus test, Cardiac imaging procedure abnormal, Chest pain, Cytomegalovirus test, Echocardiogram normal, Electrocardiogram abnormal, Electrocardiogram repolarisation abnormality, Epstein-Barr virus test, Immunology test, Myocarditis, Pericarditis, SARS-CoV-2 antibody test negative, Troponin increased  
SMQs:, Torsade de pointes/QT prolongation (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: 12-year-old male with hx of asthma presented with 7 hours of chest pain 3 days after 2nd dose of Pfizer Covid-19 mRNA vaccine now admitted for monitoring in the setting of myocarditis. #  
Myocarditis Admit troponin elevated to 7354 and EKG with evidence of early repolarization. ECHO performed 6/7 was normal. Cardiac MRI 6/7 was consistent with pericarditis. Patient was admitted for observation and close monitoring. EKG and troponin were trended every 8 hours and were overall down trending by the day of discharge. Chest pain was managed with ibuprofen every 6 hours. ID was following patient throughout admission and recommended COVID Ab that resulted negative and Anti SARS COv 2 Ab; Lyme Ab; CMV, EBV, Adeno PCR/Antibody; which were all pending at the time of discharge. The patient remained afebrile and hemodynamically stable throughout admission with appropriate cardiology follow-up. Adverse vaccine event was appropriately reported to the CDC via the VAERS passive reporting system

VAERS ID: 1383621 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-05-13  
Onset: 2021-05-14  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 LA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Appendicectomy, Appendicitis perforated, Fatigue, Fluid intake reduced, Hypophagia, Nausea, Pyrexia, Vomiting  
SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Oxcarbazapine, zonisamide, ASA, adderall ER, losartan, omega 3  
Current Illness: none  
Preexisting Conditions: Transposition of the great arteries, epilepsy  
Allergies: no known  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Approximately 26 hours after receiving injection (around 6:30 pm on a Friday), he began to vomit and have extreme fatigue. The nausea and extreme fatigue persisted through Saturday and Sunday. He was only able to keep minimal liquids and food down. On Sunday afternoon (around 1pm) we had a low grade fever. This was the first time he was noted to have a fever. After consulting with telehealth, it was determined that there may be concern about his appendix. He was admitted to the ER about 5:30pm on Sunday, and was diagnosed with a perforated appendicitis. An appendectomy was performed at 1am Monday.

VAERS ID: 1386076 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Missouri

Vaccinated: 2021-06-05  
Onset: 2021-06-08

Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-09  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8733 / 2 UN / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8729 / 1 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Blood calcium normal, Blood chloride normal, Blood creatinine normal, Blood glucose normal, Blood magnesium increased, Blood phosphorus decreased, Blood potassium increased, Blood sodium normal, Blood urea normal, C-reactive protein increased, Carbon dioxide normal, Endotracheal intubation, Pyrexia, Respiratory failure, Respiratory viral panel, Seizure, Tachycardia  
SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Convulsions (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations: 1st dose COVID Pfizer vaccine given on 5/15/21  
Other Medications: Albuterol as needed, Amiodarone daily, Calcitriol daily, Calcium Carbonate daily, cholecalciferol daily, Epidiolex twice daily, clonazepam three times daily, Flovent twice daily, Keppra twice daily, multivitamin daily, norethindrone daily,  
Current Illness: Had similar febrile reaction after 1st dose of the COVID Pfizer vaccine on 5/15/21 requiring hospitalization, but was discharged home after 1-2 days of observation.  
Preexisting Conditions: Intractable epilepsy s/p Vagal Nerve Stimulator Polymorphic Ventricular Tachycardia-s/p pacemaker Chronic

respiratory insufficiency - on nocturnal Non-invasive ventilation  
Precocious puberty history of ECMO, AKI  
Allergies: Banzel - arrhythmias cefepime - redness clobazam -  
dyskinesia depakote- pancreatitis dextrose containing products - on  
Ketogenic Diet Fosphenytoin - arrhythmias dexmedetomidine -  
bradycardia sabril - lethargy vancomycin- redmans infusion syndrome  
(infuse doses over 2 hours and pre-treat with benedryl)  
Diagnostic Lab Data: 6/8/21: Na-141, K-4.9, Chloride - 104,  
CarbonDioxide - 28, Calcium -8.8, Glucose- 107, BUN - 9, Serum  
creatinine - 0.47, phosphorus -3.1, magnesium - 2.2, CRP -36 (?)  
6/8/21: Respiratory Viral Panel - negative  
CDC Split Type:

Write-up: 6/8/21 -Presented with respiratory failure requiring  
intubation about 12 hours after 2nd dose of COVID-19 vaccine.  
Desaturated to the low 80's despite oxygen. Febrile to 38.8 after  
admission and had several breakthru seizures requiring loading doses  
of Keppra. 5/17/21-Had event of tachycardia into the 140s, and  
slight fever of 100.6, and 8 minute seizure after 1st dose.

VAERS ID: 1392835 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-07  
Onset: 2021-06-08  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Electrocardiogram abnormal, Pyrexia, Troponin  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction  
(broad), Anticholinergic syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: biotin, clonazepam prn, depakote, felbamate,



ibuprofen, midazolam, vigabatrin  
Current Illness: potential viral pneumonia with cough starting 10 days prior  
Preexisting Conditions: focal partial seizures, hydrocephalus, cerebral cysts  
Allergies:  
Diagnostic Lab Data: troponin: highest recorded was 1.740 EKG: J point elevation  
CDC Split Type:  
Write-up: 6/7: received vaccine 6/8: new fever 6/9: chest pain worse with laying flat, mid sternal, without radiation

VAERS ID: 1392930 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-06-07  
Onset: 2021-06-08  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 2 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Headache, Intensive care, SARS-CoV-2 test negative, Troponin I increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: iron deficiency anemia

Allergies: bee venom

Diagnostic Lab Data: EKG: normal sinus rhythm x2 Echocardiogram: Normal ventricular function and size, normal coronary arteries.

Troponin I: elevated to 7.15 Covid: negative

CDC Split Type:

Write-up: One day after vaccine, patient developed chest pain and headache. Three days after vaccination, presented to PCP then ED

with chest pain. Found to have elevated troponin. Transferred to PICU with persistent chest pain. Chest pain dissipated after NSAIDs.

VAERS ID: 1394171 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-06-06  
Onset: 2021-06-09  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Cardiac imaging procedure abnormal, Chest pain,  
Myocarditis, Troponin  
SMQs: Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Elevated troponins, cardiac MRI showing  
myocarditis  
CDC Split Type:  
Write-up: Chest pain

VAERS ID: 1394357 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Nebraska

Vaccinated: 2021-06-10  
Onset: 2021-06-11  
Days after vaccination: 1

Submitted: 0000-00-00  
Entered: 2021-06-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain lower, Appendicitis, Fatigue, Laparoscopic  
surgery, Nausea, Pyrexia, Ultrasound scan abnormal, Vomiting  
SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis  
(broad), Malignancy related therapeutic and diagnostic procedures  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (narrow), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Lexapro, methylphenidate, Zyrtec. Melatonin.  
Current Illness: None  
Preexisting Conditions: Eczema, ADHD,  
Allergies: NKMA  
Diagnostic Lab Data: 6/12/21: ultrasound that shows acute  
appendicitis  
CDC Split Type:  
Write-up: Fevers and fatigue first 24 hours then nausea, vomiting  
and right lower quadrant abdominal pain. He was found to have an  
acute appendicitis approx 48 hours after his second covid vaccine.  
He received preop antibiotics and underwent a laparoscopic  
appendectomy.

VAERS ID: 1395232 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-09  
Onset: 2021-06-12  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-13  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 2 - / IM  
Administered by: Public Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Palpitations,

Troponin

SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: Autism

Allergies: NKDA

Diagnostic Lab Data: elevated troponin and CRP

CDC Split Type:

Write-up: chest pain and palpitations.

VAERS ID: 1396310 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-06-03

Onset: 2021-06-04

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Asthenia, Blood sodium decreased, Blood test, Confusional state, Discomfort, Electroencephalogram, Encephalitis, Headache,

Intensive care, Lumbar puncture, Magnetic resonance imaging head

abnormal, Magnetic resonance imaging heart, Myocarditis,

Neurological examination, Pain in extremity, Somnolence, Vomiting

SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome

(broad), Anticholinergic syndrome (broad), Dementia (broad),

Guillain-Barre syndrome (broad), Noninfectious encephalitis

(narrow), Noninfectious encephalopathy/delirium (broad),

Noninfectious meningitis (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH

(narrow), Cardiomyopathy (broad), Chronic kidney disease (broad),

Tendinopathies and ligament disorders (broad), Drug reaction with

eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia

(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 6 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Flovent, Amoxicillin  
Current Illness: Had bullseye rash that was diagnosed as Lyme disease but had no other symptoms  
Preexisting Conditions: Mild Asthma  
Allergies: Peanuts  
Diagnostic Lab Data: Brain MRI – June 5; Lumbar Puncture – June 5; Blood work – June 5–10; Heart MRI – June 9; EEG – June 5–6; EKG, Neurological exams  
CDC Split Type:  
Write-up: Had 2nd Pfizer vaccine at 5:15pm Thursday June 3. Felt fine that evening, just complained arm was starting to hurt when he went to bed around 11pm. Threw up twice on Friday June 4 at 9:30am & 1:30 pm. Very uncomfortable, bad headache, no energy. Mostly slept from 6pm Friday June 4 to 5am Saturday June 5. Immediately threw up when he woke up Friday. Threw up again about 30 min. later and 4 more times during the day. Still having bad head pain. Started to become confused and say things that didn't make sense. Went to ER around 4:30pm Saturday June 5. Blood work showed his sodium level was dangerously low. He was immediately given sodium and transported to Hospital ICU. Had brain MRI, lumbar puncture and lots of blood work done. Brain MRI showed signs of encephalitis. Also had myocarditis. Was in hospital until Thur. June 10. Encephalitis and myocarditis seemed to resolve quickly and he was just treated with rest and fluids along with antibiotics in case there was any viral/infectious cause of symptoms. All such tests have been negative to date

VAERS ID: 1396604 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-10  
Onset: 2021-06-13  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest X-ray normal, Chest pain, Electrocardiogram normal, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: cephalosporins

Diagnostic Lab Data: 6/14/21- normal EKG and CXR. Troponin elevated to 3.81, CRP 10

CDC Split Type:

Write-up: chest pain, labs suggestive of myocarditis

VAERS ID: 1397727 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: New Hampshire

Vaccinated: 2021-06-05

Onset: 2021-06-06

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Chills, Echocardiogram normal, Ejection fraction, Fatigue, Intensive care, Pericardial effusion, Tricuspid valve incompetence, Troponin, Troponin increased, Ventricular dyskinesia

SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Albuterol PRN  
Current Illness: None reported  
Preexisting Conditions: Asthma Obesity  
Allergies: None  
Diagnostic Lab Data: 6/8/21 @ 0140 - Troponin 8.23ng/ml (<0.03ng/ml)  
6/8/21 @ 0435 - Troponin 9.13ng/ml 6/8/21 @ 0843 - Troponin 8.22ng/  
ml 6/8/21 @ 1405 - Troponin 5.79ng/ml 6/9/21 @ 0537 - Troponin  
5.06ng/ml 6/9/21 @ 1207 - Troponin 3.62ng/ml 06/08/21:  
Echocardiogram: The intracardiac anatomy is normal. Technically  
difficult imaging due to patient body habitus. Global LV function  
appears to be normal shortening fraction is 32%, however, there is  
septal dyskinesia. There is a trivial posterior pericardial  
effusion. 06/08/21: Cardiac MRI; Global LV function is within normal  
limits, The sf = 36% and the EF by Simpson's is 58%. This is  
improved from study 15 hours ago. There is no mitral regurgitation.  
There is a trivial posterior pericardial effusion. There is trace  
tricuspid regurgitation. The right ventricle systolic pressure is  
20-24 mmHg above the right atrial pressure. Normal coronaries.  
CDC Split Type:  
Write-up: Patient presented to emergency room on 6/7/21 with chest  
pain, chills and fatigue. His troponin was noted to be elevated  
concerning for myocarditis. He was hemodynamically stable. He was  
admitted to Pediatric ICU for close monitoring and remained stable  
on admission. Initial echo was concerning for low normal function,  
however cardiac MRI showed normal function. His troponins trended  
down with ibuprofen therapy for anti-inflammation and he was  
discharged to home on 6/9/21.

VAERS ID: 1400103 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-05-29  
Onset: 2021-05-29  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain lower, Abdominal pain upper, Alanine  
aminotransferase decreased, Albumin globulin ratio normal, Anion  
gap, Aspartate aminotransferase, Bacterial test negative, Basophil  
count normal, Basophil percentage, Bilirubin conjugated decreased,

Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin decreased, Blood bilirubin unconjugated, Blood calcium normal, Blood chloride normal, Blood creatinine normal, Blood glucose normal, Blood osmolarity normal, Blood potassium normal, Blood sodium normal, Blood urea normal, Bowel movement irregularity, Carbon dioxide normal, Chest X-ray normal, Chromaturia, Discoloured vomit, Discomfort, Endoscopy upper gastrointestinal tract normal, Eosinophil count normal, Eosinophil percentage, Faeces hard, Globulin, Glucose urine absent, Haematemesis, Haematocrit normal, Haemoglobin normal, Headache, Human chorionic gonadotropin negative, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, Lipase normal, Lymphocyte percentage, Mallory-Weiss syndrome, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte count, Monocyte percentage, Nasolaryngoscopy, Nausea, Neutrophil count, Neutrophil percentage, Nitrite urine absent, Oropharyngeal pain, Platelet count normal, Protein total normal, Protein urine absent, Red blood cell count normal, Red blood cells urine positive, Red cell distribution width normal, Respiratory syncytial virus test negative, SARS-CoV-2 test negative, Specific gravity urine normal, Urine ketone body absent, Urobilinogen urine, Vomiting, White blood cell count increased, pH urine normal

SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal haemorrhage (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Chronic kidney disease (broad), Noninfectious diarrhoea (broad), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: levothyroxine 88 mcg tablet

Current Illness: none

Preexisting Conditions: hypothyroidism, idiopathic scoliosis, allergy to shellfish

Allergies: shellfish

Diagnostic Lab Data: CXR: normal. Endoscopy 6/3/21: normal

Nasopharyngolaryngoscope 6/4/21 : normal. 06/03/21- WBC 11.4\* HGB

12.0 MCV 86 ANC 6.5 PLT 266 5/30/21-SARS-CoV-2 (COVID19) NEGATIVE

WBC [4.0-11.0 x10<sup>3</sup>/uL] 12.3 x10<sup>3</sup>/uL \*HI\*(5/30/21 7:09 PM) RBC

[4.10-5.10 x10<sup>6</sup>/uL] 4.43 x10<sup>6</sup>/uL (5/30/21 7:09 PM) Neutro Auto



[40.0-59.0 %] 65.9 % \*HI\*(5/30/21 7:09 PM) Lymph Auto [34.0-48.0 %] 27.0 % \*LOW\*(5/30/21 7:09 PM) Mono Auto [3.0-8.0 %] 4.3 % (5/30/21 7:09 PM) Basophil Auto [0.0-1.0 %] 0.7 % (5/30/21 7:09 PM) BUN [6-17 mg/dL] 15 mg/dL (5/30/21 7:09 PM) UA Color [Yellow] Yellow (5/30/21 7:54 PM) UA WBC [NONE SEEN] 0-5 (5/30/21 7:54 PM) Glucose Level [60-100 mg/dL] 87 mg/dL (5/30/21 7:09 PM) Potassium Level [3.4-4.5 mmol/L] 4.3 mmol/L (5/30/21 7:09 PM) Baso Absolute [0.0-0.2 x10<sup>3</sup>/uL] 0.1 x10<sup>3</sup>/uL (5/30/21 7:09 PM) MCV [78.0-98.0 fL] 85.3 fL (5/30/21 7:09 PM) UA Urobilinogen [0.2-1.0 mg/dL] 0.2 mg/dL (5/30/21 7:54 PM) UA Bili [Negative] Negative (5/30/21 7:54 PM) UA Ketones [Negative mg/dL] Negative mg/dL (5/30/21 7:54 PM) AST [5-36 unit/L] 20 unit/L (5/30/21 7:09 PM) ALT [24-44 unit/L] 13 unit/L \*LOW\*(5/30/21 7:09 PM) MCHC [31.0-36.0 g/dL] 32.9 g/dL (5/30/21 7:09 PM) Sodium Level [136-145 mmol/L] 140 mmol/L (5/30/21 7:09 PM) UA RBC [0-2 /HPF] 3 /HPF \*HI\*(5/30/21 7:54 PM) UA Leuk Est [Negative] Negative (5/30/21 7:54 PM) Lymph Absolute [1.0-4.8 x10<sup>3</sup>/uL] 3.3 x10<sup>3</sup>/uL (5/30/21 7:09 PM) UA Nitrite [Negative] Negative (5/30/21 7:54 PM) UA Glucose [Negative mg/dL] Negative mg/dL (5/30/21 7:54 PM) Hct [37.0-40.0 %] 37.8 % (5/30/21 7:09 PM) UA Bacteria [None Seen] Negative (5/30/21 7:54 PM) Lipase Level [21-57 unit/L] 35 unit/L (5/30/21 7:09 PM) Bilirubin Indirect [0.0-0.1 mg/dL] No Calc mg/dL 1\*NA\*(5/30/21 7:09 PM) Calcium Level [9.0-10.6 mg/dL] 9.7 mg/dL (5/30/21 7:09 PM) Mono Absolute [0.0-0.8 x10<sup>3</sup>/uL] 0.5 x10<sup>3</sup>/uL (5/30/21 7:09 PM) Albumin Level [3.5-5.0 g/dL] 4.6 g/dL (5/30/21 7:09 PM) Protein Total [5.7-8.2 g/dL] 7.3 g/dL (5/30/21 7:09 PM) UA Protein [Negative mg/dL] Negative mg/dL (5/30/21 7:54 PM) MCH [25.0-35.0 pg] 28.0 pg (5/30/21 7:09 PM) Neutro Absolute [1.8-7.0 x10<sup>3</sup>/uL] 8.1 x10<sup>3</sup>/uL \*HI\*(5/30/21 7:09 PM) Bilirubin Total [0.3-1.2 mg/dL] 0.2 mg/dL \*LOW\*(5/30/21 7:09 PM) Hgb [12.0-16.0 g/dL] 12.4 g/dL (5/30/21 7:09 PM) Alk Phos [144-499 unit/L] 100 unit/L \*LOW\*(5/30/21 7:09 PM) UA Blood [Negative] Small \*ABN\*(5/30/21 7:54 PM) MPV [7.4-10.4 fL] 9.9 fL (5/30/21 7:09 PM) UA Spec Grav [1.001-1.030] 1.008 (5/30/21 7:54 PM) Bilirubin Direct [0.0-0.3 mg/dL] <0.1 mg/dL (5/30/21 7:09 PM) Platelets [140-380 x10<sup>3</sup>/uL] 300 x10<sup>3</sup>/uL (5/30/21 7:09 PM) CO2 [16.0-25.0 mmol/L] 26.8 mmol/L \*HI\*(5/30/21 7:09 PM) Eos Absolute [0.00-0.45 x10<sup>3</sup>/uL] 0.30 x10<sup>3</sup>/uL (5/30/21 7:09 PM) RDW [11.0-15.0 %] 12.8 % (5/30/21 7:09 PM) UA pH [5-8] 7.0 (5/30/21 7:54 PM) UA Appear [Clear] Clear (5/30/21 7:54 PM) Chloride Level [98-107 mmol/L] 105 mmol/L (5/30/21 7:09 PM) A/G Ratio [0.8-2.0 mg/dL] 1.7 mg/dL (5/30/21 7:09 PM) BUN/Creat Ratio [5.0-35.0 mg/dL] 25.0 mg/dL (5/30/21 7:09 PM) Osmolality Calc [275-295] 280 (5/30/21 7:09 PM) Globulin [2.5-3.5 mg/dL] 2.7 mg/dL (5/30/21 7:09 PM) NRBC Auto [≤0.0 /100(WBCs)] 0.1 /100(WBCs) \*HI\*(5/30/21 7:09 PM) HCG Urine POC [Negative] Negative (5/31/21 1:12 AM) Creatinine Level [0.50-1.10 mg/dL] 0.60 mg/dL (5/30/21 7:09 PM) Influenza A AMP [Negative] Negative (5/30/21 7:13 PM) Influenza B AMP [Negative] Negative (5/30/21 7:13 PM) RSV AMP [Negative] Negative (5/30/21 7:13 PM) Anion Gap [6-16 mmol/L] 8 mmol/L (5/30/21 7:09 PM) Eos, Auto [0.0-7.0 %] 2.1 % (5/30/21 7:09 PM)

CDC Split Type:

Write-up: Started vomiting 2hrs after vaccination. Went to ER who initially obtained CBC with stable Hgb and sent home with Zofran. Patient continued to have bloody emesis so presented back to ER where they did CXR which was normal, gave IVF bolus, zofran, repeat

CBC with Hgb 12.4 and transferred to another hospital for higher level of care. At the hospital, Initially made NPO and placed on IV fluids in preparation for possible endoscopy. Repeat labs showed stable hemoglobin compared to outside hospital. GI consulted and determined that hematemesis was most likely due to Mallory Weiss tear. Recommended carafate before meals, chloraseptic spray as needed for sore throat, continuing IV Protonix and IV zofran as needed, and gradually advancing her diet. On HD#3, she had another episode of hematemesis after eating solids. Overnight, tolerated liquids and solids without any further episodes of emesis. Tolerated transition from IV to PO meds and maintained hydration off of IV fluids. Due to symptom improvement, GI did not recommend endoscopy at this time and recommended that she be discharged on 1 week course of carafate, 2 month course of omeprazole, and zofran as needed with plans for GI follow-up in 1-2 months. Had another episode of hematemesis at home after discharge. Went back to hospital and admitted again. The patient underwent upper endoscopy which showed no source of upper GI bleed. ENT was consulted and performed a nasopharyngolaryngoscopy which was negative for an ENT source of bleeding. She remained stable without an identifiable source of bleeding. Mom was comfortable with her being discharged home with close follow up by PCP. Pt seen on 6/7/21 at pediatrician's office for ER F/U. Pt reported she was still vomiting, 2x so far that day. The day before vomited 4x during the day and continued until the night. No more bright red blood in vomit. Describes vomit as blue and pink colors now. Pt does take a light green tablet that is her levothyroxine. Threw up the blue colored vomit immediately after taking this medication. Instructed to take zofran when feeling nauseous. Seen again by pediatrician on 6/10/21- Currently, per mom pt is still vomiting. Last time she vomited was last night. Pt is taking omeprazole. Pt vomited 5-6x yesterday. Decreased appetite, but has been eating some crackers and rice. Complaining of stomach pain after eating and vomiting. Pt used zofran once and it helped a little. Pt denies self induced vomiting. Pt has been observed by family when vomiting and they do not report any self induced vomiting. Pt denies trying to lose weight. Pt never vomits up food, always liquid. Vomit is different colors, can be pink or blue. No more red color in vomit, only pink. Pt drinks water and gatorade. Pt denies feeling any burning before vomit, but feels burning sensation after vomiting. Pt has been having BMs, not regularly and hard. Taking one capful of miralax at night. Instructed for next five days, instructed to take zofran pill 1hr before dinner. F/U with GI. Seen again by pediatrician on 6/15/21- Per mom and pt she is still vomiting about 5-6 times a day. Pt went to GI yesterday, given lansoprazole 30mg qd and told to continue zofran.. Pt is now able to eat all her meals, takes zofran 1hr before dinner. Pt has vomited 1hr after dinner and has only vomited liquids. Hematemesis has resolved. Still has some blue colored vomit, most likely from levothyroxine medication she takes daily. Stopped taking Miralax 3 days ago. Pt had a soft BM earlier this morning. Pt states she has occasional stomach pains after vomiting, takes a while to calm down but then resolves. Described as lower abdominal. Pt has nausea before vomiting, after vomiting takes 15-30mins for nausea to resolve. Pt states she had a headache with a heavy sensation when

vomiting. No headaches at night, but does vomit 3-4x overnight. LMP: 2wks ago. Recommended to go to ophthalmologist to r/o papilledema. Will contact hospital to get results of any bloodwork done inpatient (reviewed - only CBC done inpt).. F/U in 1wk. Ordered MRI brain w/ contrast. CMP. lipase, amylase, celiac disease panel. All results pending.

VAERS ID: 1400303 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Ohio

Vaccinated: 2021-01-20  
Onset: 2021-01-21  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
220395 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Amnesia, Blood pressure abnormal, Blood test, Chest pain, Cyst, Dermatitis contact, Disorganised speech, Dizziness, Dysphagia, Electric shock sensation, Endoscopy, Enteral nutrition, Fatigue, Feeling abnormal, Gait disturbance, Gait inability, Gastrointestinal tube insertion, Headache, Heart rate irregular, Hypoaesthesia, Immediate post-injection reaction, Impaired gastric emptying, Injection site pain, Kyphosis, Magnetic resonance imaging spinal, Muscular weakness, Myalgia, Nausea, Neck pain, Neuralgia, Oligomenorrhoea, Pain in extremity, Peripheral coldness, Peripheral swelling, Pyrexia, Rash pruritic, Seizure, Skin discolouration, Skin exfoliation, Spinal pain, Syncope, Tachycardia, Tic, Ultrasound abdomen, Urinary retention, Visual impairment, Vomiting, Walking aid user, X-ray

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Gastrointestinal obstruction (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific dysfunction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Hypertension (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens

disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Cardiac arrhythmia terms, nonspecific (narrow), Vestibular disorders (broad), Osteoporosis/osteopenia (broad), Fertility disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 60 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vyvanse 50mg

Current Illness: none

Preexisting Conditions: dermatographia

Allergies: none before the vaccine, tape allergy after the vaccine

Diagnostic Lab Data: Multiple blood tests, spine MRI, Upper GI, Endoscopy, x-ray and ultrasound of abdomen. Can provide test results, too much to type in here. Additional blood work done today and brain MRI/MRV scheduled for 6/22.

CDC Split Type:

Write-up: After the second dose she had immediate pain at the injection site and over the next 24 hours she developed: A fever of 101.4 severe abdominal pain and chest pain that made her feel like her heart was being pulled out painful electric shocks down her neck and spine that made her walk hunched over numbness and swelling in the arm she got the shot pain in her fingers and toes that turned white and were ice cold to the touch Over the next 2.5 months her abdominal, muscle and nerve pain became unbearable plus she developed new symptoms: Fatigue gastroparesis, nausea and vomiting Eventually she couldn't even swallow food or liquids without immediately spitting it up. An itchy rash on her arms peeling skin on her feet Her menstrual cycle lasted a month with large clumps of blood She had unexplained painful cysts vision problems headaches erratic blood pressure and heart rate memory loss, mixing up words and brain fog Dizziness, fainting and then nonepileptic seizures that we suspect were from lyrica verbal and motor tics loss of feeling from the waist down, muscle weakness, abnormal gait and eventually she wasn't able to walk at all urinary retention From the day she got her 2nd dose to today we took her to the ER nine (9) times and she was admitted to the hospital a total of 3 times totalling 2 months. The last time she was admitted to the hospital she could not walk, was unable to feel or move below her waist, threw up anything she tried to eat or drink, had tachycardia and her blood sugar was at 47. Once she got an NG tube and was stable they transferred her to Inpatient Rehabilitation and she was just

discharged on June 1st. Today she is able to walk with a walker and take care of herself but she still has little to no feeling below her waist. She still has an NG tube for nutrition and continues to have GI and urinary retention problems.

VAERS ID: 1401304 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-06-07  
Onset: 2021-06-09  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Cardiac imaging procedure abnormal, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Magnetic resonance imaging heart, Myocarditis, SARS-CoV-2 test negative, Troponin increased, Viral test negative

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Klonopin, Valproic Acid, Sabril, Felbatol

Current Illness: None

Preexisting Conditions: Seizure disorder

Allergies: None

Diagnostic Lab Data: Initial troponin 1.740 and CRP 4.9, trended down through admission EKG normal Cardiac MRI: peri-myocarditis with pericardial prominence on 6/11/21 ECHO: Reassuring Viral labs all negative including SARS CoV-2 PCR

CDC Split Type:

Write-up: On 6/7/21 patient received Pfizer #2. Two days later started to complain of moderate chest pain and SOB. Seen the next day in clinic with chest pain. Troponin found to be elevated (1.740)

and CRP (4.9) with a normal EKG. After discussing with Cardiology was decided to admit patient for further work up and pain control. Admitted 6/10/21. Cardiac MRI on 6/11/21 showed peri-myocarditis. Troponin trended down over 3 days stay in hospital. Pain treated with NSAIDS, symptoms improved throughout stay. Will follow up with Cardiology in 2 weeks. No strenuous activity at this time.

VAERS ID: 1402924 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-12  
Onset: 2021-06-15  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, Chest X-ray normal, Chest pain, Chills, Electrocardiogram abnormal, Fibrin D dimer normal, Full blood count normal, Metabolic function test normal, Myalgia, Pain, Painful respiration, Pyrexia, SARS-CoV-2 test negative, Sinus arrhythmia, Troponin

SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness:

Preexisting Conditions: None

Allergies: Tree nuts

Diagnostic Lab Data: Tests on 6/15/21 from ED: Troponin of 1.630 and 1.930. BNP and D-dimer normal. CMP and CBC normal. Rapid COVID test negative. CXR negative. EKG normal sinus rhythm with sinus arrhythmia; heart rate 73, PR interval 144, QRS 90, QTc 403. Tests

from Facility: Troponin (6/15/21): 3.13 Troponin (6/16/21): 1.65  
CDC Split Type:

Write-up: Per mom and patient, within the first 48 hours of the vaccination, the patient had fevers to 103 F with chills and myalgias that responded to Tylenol. Patient has remained w/o fevers since 6/14. On 6/15, patient developed L chest pain which was reported as moderate in intensity, dull in sensation, constant and non-radiating. Pain worsened with deep breaths with no interval development of SOB, no dizziness, no lightheadedness or LOC.

VAERS ID: 1403509 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-15  
Onset: 2021-06-15  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / IM

Administered by: Private Purchased by: ?

Symptoms: Angiogram cerebral abnormal, Arteriovenous malformation, Cerebral mass effect, Computerised tomogram head, Haemorrhage intracranial, Hyporesponsive to stimuli, Pyrexia, Vascular rupture, Vomiting

SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemorrhagic central nervous system vascular conditions (narrow), Congenital, familial and genetic disorders (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: CT head and CTA head – large left sided intracranial hemorrhage with 4mm midline shift  
CDC Split Type:  
Write-up: Patient had Covid vaccine yesterday morning. Developed fever and vomiting at 9pm last night. Brought to the ER poorly responsive. Found to have a large intracranial bleed with an apparent ruptured AVM. Sent to larger hospital for pediatric neurointerventional radiology and pediatric neurosurgical care.

VAERS ID: 1404798 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-13  
Onset: 2021-06-16  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?  
Symptoms: Abdominal discomfort, C-reactive protein increased, Chest pain, Diastolic dysfunction, Echocardiogram abnormal, Ejection fraction, Headache, Pain, Painful respiration, Troponin increased  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: none  
Diagnostic Lab Data: Troponin: 4.49 (11:59am on 06/16/21) Troponin: 2.37 (22:59 on 06/16/21) CRP: 4.36 (11:59am on 06/16/21); 3.01



(23:59 on 06/16/21) Echocardiogram: The intracardiac anatomy is normal. Normal left ventricular systolic function Normal right ventricular systolic function. There appears to be abnormal diastolic function of the ventricular septum by tissue Doppler. Ejection fraction measures 52%.

CDC Split Type:

Write-up: Patient received the Pfizer vaccine on Sunday (06/13/21) and had mild upset stomach, headache and felt achey for approximately 24 hours post vaccine that then fully resolved. At approximately 4am on 06/16/21 he developed sharp substernal chest pain that was located centrally and a bit to the left with pain worse on inspiration and with movement. No other symptoms at that time. Went to the Emergency Department where he was transferred to Hospital as his troponin was elevated at 4.02 ng/ml. His chest pain resolved with 1 dose of Ibuprofen 400 mg.

VAERS ID: 1405332 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-07

Onset: 2021-06-07

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein normal, Chest pain, Dyspnoea, Red blood cell sedimentation rate increased, Troponin I increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness:

Preexisting Conditions: ADHD

Allergies: none

Diagnostic Lab Data: 6/17/21: Troponin I = 0.08 ng/mL, ESR 12 mm/hr, CRP 0.2 mg/dL

CDC Split Type:

Write-up: Possible myocarditis (progressive chest pain and dyspnea starting the day of the second vaccine), currently 9 days out with lab results as listed below. At the time of this submission, patient is being admitted to the hospital for further diagnostic work-up, to include echocardiogram and cardiac MRI. He

VAERS ID: 1409006 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-05-22

Onset: 2021-05-26

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 1 LA / -

Administered by: Private Purchased by: ?

Symptoms: Condition aggravated, Obsessive-compulsive disorder, Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection, Suicidal ideation

SMQs: Suicide/self-injury (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Clonidine, Zen Gaba, Vitamin D, Iron, Fluoxetine

Current Illness:

Preexisting Conditions: PANDAS

Allergies: none

Diagnostic Lab Data: No one tested for anything in the ER

CDC Split Type:

Write-up: Child developed a massive PANDAS OCD Flare and possibly cytokine storm. He ended up in the hospital asking to die because OCD thoughts became over whelming. Child has had PANDAS for 6 years and never had an incident like this.

VAERS ID: 1409946 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Kentucky

Vaccinated: 2021-06-13  
Onset: 2021-06-13  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Myocarditis, Red blood cell sedimentation rate increased, Sinus  
arrhythmia, Systolic dysfunction, Troponin increased  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow),  
Disorders of sinus node function (narrow), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: cetirizine 10mg daily Adderall 20mg daily  
veramyst 27.5mcg spray daily  
Current Illness:  
Preexisting Conditions:  
Allergies: sulfa drugs  
Diagnostic Lab Data: 6/17/21: High sensitivity troponin peak 989  
Elevated ESR 29 EKG: Sinus rhythm with sinus arrhythmia with ST  
elevation  
CDC Split Type:  
Write-up: Chest pain with myocarditis (EKG with ST changes, troponin  
leak) with preserved systolic function

VAERS ID: 1410747 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-15  
Onset: 2021-06-18  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest discomfort, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment abnormal, Troponin SMQs:, Anaphylactic reaction (broad), Myocardial infarction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Normal Echo, EKG with nonspecific ST changes but really normal, Troponin 1.5 (nl <0.03)

CDC Split Type:

Write-up: developed chest tightness and shortness of breath this AM, saw PCP, given motrin which relieved the pain

VAERS ID: 1410790 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: North Carolina

Vaccinated: 2021-06-14

Onset: 2021-06-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Brain natriuretic peptide, C-reactive protein, Chills, Condition aggravated, Electrocardiogram, Electroencephalogram, Fatigue, Full blood count, Headache, Metabolic function test, Myalgia, Pyrexia, SARS-CoV-2 test negative, Status epilepticus, Troponin

SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Eosinophilic pneumonia (broad), Generalised convulsive seizures following immunisation (narrow), Tendinopathies and ligament disorders

(broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Trileptal, Lamictal, multivitamin, vitamin D supplement  
Current Illness: none  
Preexisting Conditions: Epilepsy- on medication, last seizure 9/2020  
Allergies: none  
Diagnostic Lab Data: Covid-19 test in ER negative CBC, CMP, troponin, BNP, CRP, EKG Prolonged EEG monitoring  
CDC Split Type:  
Write-up: Status epilepticus in adolescent with well-controlled epilepsy, last seizure 9/2020. Seizures began 31 hours after second dose of Pfizer Covid vaccine. Headache, chills, myalgias, fatigue began 15 hours after second dose. Tylenol had been given to manage headaches about three times before seizures began. Fever to 101 was noted by EMS and in ER, no fevers had been noted before then.

VAERS ID: 1412071 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: California

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment abnormal, Full blood count, Red blood cell sedimentation rate increased, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none reported or known  
Preexisting Conditions: BMI \$g95%-ile  
Allergies: none known  
Diagnostic Lab Data: Troponin 6/18/21 - high sens - 5386pg/ml ESR  
6/18/21 - 36mm/Hr CBC 6/18/21 EKG sinus rhythm with non-specific ST  
changes echo normal structure and function w/o pericardial effusion  
CDC Split Type:  
Write-up: chest pain developed 1 day after inoculation with  
intermittent episodes until today. Patient evaluated in pediatric  
office with EKG showing sinus rhythm/non-specific ST changes (early  
pericarditis changes potentially). ESR elevated with troponin high-  
sensitivity 5386 pg/ml. Normal echo study done. Normal cxr.

VAERS ID: 1412625 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-15  
Onset: 2021-06-18  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: School Purchased by: ?  
Symptoms: Activated partial thromboplastin time shortened, Chest  
pain, Fibrin D dimer, Red blood cell sedimentation rate increased,  
Troponin  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: n/a  
Current Illness: none  
Preexisting Conditions: none  
Allergies: no known allergies

Diagnostic Lab Data: (06/18/21) Troponin 1st 472.7 rpt at 0913, 700.7, rpt @ 1458, 1158.8 (06/18/21) D-Dimer 0.62 (06/18/21) PTT 24.5 (06/18/21) Sed Rate 44

CDC Split Type:

Write-up: intense chest pain radiating to left arm lasting approx. 2 hours

VAERS ID: 1413331 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Virginia

Vaccinated: 2021-06-15

Onset: 2021-06-17

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 1 AR / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0181 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain, Chills, Headache, Myocarditis, Pyrexia, Troponin I increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Takes Adderall at baseline for ADHD but had been off of this for 2 weeks prior to onset of chest pain with cessation of school.

Current Illness: Developed a tactile fever and headache, which were transient, the day prior to onset of chest pain. Also had transient chills prior to onset of chest pain, but the chills occurred with the patient using a swimming pool. The patient also has baseline migraine headaches.

Preexisting Conditions: ADHD, migraine headaches

Allergies: None

Diagnostic Lab Data: 6/18/21: Troponin I 15 ng/mL 6/19/21: MRI chest

with myocarditis with normal heart function

CDC Split Type:

Write-up: The day after receiving the second dose of the Pfizer mRNA SARS-CoV-2 vaccine the patient had a transient tactile fever and headache. He felt well on 6/17 and went swimming which brought on transient chills and then proceeded to develop midline chest pain. The chest pain worsened, leading to hospitalization on 6/18 with confirmation of myocarditis on cardiac MRI and with elevated troponin.

VAERS ID: 1413494 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: Indiana

Vaccinated: 2021-06-18

Onset: 2021-06-18

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 1 LA / SYR

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0158 / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Blood test, Computerised tomogram, Electroencephalogram, Seizure, Urine analysis

SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Seroquil Adderall Zoloft

Current Illness: N/A

Preexisting Conditions: Autism

Allergies: None

Diagnostic Lab Data: Blood tests CT scan EEG urinalysis

CDC Split Type:

Write-up: Multiple seizures lasting longer than 30 minutes. This happened after the second dose on 6/18/2021. Happened approximately 7 hours post vaccination. Required ambulance transport to emergency



room and overnight hospitalization at a hospital.

VAERS ID: 1415409 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-16  
Onset: 2021-06-19

Days after vaccination: 3  
Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Echocardiogram normal, Electrocardiogram abnormal, Myocardial necrosis marker, Myocarditis, Troponin T increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Acetaminophen

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Multiple cardiac enzymes - troponin T and CK-MB from 6/19/2021 thru 6/21/2021 Elevation in both enzymes Abnormal EKG Normal echocardiogram

CDC Split Type:

Write-up: Myocarditis

VAERS ID: 1415694 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-18

Onset: 2021-06-21

Days after vaccination: 3

Submitted: 0000-00-00  
Entered: 2021-06-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Inflammatory marker increased, Troponin  
increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: none  
Preexisting Conditions:  
Allergies: nkda  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: chest pain, elevated troponin, elevated inflammatory  
markers, admitted to the hospital.

VAERS ID: 1416883 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Wisconsin

Vaccinated: 2021-06-05  
Onset: 2021-06-21  
Days after vaccination: 16  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Acute respiratory failure, Alanine aminotransferase  
normal, Anal incontinence, Analgesic drug level, Anticonvulsant drug  
level increased, Apnoea, Aspartate aminotransferase increased,  
Basophil count decreased, Basophil percentage, Blood albumin  
decreased, Blood alkaline phosphatase normal, Blood bilirubin  
normal, Blood calcium decreased, Blood chloride increased, Blood  
creatinine phosphokinase normal, Blood creatinine normal, Blood  
ethanol normal, Blood glucose increased, Blood potassium decreased,  
Blood sodium normal, Blood urea increased, Bradycardia, C-reactive

protein increased, Carbon dioxide normal, Cardioversion, Encephalopathy, Endotracheal intubation, Eosinophil count normal, Eosinophil percentage increased, Granulocyte percentage, Haematocrit normal, Haemoglobin normal, Hypophagia, Immature granulocyte count, Lymphocyte count increased, Lymphocyte percentage increased, Mean cell haemoglobin concentration normal, Mean cell haemoglobin increased, Mean cell volume increased, Mean platelet volume normal, Monocyte count, Monocyte percentage increased, N-terminal prohormone brain natriuretic peptide increased, Nasal congestion, Nasopharyngitis, Neutrophil count, Neutrophil percentage decreased, Platelet count normal, Protein total normal, Red blood cell count decreased, Red blood cell nucleated morphology, Red cell distribution width normal, Respiration abnormal, Sneezing, Somnolence, Troponin I increased, Unresponsive to stimuli, Ventricular tachycardia, Vomiting, White blood cell count increased  
SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Agranulocytosis (broad), Angioedema (broad), Haematopoietic erythropenia (narrow), Haematopoietic leukopenia (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Noninfectious diarrhoea (broad), Tumour lysis syndrome (narrow), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Hypokalaemia (narrow), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vimpat, Valproic Acid, OTC cold medication (mother unsure of name)  
Current Illness: None known  
Preexisting Conditions: History of developmental delay, seizure disorder  
Allergies: None known  
Diagnostic Lab Data: Results for patient 6/21/2021 21:12 Sodium Blood: 141 Potassium Blood: 2.7 (L) Chloride Blood: 110 (H) Carbon Dioxide: 20.9 (L) Glucose Blood: 150 (H) BUN: 22 (H) Creatinine Blood: 0.55 Calcium Blood: 9.3 Albumin Blood: 3.9 AST: 81 (H) ALT: 26 Bilirubin Total: 0.3 Total Protein Blood: 6.8 Alkaline Phosphatase: 100 (L) WBC: 13.0 (H) RBC: 3.61 (L) Hemoglobin: 11.7 (L) Hematocrit: 34.8 (L) MCV: 96.4 (H) MCH: 32.4 (H) MCHC: 33.6 Platelet Count: 159 MPV: 9.6 (H) RDW: 13.0 Nucleated RBC Automated: 0.0 Differential Type: AUTOMATED DIFF % Neutrophils: 29.1 (L) % Imm Gran: 0.3 % Lymphocytes: 50.9 (H) % Monocytes: 10.6 (H) % Eosinophils: 8.6 (H) % Basophils: 0.5 Absolute Neutrophils: 3.760 Abs Imm Gran: 0.04 (H) Absolute Lymphocytes: 6.59 (H) Absolute Monocytes: 1.37 (H) Absolute Eosinophils: 1.12 (H) Absolute Basophils: 0.07 Valproic Acid Level: 209 (HH) NT Pro Brain Natriuretic Peptide: 113 Troponin I Result: <0.012 (L) Creatine Kinase: 98 Alcohol Ethyl: <0.010 Salicylate Level: <1.0 Acetaminophen Level: <10.0 C Reactive Protein: 1.4 (H) Results for patient 6/21/2021 22:35 Sodium Blood: 143 Potassium Blood: 2.6 (L) Chloride Blood: 112 (H) Carbon Dioxide: 20.2 (L) Glucose Blood: 211 (H) BUN: 21 (H) Creatinine Blood: 0.47 Calcium Blood: 8.1 (L) Troponin I Result: 0.280 (H)  
CDC Split Type:  
Write-up: 12 y.o. male patient with history of developmental delay, seizure disorder who presented to the emergency department today with acute encephalopathy, unresponsive with bradycardia, V-tach requiring defibrillation, and acute respiratory failure requiring intubation. The family had been traveling and vacationing with extended family members and recently returned Saturday night. No sick contacts during the trip and he recently received his second COVID-19 vaccine on June 5th. On Sunday, June 20th, he had cold symptoms with stuffy nose, sneezing and minimal oral intake. Mother gave him 10ml of a multi-symptom OTC cold medication that evening. Unsure what is in the medication or if it contains Benadryl. This morning, he had an 11am swim lesion and then came back and slept on the couch. Still minimal oral intake and was resting all day long but awake most of the time. This evening at 5:43pm per mother, he received another 10ml of the multi-symptom cold medication. He was given his Vimpat and Valproic Acid medications around 7:30pm. Around 8:20/8:25pm, he was asleep and had an emesis and was not responding. In the ED, he was unresponsive and poor respiratory effort with episodes of apnea and was incontinent of stool during the exam. He was brought to the resuscitation room, PIV placed x2. Placed on oxygen initially. Ativan given once for possible seizure. Epinephrine given for bradycardia. Noted V-tach on rhythm. Second Epi given, started Epinephrine infusion and Shock given 2J/kg. Cardiology at bedside. Rocuronium and Etomidate given for intubation. He was intubated on the second attempt with 6.0c ETT.

VAERS ID: 1417757 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Maryland

Vaccinated: 2021-06-17  
Onset: 2021-06-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / UNK - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Acute promyelocytic leukaemia, Chemotherapy, Full blood count abnormal, Immediate post-injection reaction, Leukocytosis, Pyrexia, Thrombocytopenia

SMQs: Haematopoietic leukopenia (broad), Haematopoietic thrombocytopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: Leg pain, bruising

Preexisting Conditions: None

Allergies: N/A

Diagnostic Lab Data: Please call for further information.

Leukocytosis, thrombocytopenia and blasts on CBC 6/18.

CDC Split Type:

Write-up: Diagnosed with acute promyelocytic leukemia within 48 hours of vaccine administration. Developed fevers immediately after vaccine, thought to be appendicitis, but diagnosed with leukemia. Currently undergoing induction chemotherapy.

VAERS ID: 1417945 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-14

Onset: 2021-06-16

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0171 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest discomfort, Chest pain, Echocardiogram normal, Electrocardiogram normal, Headache, Myocarditis, Skin warm, Troponin SMQs:, Anaphylactic reaction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: peanut

Diagnostic Lab Data: Troponin was initially elevated to 0.21, with clear downtrend during admission (0.12, 0.06, 0.05). EKG x2 normal and echocardiogram normal. He received 600 mg Motrin x3 (with Pepcid for GI protection) which on discharge was prescribed for use as only PRN given presence of myocarditis without evidence of pericarditis. He had resolution of his chest pressure/pain and was asymptomatic at time of discharge. There was no clear etiology of his myocarditis elucidated in his history however his cardiac symptoms did develop 2 days after his #2 pfizer COVID vaccine therefore reported to VAERS by team. Infectious studies pending.

CDC Split Type:

Write-up: 12 year old healthy male who presents with chest pain 2 days after receiving second dose of COVID-19 vaccine (pfizer) on 6/14. Yesterday with tactile fever and headache, resolved with tylenol. This morning woke up with substernal chest pain, described as "heaviness on chest," worse with deep breaths. No SOB or difficulty breathing. Pain does not radiate. No diaphoresis. No nausea/vomiting. No lightheadedness. No fevers/chills, cough, rhinorrhea, conjunctival injection or sore throat. No rash. Normal PO. Normal UOP. Last stool yesterday, normal. No sick contacts. No recent travel. No family hx of cardiac disease, sudden death, or coagulopathy.

VAERS ID: 1421217 (history)

Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Minnesota

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0187 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood creatine phosphokinase increased, Influenza virus test negative, Muscular weakness, Rhabdomyolysis, SARS-CoV-2 test negative

SMQs: Rhabdomyolysis/myopathy (narrow), Liver related investigations, signs and symptoms (narrow), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: multivitamin

Current Illness: none

Preexisting Conditions: none

Allergies: amoxicillin (rash)

Diagnostic Lab Data: CPK \$g7000 on 6/14, peaked at 11,400 AST (195) and ALT (70) 6/14 COVID and influenza PCR negative

CDC Split Type:

Write-up: Patient started having bilateral arm weakness on 6/13. She was evaluated in emergency room and found to have markedly elevated CPK to \$g7000 and mildly elevated AST (195) and ALT (70), and was diagnosed with rhabdomyolysis and admitted to hospital where she was treated with IV fluids. Her CPK peaked at 11,400. She improved on IV fluids and was discharged home on 6/16. On follow up visit in clinic on 6/19 her CPK had improved to 1151, her liver enzymes were trending down and her symptoms were completely resolved. Hospitalist felt rhabdomyolysis was due to activity as patient had been training for a black belt, but parents report no recent change in training schedule or intensity and concerned that this may be effect of vaccine given timing of onset of symptoms

VAERS ID: 1424347 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-04

Onset: 2021-06-13

Days after vaccination: 9

Submitted: 0000-00-00

Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0176 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Diabetic ketoacidosis, Grey matter heterotopia, Headache,  
Magnetic resonance imaging head abnormal, Mental status changes,  
Polydipsia, Polyuria

SMQs: Hyperglycaemia/new onset diabetes mellitus (narrow),  
Retroperitoneal fibrosis (broad), Dementia (broad), Congenital,  
familial and genetic disorders (narrow), Convulsions (narrow),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy  
(broad), Tubulointerstitial diseases (broad), Hypokalaemia (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Asthma, migraines

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Polyuria, polydipsia, and headaches for one week, then  
altered mental status that prompted a visit to the ED. Patient found  
to be in DKA and was treated per protocol, but altered mental status  
lasted 2 days. An MRI of the brain without contrast showed  
subependymal gray-white matter heterotopia along the left lateral  
ventricle.

VAERS ID: 1426976 (history)

Form: Version 2.0

Age: 12.0

Sex: Male



Location: Massachusetts

Vaccinated: 2021-06-11

Onset: 2021-06-20

Days after vaccination: 9

Submitted: 0000-00-00

Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0187 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Cardiac imaging procedure abnormal, Chest X-ray normal, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Erythema migrans, Exposure via direct contact, Headache, Magnetic resonance imaging heart, Myocarditis, Parasitic blood test negative, Pyrexia, Tachycardia, Troponin T increased, Ultrasound scan normal

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: acetaminophen, ibuprofen

Current Illness: None

Preexisting Conditions: None

Allergies: penicillin

Diagnostic Lab Data: Troponin T: peak 1.34 Relevant Diagnostic Images/Studies: CXR 6/22: Normal Echo 6/23: ? Normal valvular function. ? Normal left ventricular size with low-normal global systolic function. Normal indices of diastolic function. ? Poor acoustic windows; subtle regional wall motion abnormalities are difficult to exclude. ? Qualitatively normal right ventricular systolic function. ? No pericardial effusion. EKG 6/24: ST-T wave changes in inferolateral leads Cardiac MRI 6/24: ? Normal biventricular size with low-normal systolic function. No regional wall motion abnormalities. ? Subepicardial left ventricular myocardial late gadolinium enhancement as described below. ? No significant valvular dysfunction. ? No coronary artery aneurysms. ? No pericardial effusion. Tests Pending Ehrlichia and Anaplasma PCR, Qual LCREFRIG Lyme Antibody, Total Diagnosis List 1. Myocarditis, 06/23/2021 2. Erythema migrans, 06/23/2021 3. Fever, 06/23/2021

CDC Split Type:

Write-up: Patient is a previously healthy fully-vaccinated 12 yo presenting with fever and chest pain. He had fevers to 101-102 6/17-6/19 that were responsive to antipyretics, then the chest pain started 6/20 and has been constant 5/10 pain since. It is burning and located substernal/between the scapula. Activity/breathing doesn't worsen the pain, but it is worst at night. He also reports a mild headache today that has since resolved. He went to his PCP today and had an EKG concerning for diffuse precordial ST elevations, so he was referred to the ED with concern for myo/pericarditis. Of note, Patient received a second dose of the Pfizer COVID vaccine on 6/11. He also travels every week and has removed ticks from himself that were unattached. No known bites and no rashes. He has not had any n/v/d, no abdominal pain, no cough/congestion/rhinorrhea, no syncope, no palpitations. In the ED, he was well-appearing but tachycardic to the 120s with otherwise normal vitals. He developed fever to Tmax 38.3 that improved with Motrin. On exam he had rash concerning for erythema migrans with multiple satellite lesions. He an EKG with ST elevations in the inferolateral leads. POC US did not show any pericardial effusion. Cardiology was consulted (see consult note) and recommended troponin, which was 1.08, and CRP, which was 7.52. CXR showed clear lungs and normal cardiac contours. Hospital Course: Patient was admitted for further workup and management of his perimyocarditis. Given his erythema migrans rash and positive history of recent multiple tick exposure, we were concerned about Lyme disease (Lyme antibody pending) and sent testing for co-infection (Anaplasma, Ehrlichiosis) with smear negative for Babesia. We treated him empirically with doxycycline (given antibiotic allergies) and his rash improved. We also considered myocarditis following COVID vaccination. He had serial EKG's done which showed low-normal function, with EF=55.2%. He had serial troponins sent and they were downtrending at the time of discharge. He had chest pain that improved with PRN ibuprofen. He did not require steroids or IVIG. Cardiac MRI was completed prior to discharge and showed normal function and an area of subepicardial LV myocardial late gadolinium enhancement. consistent with myocarditis. At the time of discharge, he had no chest pain, was eating and drinking normally, and family was in agreement with plan for close Cardiology and Infectious Disease follow-up.

VAERS ID: 1428800 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-06-07  
Onset: 2021-06-12  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH))		PFIZER/BIONTECH
EW0178 / 2	- / -	

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Acute kidney injury, Bartonella test positive, Blood creatine phosphokinase normal, Blood culture negative, Blood immunoglobulin G normal, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Computerised tomogram neck, Culture throat negative, Culture urine negative, Cytomegalovirus test negative, Diarrhoea, Dysphagia, Dyspnoea, Echocardiogram normal, Epstein-Barr virus test negative, HIV antibody negative, Hypotension, Kawasaki's disease, Liver function test normal, Lymphadenopathy, Multisystem inflammatory syndrome in children, Myalgia, Neck pain, Procalcitonin increased, Pyrexia, Rash, Rash pruritic, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin normal, Swelling, Tonsillitis, Toxic shock syndrome, Vomiting, White blood cell count

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Agranulocytosis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Pseudomembranous colitis (broad), Oropharyngeal infections (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Hypersensitivity (narrow), Arthritis (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol 90 mcg/actuation HFA inhaler lurasidone (LATUDA) 20 mg tablet Take 20mg with breakfast each morning. Take in

addition to 80mg with dinner each evening for a total of 100mg daily. lurasidone (LATUDA) 80 mg tablet Take 1 t

Current Illness: None

Preexisting Conditions: Anxiety Asthma Constipation Depression Eating disorder GERD (gastroesophageal reflux disease) High triglycerides Self-injurious behavior

Allergies: No known allergies

Diagnostic Lab Data: 6/16 - negative monospot, negative SARS-CoV-2 PCR, negative EBV and CMV serologies. Bartonella IgM positive but IgG negative. WBC 9.4, 79% PMNs, ESR 104, CRP 11.4 mg/dL, procalcitonin 0.42. 6/17 - SARS-CoV-2 receptor binding domain antibody positive; nucleocapsid antibody negative. Normal ferritin. Elevated BNP (476). Procalcitonin peaked at 2.26. Normal LFTs, normal CK and troponin. Echo with mildly depressed LV function, otherwise normal. Neck CT with tonsillitis, no abscess, and right cervical lymphadenopathy. Blood and urine cultures negative; throat PCR for GAS negative. 6/18 - BNP peaked at 668 6/19 - Ferritin peaked at 114.8 (normal). HIV Ag/Ab negative. 6/20 - CRP peaked at 32.7 mg/dL 6/21 - WBC peaked at 16.5, 88% PMNs. 6/23 - ESR peaked at 111

CDC Split Type:

Write-up: 6/12 - patient developed fever and cervical lymphadenopathy. Worsened gradually with difficulty swallowing. 6/16 - presented to ED. Patient also reported rash in right lower extremity that is pruritic, 2 episodes of non-bloody non-bilious emesis daily since Saturday, intermittent chest pain and dyspnea, myalgias, diarrhea, generalized abdominal pain, and neck pain. Concern for infectious mononucleosis with lymphadenitis. Prescribed Augmentin and discharged home. 6/17 - returned to ED due to worsening rash (no longer pruritic) and diarrhea. Continued fever and neck pain. Hypotensive requiring 3L bolus and norepi. Large volume diarrhea. Mild AKI that resolved with fluid resuscitation. Treated broadly with antibiotics for toxic shock syndrome but rash was not consistent and cultures were negative, so eventually narrowed to ampicillin-sulbactam. Neck pain and swelling improved, but fever persisted through 6/19. Transferred to the floor on 6/20 and gradually improved without further intervention. Antibiotics were continued to target possible tonsillitis/lymphadenitis, but course did not seem to be truly responding to these antibiotics. CRP continued to increase despite antibiotics. Patient's presentation seemed most consistent with MIS-C; she also met criteria for incomplete KD with fever, rash, cervical lymphadenopathy and lab abnormalities, but this was felt less likely and she was not treated with IVIG or any other anti-inflammatories. Patient eventually improved and was discharged home 6/24.

VAERS ID: 1430491 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: Arizona

Vaccinated: 2021-06-11

Onset: 2021-06-12

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 1 LA / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Autoimmune haemolytic anaemia, Blood test, Dizziness,  
Feeling abnormal, Haemoglobin decreased, Headache, Jaundice, Nausea,  
Ocular icterus, Pain in extremity, Platelet count decreased,  
Ultrasound scan, Vitamin supplementation  
SMQs:, Cholestasis and jaundice of hepatic origin (narrow),  
Haemolytic disorders (narrow), Acute pancreatitis (broad),  
Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia  
(narrow), Haemorrhage laboratory terms (broad), Systemic lupus  
erythematosus (broad), Anticholinergic syndrome (broad), Dementia  
(broad), Biliary system related investigations, signs and symptoms  
(narrow), Biliary tract disorders (narrow), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow), Vestibular  
disorders (broad), Conjunctival disorders (narrow), Tendinopathies  
and ligament disorders (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: Nothing diagnosed by a doctor but I noticed her  
eyes were looking yellow about 2-3 weeks prior to her second dose,  
but not before her first dose.  
Preexisting Conditions: Lazy eye  
Allergies: None  
Diagnostic Lab Data: Too many to list  
CDC Split Type:  
Write-up: With the first dose: Headache (came and went frequently)  
dizzy(2-3 days) nausea (2-3 days) sore arm (3-4 days) gave ibuprofen  
for about 2 days and most symptoms went away. She continued to  
complain about a headache every once in awhile. About a week later I  
noticed her eyes seemed a little yellow but it didn't seem to get  
worse and thought maybe she just need to drink more water and get  
some sleep. After second dose: Bad headache (3-4 days) dizzy and  
nauseous (3 days) gave ibuprofen for 2 days. Two days after the  
vaccine she was fully jaundice. Hadn't notice because she was  
feeling bad from the vaccine so I just let her sleep mostly. Next

day we got into see her primary care dr who ordered stat bloodwork and stat ultrasound. That same day she got some blood work back and told us to go to the er because her platelets were really low. At the er they diagnosed her with autoimmune hemolytic anemia, which explained the jaundice. She was admitted and put on steroids. Her hemoglobin got as low as 5 and they cross matched her incase they needed to do a blood transfusion. They were concerned that there was a possibility that her immune system would attack the donor blood since it seemed to be attacking her platelets as well. Luckily the steroids started working and he levels creped up a little. She also recieved 3 vitamin k transfusions and pain meds. When she was switched to oral steroids and her numbers were still rise they released her. She is still taking steroids and has weekly follow ups with Dr. . We are also in the process of getting a rheumatology referral to see if there is an underlying condition we didnt know about.

VAERS ID: 1430916 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-06-06

Onset: 2021-06-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Bacterial infection, Blood culture positive, C-reactive protein increased, Chest pain, Feeling hot, Pain, Palpitations, Pyrexia, Red blood cell sedimentation rate normal, Troponin SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sepsis (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None reported

Current Illness: None reported

Preexisting Conditions: None reported

Allergies: NKA

Diagnostic Lab Data: Temp 38.6 C CRP 12.3 ESR 3 Troponin 9 Blood culture grew Moraxella osloensis

CDC Split Type:

Write-up: ED Physician documentation from 6/7/21 Fever, chest pain and palpitations. Patient states he had his second Covid vaccine yesterday. Tactile fever. Treated with Tylenol at 10:30 PM. Chest pain began yesterday during the afternoon but got more intense at 11 PM.. Left-sided, constant, sharp, 6/10, worse with movement. Patient also with palpitations of the same duration. Temperature measured was 38.6 C.

VAERS ID: 1432298 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: California

Vaccinated: 2021-06-26

Onset: 2021-06-27

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH

EW0186 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Echocardiogram,

Electrocardiogram T wave amplitude decreased, Electrocardiogram

abnormal, Inflammatory marker increased, Influenza virus test,

Pericarditis, Red blood cell sedimentation rate increased,

Respiratory symptom, Respiratory viral panel, Rhinorrhoea, SARS-

CoV-2 antibody test, SARS-CoV-2 test negative, Troponin

SMQs:, Systemic lupus erythematosus (broad), Arrhythmia related

investigations, signs and symptoms (broad), Gastrointestinal

nonspecific symptoms and therapeutic procedures (broad),

Cardiomyopathy (broad), Chronic kidney disease (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad),

Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad),

COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Developed runny nose day after vaccination; sick

contacts with siblings with cough and runny nose

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: EKG with T wave flattening in aVF and V3-V6 ESR

59 CRP 26.8 Troponin < 0.02 Rapid influenza and Covid negative

Pending repeat troponin, echo, viral respiratory panel, and covid serology

CDC Split Type:

Write-up: Patient presented with positional chest pain that developed 1 day after the vaccine was administered. Was found to have mild elevations in inflammatory markers and with T wave flattening on EKG. Admitted for observation for presumptive pericarditis. Did have URI symptoms w/ runny nose on admission and siblings with cough/runny nose at home

VAERS ID: 1439791 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: Nevada

Vaccinated: 2021-06-29

Onset: 2021-06-30

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK RA / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram abnormal, Myocarditis, Pyrexia, Tachycardia, Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/ autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:



Diagnostic Lab Data:

CDC Split Type:

Write-up: Myocarditis. 1d after vaccine with fever, tachycardia, chest pain. Abnormal ekg, elevated troponin. Admitted

VAERS ID: 1440050 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-06

Onset: 2021-06-11

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0202 / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Appendicitis, SARS-CoV-2 test

SMQs:, COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Penicillin allergy

Allergies:

Diagnostic Lab Data: Test Date: 20210612; Test Name: Nasal Swab;

Test Result: Negative

CDC Split Type: USPFIZER INC2021754753

Write-up: Appendicitis; This is a spontaneous report received from a contactable consumer (patient). A 12-year-old male patient received second dose of BNT162B2 (lot number: EW0202) on 06Jun2021 (at age of 12-year-old) at single dose for COVID-19 immunisation. Medical history included known allergies: Penicillins. Concomitant medications were none. No other vaccines within 4 weeks prior to the COVID vaccine. No other medications the patient received within 2 weeks of vaccination. Historical vaccine included first dose of BNT162B2 on unspecified date for COVID-19 Immunization. Patient experienced Appendicitis and appendectomy starting 5 days after 2nd shot (11Jun2021). The event result in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate

risk of death from the event). Patient was hospitalized for 1 day. Treatment Appendectomy received. The outcome of the event was recovered in Jun2021. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. Patient had Covid test post vaccination: Nasal Swab on 12Jun2021 with result of negative. The seriousness criteria was reported as Life threatening and Caused/prolonged hospitalization. Information on lot/batch number has been requested.

VAERS ID: 1441915 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: California

Vaccinated: 2021-06-26

Onset: 2021-06-27

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-02

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein normal, Chest pain, Cough, Electrocardiogram T wave abnormal, Enterovirus infection, Enterovirus test positive, Human rhinovirus test positive, Pericarditis, Pleuritic pain, Red blood cell sedimentation rate increased, Respiratory tract congestion, Respiratory viral panel, Rhinorrhoea, Rhinovirus infection, SARS-CoV-2 antibody test negative, Sick relative, Troponin, Viral upper respiratory tract infection

SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: EKG with T-wave abnormality. Troponin was negative. ESR 59, CRP 26.8 mg/L. Respiratory viral panel resulted positive on 6/29/21 +enterovirus/rhinovirus. COVID serology was negative

CDC Split Type:

Write-up: Pericarditis. Patient was admitted on Monday night 6/28/21 with chest pain for 2 days- constant, pleuritic chest pain that was worse when supine, better when sitting up. EKG with T-wave abnormality. She was admitted for suspected pericarditis by EKG and history of chest pain. Her troponin was negative x2, no evidence of myocarditis by ultrasound. No pericardial effusion. Started on colchicine and ibuprofen. She improved and discharged the next morning 6/29/21. Of note, she also developed congestion, runny nose and mild cough since Sunday night 6/27/21. No fever. Her 2 younger siblings who are in daycare were sick first with colds. Patient RV panel was +enterovirus/rhinovirus on 6/29/21. Therefore the differential diagnosis of her acute pericarditis was upper respiratory viral infection associated pericarditis Vs. COVID-19 Vaccine associated pericarditis given the timing of onset.

VAERS ID: 1443487 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Tennessee

Vaccinated: 2021-06-11

Onset: 2021-06-12

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0161 / 1	AR / SYR	

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0177 / 2	AR / SYR	
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Administered by: School Purchased by: ?

Symptoms: Blood glucose increased, Glycosylated haemoglobin increased, Hyperglycaemia, Polyuria, Type 1 diabetes mellitus  
SMQs: Hyperglycaemia/new onset diabetes mellitus (narrow), Retroperitoneal fibrosis (broad), Tubulointerstitial diseases (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none known... first dose of pfizer vaccine was received on 5/20/2021 and 2nd dose was 6/11/2021... with symptoms of hyperglycemia presenting on 6/12/2021  
Preexisting Conditions: Some headaches  
Allergies: no known allergies  
Diagnostic Lab Data: Glucose in the ER was 300, A1C was 9.1 (date: 6/15/21)  
CDC Split Type:  
Write-up: Type 1 diabetes diagnosis... symptoms of hyperglycemia (excessive urination) presented the day after receiving 2nd dose.

VAERS ID: 1446277 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-01  
Onset: 2021-07-02  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 - / IM

Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Troponin 0.16 on 7/2/21 Troponin 0.03 on 7/3/21  
Echo 7/2/21 normal function  
CDC Split Type:  
Write-up: Pt presented with chest pain, elevated troponin and mild ST segment elevation on EKG. Troponin normalized within 24 hours and pt was sent home.

VAERS ID: 1446657 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Louisiana

Vaccinated: 2021-06-29  
Onset: 2021-07-01  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0169 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Echocardiogram normal, Electrocardiogram T wave inversion,  
Immunoglobulin therapy, Magnetic resonance imaging heart,  
Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Other  
ischaemic heart disease (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-  
mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin 3.2-- \$g5.36-- \$g 3.67 Echo with good  
function EKG shows inverted T-waves Cardiac MRI performed and  
awaiting read

CDC Split Type:

Write-up: Myocarditis with elevated troponins. Treated with IVIG.

VAERS ID: 1454512 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Minnesota

Vaccinated: 2021-06-30  
Onset: 2021-07-06  
Days after vaccination: 6  
Submitted: 0000-00-00

Entered: 2021-07-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 1 LA / IM

Administered by: Work Purchased by: ?

Symptoms: Blood glucose normal, Full blood count normal, Magnetic resonance imaging head normal, SARS-CoV-2 test negative, Scan with contrast, Seizure

SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Trazodone

Current Illness: None known

Preexisting Conditions: Some developmental delays (fine motor, gross motor and speech), h/o febrile seizures, h/o a period of 24 hrs with 3 seemingly unprovoked seizures (worked up by neurology with MRI and 2 EEGs that were normal and no medication was needed), autism spectrum characteristics

Allergies: None known

Diagnostic Lab Data: 7/7: Chem-8 and CBC (all resulted WNL except MCV 80.2 fL) 7/7: COVID-19/SARS-CoV PCR nasopharynx swab (negative) 7/7: Glucometer reading (108) 7/7: MRI head w/ and w/o contrast (normal)

CDC Split Type:

Write-up: Patient presented to ER with mother after having 2 witnessed seizures at the family's cabin, ~12 hours apart. Admitted to the hospital for observation and no further seizures occurred. Neurology consulted and MRI of head completed with no significant findings (no mass, hemorrhage, or evidence of acute ischemia; no evidence of mesial temporal sclerosis; no malformations of cortical development; no suspicious areas of enhancement).

VAERS ID: 1466052 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-05

Onset: 2021-06-06

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0175 / 2 LA / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood pressure measurement, Blood pressure systolic decreased, Body temperature, Cardiac monitoring, Echocardiogram, Generalised tonic-clonic seizure, Heart rate, Heart rate increased, Neuropathy peripheral, Pyrexia, Troponin, Troponin increased  
SMQs: Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Autism; Seizures

Allergies:

Diagnostic Lab Data: Test Date: 20210606; Test Name: BP; Result

Unstructured Data: Test Result:70-80 systolic; Test Date: 20210606;

Test Name: fever; Result Unstructured Data: Test Result:103.6; Test

Date: 20210606; Test Name: cardiac monitoring; Result Unstructured

Data: Test Result:Unknown results; Test Date: 20210606; Test Name:

Echo; Result Unstructured Data: Test Result:Unknown results; Test

Date: 20210606; Test Name: HR; Result Unstructured Data: Test

Result:160s; Test Date: 20210606; Test Name: neurology; Result

Unstructured Data: Test Result:Unknown results; Test Date: 20210606;

Test Name: troponins checked; Result Unstructured Data: Test

Result:elevated

CDC Split Type: USPFIZER INC2021740166

Write-up: full generalized tonic clonic seizure; fever; troponins checked and they were elevated; 70-80 systolic on 06Jun2021; heart rate 160s on; This is a spontaneous report from a non-contactable consumer (patient). A 12-years-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation:

Solution for injection, Batch/Lot Number: EW0175), via an unspecified route of administration, in left arm on 05Jun2021 12:00 as dose 2, single for covid-19 immunisation. Medical history included history of autism, controlled seizures. The patient's concomitant medications were not reported. patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for injection Batch/Lot Number: EW0175), via an unspecified route of administration, in left arm on 15May2021 as dose 1, single for covid-19 immunisation. The patient underwent lab tests and procedures which included blood pressure measurement: 70-80 systolic on 06Jun2021, cardiac monitoring: unknown results on 06Jun2021, echocardiogram: unknown results on 06Jun2021, heart rate: 160s on 06Jun2021, neuropathy peripheral: unknown results on 06Jun2021, body temperature: 103.6 on 06Jun2021, troponin: elevated on 06Jun2021. On 06Jun2021 08:00. After shot done at 12 PM, next morning at 8 AM patient had full generalized tonic clonic seizure lasting 20-25 minutes, fever of 103.6. EMS was called, went to ER, fever eventually went down and got IV fluids due to HR in 160s and BP 70-80 systolic. After 2 hours, troponins checked, and they were elevated. Transferred to hospital for overnight observation and monitoring of troponins (peaked at midnight, then trended down). Echo was okay. Will follow up with neurology and cardiology. The outcome of the events was resolved on unknow date in 2021. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1466120 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-06-07  
Onset: 2021-06-10  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Myocarditis, SARS-CoV-2 test

SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days



Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Allergy to insect sting (known\_allergies: BEES)  
Allergies:  
Diagnostic Lab Data: Test Date: 20210610; Test Name: Nasal Swab;  
Test Result: Negative  
CDC Split Type: USPFIZER INC2021805336  
Write-up: Myocarditis; This is a spontaneous report from a contactable consumer (patient). A 12-years-old male patient received bnt162b2 (BNT162B2, PFIZER), dose 1 via an unspecified route of administration on 07Jun2021 (Batch/Lot number was not reported) as DOSE 1, SINGLE for covid-19 immunisation. Medical history included known\_allergies: BEES. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient's concomitant medication was none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine, did not receive within 2 weeks of vaccination. The patient experienced myocarditis on 10Jun2021 with outcome of recovering. The patient was hospitalized for myocarditis from 2021 to 2021 for 6 days. Reported Event: Myocarditis, patient was life flight out of Withheld and a week stay in ICU and hospital. AE treatment included IVIG. Since the vaccination, the patient underwent lab tests and procedures which included Nasal Swab: negative on 10Jun2021. The second dose was administration in Jun2021 at 17:30 PM in pharmacy or Drug Store. Information about Batch/Lot number has been requested.

VAERS ID: 1471280 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-10  
Onset: 2021-07-12  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0186 / 2	RA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EN6207 / 1	RA / IM	

Administered by: Unknown Purchased by: ?

Symptoms: Blood chloride normal, Blood glucose normal, Blood potassium normal, Blood sodium decreased, Blood urea normal, C-reactive protein increased, Carbon dioxide increased, Chest discomfort, Chest pain, Eosinophil percentage, Full blood count, Haematocrit normal, Haemoglobin normal, Lymphocyte percentage increased, Malaise, Mean cell volume normal, Monocyte percentage increased, Myocarditis, Nausea, Neutrophil percentage decreased, Platelet count normal, Troponin increased, Vomiting, White blood

cell count normal  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Agranulocytosis (broad), Haematopoietic leukopenia (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Autism Spectrum disorder and Speech delay

Allergies: nka

Diagnostic Lab Data: 07/13/21 2313 NA 135 K 3.5 C02 30 CL 97\* BUN 11 CR 0.46 RBS 106 CBC Recent Labs 07/13/21 1554 WBC 5.8 HGB 14.8 HCT 41.2 PLT 273 MCV 81 NEUT 46 LYMPH 41 MONO 11 EOS 1 Cardiac Recent Labs 07/14/21 1130 07/14/21 0543 07/13/21 2313 TROP 8.20\* 7.57\* 11.05\* Results as of 7/14/2021 17:40 7/13/2021 15:54 CRP, SER QL: 1.0 (H) 7/13/2021 23:13 CRP, SER QL: 0.9 7/14/2021 11:30 CRP, SER QL: 0.6

CDC Split Type:

Write-up: 12 Y 4 M old male with a history of chest pain that started two days ago on Monday. On 7/11 night, he didn't feel well felt nauseous. He was able to sleep but had chest pain the following morning that improved after he vomited. The chest pain is midsternal and feels pressure-like. It lasted a few hours. He swam on 7/12 without problems (at a swim club) for an hour. He had his second dose of COVID-19 vaccine on Saturday 7/10/21. There has not been any fevers. Elevated troponin and CRP with recent COVID-19 vaccine, suspicious for post-vaccine myocarditis. He is hemodynamically stable with normal vitals and no evidence of ventricular ectopy or depressed left ventricular function. His troponin peaked at 11.05 and trended down, but his most recent value is slightly up at 8.2 from 7.6. Recommended continuing to trend the troponins for now (if they show a downward trend then twice daily is adequate, unless he develops chest pain). At this time, IVIG is held unless he becomes unstable or the troponins trend upward .

VAERS ID: 1474052 (history)

Form: Version 2.0

Age: 12.0

Sex: Female

Location: Oregon  
Vaccinated: 2021-07-12  
Onset: 2021-07-13  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Asthenia, Blood test, Headache, Magnetic resonance imaging  
head, Magnetic resonance imaging spinal, Polyneuropathy  
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: Mild intermittent asthma  
Allergies: Peanut  
Diagnostic Lab Data: MRI Spine, MRI Brain, blood work  
CDC Split Type:  
Write-up: Polyneuropathy in bilateral legs, headache, and weakness  
24 hours after first dose of Pfizer with worsening over subsequent  
48 hours - currently being admitted to hospital for evaluation.

VAERS ID: 1478606 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Maryland

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain, C-reactive protein increased, Computerised  
tomogram abdomen abnormal, Dehydration, Enteritis, Leukocytosis,  
Thrombocytosis, Vomiting

SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Tests performed, had elevated CRP, a leukocytosis, thrombocytosis, enteritis on CT.

CDC Split Type:

Write-up: Approximately 3 days after the vaccine started with abd pain and vomiting, this lead to dehydration and hospitalization

VAERS ID: 1483433 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-30

Onset: 2021-07-03

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Electrocardiogram, Electrocardiogram change, Troponin increased

SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: None  
Allergies:  
Diagnostic Lab Data: Test Name: EKG; Result Unstructured Data: Test  
Result:Unknown; Test Name: troponin level; Result Unstructured Data:  
Test Result:elevated  
CDC Split Type: USPFIZER INC2021830765  
Write-up: Severe chest pain; difficulty in breathing; EKG changes;  
elevated troponin level; This is a spontaneous report from a  
contactable consumer or other non hcp. A 12-years-old male patient  
received BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE;  
formulation: Solution for injection, Lot Number was not reported),  
via an unspecified route of administration, administered in Arm Left  
at the age of 12-year-old on 30Jun2021 as single dose for covid-19  
immunization. Medical history was reported as none. The patient's  
concomitant medications were not reported. Patient had no relevant  
past drug history and known allergies. Prior to the vaccination, the  
patient was not diagnosed with COVID-19. Since the vaccination, the  
patient had not been tested for COVID-19. The patient did not  
receive any other vaccines within four weeks prior to the  
vaccination. The patient did not receive any other medications  
within 2 weeks of vaccination. On 03Jul2021 05:30 the patient  
experienced severe chest pain, difficulty in breathing, ekg changes,  
elevated troponin level. The patient was hospitalized for the  
events. The patient underwent lab tests and procedures which  
included electrocardiogram: unknown, troponin increased: elevated.  
The adverse event resulted in Emergency room/department or urgent  
care. The patient received treatment for the adverse event with Pain  
medication. The clinical outcome of events was recovering.  
Information about batch/Lot number has been requested.

VAERS ID: 1484553 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-25  
Onset: 2021-06-26  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 2            LA / IM  
Administered by: Private            Purchased by: ?  
Symptoms: Chest X-ray, Chest pain, Chills, Electrocardiogram,  
Headache, Pain, Pyrexia  
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: No  
Current Illness: No  
Preexisting Conditions: No  
Allergies: No  
Diagnostic Lab Data: Chest X-ray, EKG  
CDC Split Type: vsafe  
Write-up: He had fever of 104, headache, chills, body aches. The  
reason we went to ER started having chest pain they did Chest X-ray,  
EKG monitored few hours and then he was discharged,

VAERS ID:            1485055 (history)  
Form:    Version 2.0  
Age:     12.0  
Sex:     Male  
Location:            California

Vaccinated:            2021-07-14  
Onset:    2021-07-16  
    Days after vaccination:            2  
Submitted:            0000-00-00  
Entered: 2021-07-19  
Vaccination / Manufacturer            Lot / Dose            Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2    AR / IM  
Administered by: Unknown            Purchased by: ?  
Symptoms: Brain natriuretic peptide normal, C-reactive protein  
decreased, C-reactive protein increased, Chest X-ray abnormal, Chest  
pain, Chills, Cor pulmonale acute, Drug screen negative,  
Echocardiogram normal, Electrocardiogram normal, Fibrin D dimer  
normal, Headache, Immunoglobulin therapy, Pain in jaw, Red blood  
cell sedimentation rate normal, Troponin increased  
SMQs:, Cardiac failure (narrow), Myocardial infarction (narrow),  
Pulmonary hypertension (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Osteonecrosis (broad), Infective pneumonia (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 7/16: Troponin 0.22ng/mL - \$g 0.29ng/mL, BNP 25,  
D-dimer 0.29, ESR 4, CRP 0.8, chest xray with acute cardiopulmonary  
process. 7/17: EKG and echocardiogram normal. Troponin 66ng/L. Urine  
drug screen negative 7/18: Troponin 48ng/L. NT-pro BNP 14.35. CRP  
6.16 7/19: Troponin 38ng/L  
CDC Split Type:  
Write-up: developed symptoms of intermittent chills, headache, jaw  
pain, and chest pain 2 days after receiving the shot. The next day  
went to an emergency room, was transferred to hospital. treated with  
one dose of IVIG and tylenol which led to resolution of symptoms.

VAERS ID: 1494097 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-07-14  
Onset: 2021-07-16  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Echocardiogram normal, Electrocardiogram normal, Fatigue,  
Lipids normal, Metabolic function test normal, Pyrexia, Tachycardia,  
Tremor, Troponin normal  
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Arrhythmia related investigations, signs and  
symptoms (broad), Parkinson-like events (broad), Noninfectious  
encephalopathy/delirium (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Hypoglycaemia (broad),  
Dehydration (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: Troponin was normal on 7/18 and 7/19. Normal comprehensive metabolic panel, normal lipid panel, normal EKG and echocardiogram., all done on 7/19.  
CDC Split Type:  
Write-up: Developed fever, fatigue, shaking, and tachycardia. Required admission to the hospital for observation due to persistent tachycardia and concern of myopericarditis. He did not develop myopericarditis or end organ dysfunction of (Privacy). He was discharge in approximately 48 hours and is continuing to improve.

VAERS ID: 1500874 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Minnesota

Vaccinated: 2021-07-07  
Onset: 2021-07-20  
    Days after vaccination: 13  
Submitted: 0000-00-00  
Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Public Purchased by: ?  
Symptoms: CSF glucose decreased, CSF lymphocyte count normal, CSF neutrophil count increased, CSF protein increased, CSF red blood cell count positive, CSF white blood cell count increased, Cerebrovascular disorder, Chest X-ray normal, Computerised tomogram abdomen abnormal, Computerised tomogram head abnormal, Computerised tomogram pelvis abnormal, Computerised tomogram thorax abnormal, Condition aggravated, Demyelination, Disorientation, Disseminated tuberculosis, Fatigue, Headache, Infection, Interferon gamma release assay positive, Ischaemia, Latent tuberculosis, Lung opacity, Magnetic resonance imaging head abnormal, Magnetic resonance imaging spinal abnormal, Mental status changes, Nervous system disorder, Nodule, Pulmonary mass, Pyrexia, SARS-CoV-2 antibody test negative, Screaming, Spinal cord disorder, Splenomegaly, Tuberculosis  
SMQs: Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Retroperitoneal fibrosis (broad), Dementia (broad), Embolic and thrombotic events,



vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Demyelination (narrow), Eosinophilic pneumonia (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Sepsis (broad), Opportunistic infections (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: One month of mild cough, fatigue, weight loss.

Preexisting Conditions:

Allergies: None

Diagnostic Lab Data: Head CT scan 7/21/21: Scattered hypodense regions throughout both cerebral hemispheres but most pronounced in the left frontal lobe, nonspecific though diagnostic considerations including ischemia and/or demyelination. Further evaluation with MRI recommended. Brain and spine MRI 7/21/21: Innumerable nodular enhancing lesions throughout bilateral cerebral and cerebellar hemispheres with overlying leptomeningeal enhancement, along with two enhancing nodules within the pons as described. Overall appearance is most concerning for infection, with differential including atypical causes such as tuberculosis or parasitic (such as neurocysticercosis or amoebic). Metastatic disease or neurosarcoidosis could also have this appearance but are felt to be less likely. Two small nodular enhancing foci within the lower thoracic spinal cord as described. CT chest/abd/pelvis 7/21/21: 1. Innumerable tiny nodules diffusely throughout both lungs, with also patchy opacities in the left upper lobe and lingula, and in the dependent lung bases. Findings are suspicious for infection, including atypical etiologies such as tuberculosis. 2. Wedge-shaped area of hypoenhancement within the left kidney, and a smaller area in the left upper pole. Findings may represent infection or less likely infarction. 3. Mild splenomegaly. COVID antibody 7/21/21: negative CSF 7/21/21: WBC 31 (Lymph 60%, PMN 29%), RBC 7, gluc 32, prot 113

CDC Split Type:

Write-up: Prior to vaccine with a few weeks of weight loss, fatigue, and mild cough. Two days after vaccination with headache, self resolved. Then around 7/17 she developed tactile fevers, increasing

fatigue, and headache. On 7/20 PM she had acute onset of altered mental status- she was screaming and disoriented. She was taken to the Hospital emergency department on 7/21 AM. Work up initially concerning for ADEM, although subsequent imaging consistent with miliary TB with CNS disease (tuberculomas). Patient was exposed to grandmother with MDR pulmonary TB in 2018. Patient was prescribed treatment for LTBI (QuantGold pos but negative CXR) but unclear if she took it. Currently started on therapy for MDR TB and remains hospitalized.

VAERS ID: 1506995 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-06-09

Onset: 2021-06-10

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Acute kidney injury, Biopsy kidney abnormal, Blood creatine phosphokinase increased, Blood creatinine increased, Condition aggravated, Electrocardiogram normal, Haematuria, Hypertension, IgA nephropathy, Proteinuria, Pyrexia, Rhabdomyolysis, Ultrasound kidney abnormal, Very long-chain acyl-coenzyme A dehydrogenase deficiency

SMQs:, Rhabdomyolysis/myopathy (narrow), Acute renal failure (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Congenital, familial and genetic disorders (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Hypertension (narrow), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 11 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Triheptanoin Carnitine  
Current Illness:  
Preexisting Conditions: VLCAD  
Allergies:  
Diagnostic Lab Data: CK max 9032 on 6/12 Cr max 1.5 on 6/17, 0.86 on 6/23 Renal US with echogenic kidneys consistent with medical renal disease EKG normal Renal biopsy with focal necrotizing and crescentic injury c/w IgA nephropathy  
CDC Split Type:  
Write-up: Fever onset day after second vaccine dose, associated with gross hematuria, proteinuria and rhabdomyolysis (metabolic crisis due to Very long chain acyl carnitine dehydrogenase deficiency VLCAD). Admitted to the Hospital on 6/12 with hypertension and elevated creatinine. Renal biopsy c/w IgA nephropathy. She was discharged on 6/23 on prednisone 60 mg daily with plan for slow taper. Acute kidney injury, proteinuria, rhabdomyolysis and hypertension improved at discharge. She had 2 additional admissions for elevated CK on 6/29 and 7/6. CK improved with IV hydration and glucose, and both admissions were <48 hours. Of note, patient had transient episode of gross hematuria in 1/21. Creatinine normal, BP normal. Proteinuria and hematuria resolved spontaneously on repeat testing of urine 3 weeks later. Also of note, patient had multiple episodes of rhabdomyolysis as young child due to VLCAD, with most recent episode in 2016. Trigger was viral illness or fasting. Previous episodes had higher max CK \$g20,000, no prior history of acute kidney injury during these episodes.

VAERS ID: 1512373 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-14  
Onset: 2021-06-16  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Appendectomy, Appendicitis, Laboratory test  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: nka  
Diagnostic Lab Data: Appropriate testing as performed by the hospital at time of admission  
CDC Split Type:  
Write-up: Patient suffered acute Appendicitis on 6-16-21 and upon arrival at local hospital ER and after performing tests, he rec'd an emergency Appendectomy performed by Surgeon with complete recovery

VAERS ID: 1518655 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-23  
Onset: 2021-06-30  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-07-31

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 1 LA / SYR

Administered by: Private Purchased by: ?  
Symptoms: Bacterial test negative, Dyspnoea, Erythema, Fungal test negative, HIV test negative, Interstitial lung disease, Oxygen saturation decreased, Pyrexia, Respiratory syncytial virus test negative, SARS-CoV-2 test negative, Tachycardia, Tuberculin test negative, Viral test negative

SMQs: Anaphylactic reaction (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 8 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None

Diagnostic Lab Data: Too many to list here. They checked for covid every 2 days while in hospital, a slew of bacteria and common viruses, HIV, TB you name it. All negative.

CDC Split Type:

Write-up: Exactly 7 days later my son's oxygen level dropped, difficulty breathing, red skin all over, taking 36 breaths per minute, tachycardia, fever. Admitted to hospital on July 2, 2021 for 8 days with interstitial lung disease. Tested for various common viruses including RSV and covid, various funguses, bacteria etc and source of his pneumonia never found. Thinking it was a reaction to the vaccine maybe given onset of symptoms was 7 days after 1st dose of Pfizer but not sure. Someone suggested I report here in case others had similar reactions.

VAERS ID: 1526191 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-06-16  
Onset: 2021-06-27  
Days after vaccination: 11  
Submitted: 0000-00-00  
Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8729 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Anti-NMDA antibody positive, Autonomic nervous system imbalance, Brain oedema, CSF lymphocyte count normal, CSF monocyte count, CSF white blood cell count increased, Choreoathetosis, Dyskinesia, Encephalitis autoimmune, Endotracheal intubation, Hallucination, Headache, Hemiparesis, Immunoglobulin therapy, Magnetic resonance imaging head abnormal, Mental status changes, Syncope

SMQs: Torsade de pointes/QT prolongation (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Malignancy related conditions (narrow), Dyskinesia (narrow), Psychosis and psychotic disorders (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (narrow), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and

fluid overload (narrow), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 25 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None known

Preexisting Conditions: previously healthy

Allergies: Amoxicillin

Diagnostic Lab Data: 7/12: NMDA-Receptor Ab, CSF - Positive,

\$g1:1280 7/12: Autoimmune encephalitis panel: positive NMDA-R

Antibody IF 1:2048 (Normal <1:2) 7/11 Brain MRI 1. Subtle asymmetric gyral swelling with questionable mild reduced diffusion in the right inferior parietal lobe, inferolateral frontal lobe, lateral temporal lobe, and insula without associated contrast enhancement.

Differential considerations include encephalitis (infectious and autoimmune), mild cytotoxic edema related to seizures, and hemiplegic migraine (ASL perfusion images were not obtained to assess for perfusion changes in these regions of signal abnormality). 2. No intracranial hemorrhage or mass effect. 7/16 MRI Brain - New and worsening left cerebral hemisphere gyriform swelling and restricted diffusion the left posterior thalamus with interval improvement of some of the right-sided cortical swelling.

Differential considerations include autoimmune encephalitis, injury secondary to status epilepticus, and metabolic ischemia. Hypoxic ischemic encephalopathy is felt to be less likely given the asymmetry of the findings.

CDC Split Type:

Write-up: Previously healthy 13yo female admitted on 7/11/21 with headache (initially started 6/27, intermittent but progressed), left-sided weakness, brief syncopal episode and altered mental status and hallucinations. Developed orofacial dyskinesias and choreoathetoid movements. CSF with WBC of 359 (73% lymphs, 23% monos), negative infectious workup but positive Anti-NMDA antibodies, ultimately diagnosed with anti-NMDA autoimmune encephalitis. The patient has received the following treatments for her autoimmune encephalitis: \* IVIG 7/12-7/16 \* Methylprednisolone 1000mg IV daily 7/12-7/17 \* Prednisolone 51mg BID 7/18 - 7/22 PO \* Methylprednisolone IV ? 50mg IV BID 7/23-7/25 ? 40mg BID 7/26 - 8/2 ? 30mg BID 8/2 \* Rituximab 600mg 7/23 \* PLEX 8/2 - 8/4 (today) Despite the above interventions, there has been no improvement in the patient's neuropsychiatric status. She is currently intubated with evidence of autonomic instability (suspected secondary to her

autoimmune encephalitis), but even prior to recent intubated a few days ago, she does not recognize family members.

VAERS ID: 1529329 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-08-04

Onset: 2021-08-04

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 1 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Blood test normal, Chest X-ray normal, Electrocardiogram normal, Loss of consciousness, Musculoskeletal stiffness, Pallor, Posture abnormal, Seizure like phenomena, Tremor

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: 0.1 mg of melatonin before bed

Current Illness: no

Preexisting Conditions: no

Allergies: NA

Diagnostic Lab Data: EKG 4 Aug 2021 blood tested 4 Aug 2021 chest x-ray 4 Aug 2021

CDC Split Type:

Write-up: Patient (age 12) walked off to the area where he was supposed to wait for 15 min after his vaccine was administered. He sat down, and after ~1 min of sitting his arm went stiff, I think legs as well, Arm was shaking (seizure like) and his head collapsed. He was unconscious. I supported him and yelled for help, 911 was called. Customer helped me put him down on the floor and he regained

consciousness after some time (~1 min)He was pale but answered correctly to questions asked. Arm and body had no more seizures. Ambulance took him to the hospital and test heart related were run. All test results (EKG, roentgen of the chest and blood results came back normal, according to the ER doctor). MY BIG Question is: Do you recommend him getting a second dose of the Pfizer vaccine? I am terrified after seeing him seizure and faint. His primary care doctor said he has had another boy his age had the same reaction to the shot. I am very very scared.

VAERS ID: 1151025 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-03-17

Onset: 2021-03-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-03-31

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EP9605 / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Feeling abnormal, Palpitations, Product administered to patient of inappropriate age, Radial pulse abnormal

SMQs: Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Cardiomyopathy (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Pharynx strange sensation of

Allergies:

Diagnostic Lab Data:

CDC Split Type: JPPFIZER INC2021293047

Write-up: Palpitations; Feels poorly; Radial pulse difficultly palpable; 12 year-old female received the first dose of BNT162B2; This is a spontaneous report from a contactable pharmacist via COVID-19 Vaccine Adverse Event Reporting System (COVAES). A patient 12-year-old non pregnant female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution



for injection, Lot number: EP9605, Expiration date: 30JUN2021), via intramuscular in leg left on 17MAR2021 14:30 at single dose for COVID-19 immunization. Medical history of pharynx strange sensation of apple, peach, pipa, cherry, bean sprouts. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient was not diagnosed with COVID-19 prior to vaccination. The patient was not tested for COVID-19 since the vaccination. On 17Mar2021 at 14:45 (the day of the vaccination), 15 minutes after vaccination, the patient experienced palpitations, feels poorly and radial pulse difficultly palpable. The patient was treated with adrenaline 0.3mg intramuscular Injection. After observation, the symptoms recovered in Mar 2021. The outcome of the events was recovered. The reporter classified the events as serious (Caused/prolonged hospitalization) with duration of hospitalization for one day and stated the events result emergency room/department or urgent care. No follow up attempts are possible. No further information is expected.; Sender's Comments: Based on the information currently available and the close temporal relationship, a causal association between the administration of BNT162B2 and the reported "palpitations, feels poorly and radial pulse difficultly palpable" cannot be completely excluded. Case will be reassessed upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1456028 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-12  
Onset: 2021-06-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC3098 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Blood pressure measurement, Head injury, Headache, Heart rate, Nausea, Oxygen saturation, Presyncope

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210612; Test Name: Blood pressure;  
Result Unstructured Data: Test Result:100/60 mmHg; Test Date:  
20210612; Test Name: Blood pressure; Result Unstructured Data: Test  
Result:120/80 mmHg; Test Date: 20210612; Test Name: heart rate;  
Result Unstructured Data: Test Result:100; Comments: 100 bpm; Test  
Date: 20210612; Test Name: SpO2; Test Result: 99 %  
CDC Split Type: ITPFIZER INC2021752923  
Write-up: Headache; lipotic episode with reported head trauma;  
Nausea; Presyncope; This is a spontaneous report from a contactable  
physician downloaded from the Regulatory Authority. The regulatory  
authority report number is IT-MINISAL02-743389. A 12-year-old female  
patient received bnt162b2 (COMIRNATY; Batch/Lot Number: FC3098), via  
intramuscular, on 12Jun2021 at 16:05 (at the age of 12 years old) as  
dose 1, 30 ug single for COVID-19 immunisation. The patient's  
medical history and concomitant medications were not reported. On  
12Jun2021, it was reported that the patient experienced lipotic  
episode (as reported) with reported head trauma, headache and  
nausea. 118 was called with hospitalization and treated. Detection  
of vital parameters included venous access and physiological  
infusion, after 10 min parameters in the norm with PA (blood  
pressure) of 120/80 mmHg. PA (blood pressure) = 100/60 mmHg, 100 bpm  
and 99% Sp (Saturation) O2 and PA (blood pressure) of 120/80 mmHg.  
The outcome of the events was unknown.; Reporter's Comments: Ethnic  
origin: privacy

VAERS ID: 1475553 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-20  
Onset: 2021-06-20  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FD0168 / 1 - / OT

Administered by: Other Purchased by: ?  
Symptoms: Blood glucose, Blood pressure measurement, Blood pressure  
systolic, Body temperature, Disorientation, Heart rate,  
Hyperhidrosis, Hypotension, Malaise, Pallor, Physical examination,

Presyncope, Vaccination site pain, Vision blurred, Vomiting  
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Neuroleptic malignant syndrome (broad), Anticholinergic syndrome  
(narrow), Dementia (broad), Noninfectious encephalitis (broad),  
Noninfectious encephalopathy/delirium (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow), Glaucoma  
(broad), Lens disorders (broad), Retinal disorders (broad),  
Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad),  
Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments:

Allergies:

Diagnostic Lab Data: Test Date: 20210620; Test Name: capillary blood  
glucose; Result Unstructured Data: Test Result:1.13; Comments: at  
the time of the episode; Test Date: 20210620; Test Name: capillary  
blood glucose; Result Unstructured Data: Test Result:0.89; Comments:  
Upon their arrival at the Emergency Room; Test Date: 20210620; Test  
Name: Blood Pressure; Result Unstructured Data: Test Result:6/4;  
Comments: at the time of the episode; Test Date: 20210620; Test  
Name: Blood Pressure; Result Unstructured Data: Test Result:up to  
10; Comments: at the time of the episode: Systolic blood pressure  
6/4 then 8 then 10; Test Date: 20210620; Test Name: Blood Pressure;  
Result Unstructured Data: Test Result:10/50; Comments: Upon their  
arrival at the Emergency Room; Test Date: 20210620; Test Name:  
Systolic blood pressure; Result Unstructured Data: Test Result:6/4;  
Test Date: 20210620; Test Name: Systolic blood pressure; Result  
Unstructured Data: Test Result:8; Test Date: 20210620; Test Name:  
Systolic blood pressure; Result Unstructured Data: Test Result:10;  
Test Date: 20210620; Test Name: body temperature; Result  
Unstructured Data: Test Result:36.2 Centigrade; Test Date: 20210620;  
Test Name: Pulse; Result Unstructured Data: Test Result:57; Test  
Date: 20210620; Test Name: Pulse; Result Unstructured Data: Test  
Result:62; Test Date: 20210620; Test Name: Pulse; Result  
Unstructured Data: Test Result:54; Comments: bpm at the time of the  
episode; Test Date: 20210620; Test Name: Pulse; Result Unstructured  
Data: Test Result:65; Comments: bpm Upon their arrival at the  
Emergency Room; Test Date: 20210620; Test Name: physical  
examination; Result Unstructured Data: Test Result:description;  
Comments: Cardiology: regular heart bruits, no murmur, no signs of  
right or left cardiac insufficiency, no oedema, pulse perceived.  
Pneumological: Bilateral symmetrical vesicular murmur, clear  
auscultation Digestive: abdomen: soft, yielding and painless.

Neurological: integral cranial nerves  
CDC Split Type: FRPFIZER INC2021796129  
Write-up: sweats; feeling of imminent malaise; disorientation;  
Hypotension; Vagal reaction; blurry vision; pallor; vomiting; pain  
in the vaccinated arm; This is a spontaneous report from a  
contactable physician downloaded from the regulatory authority,  
regulatory authority number FR-AFSSAPS-2021079110. A 12-year-old  
male patient received bnt162b2 (COMIRNATY; Batch/Lot Number:  
FD0168), dose 1 intramuscular on 20Jun2021 (at the age of 12-years-  
old) as dose 1, single for COVID-19 immunisation. The patient's  
medical history and concomitant medications were not reported. The  
patient previously took orelox and experienced allergy (skin rash a  
few hours after taking it 1 and a half years ago). On 20Jun2021 the  
patient experienced hypotension, vagal reaction, blurry vision,  
pallor, feeling of imminent malaise, disorientation and vomiting. On  
21Jun2021 the patient experienced pain in the vaccinated arm and on  
an unspecified date sweats. The events required hospitalization. The  
events were described as vagal discomfort with no loss of  
consciousness, disorientation, pallor, vomiting, blood pressure  
dropped and did not go back up. Duration of the reaction: 1 hour.  
Ongoing medical care: Urgent medical intervention/life threatening/  
Hospitalization. A few minutes later vaccination: blurry vision with  
pallor and sweats and a feeling of imminent malaise. Ongoing medical  
care at the vaccination centre: laid down with raised legs, feeling  
of buzzing ears, eyes open during the entire episode but did not  
respond to stimulations and did not remember the episode. The mother  
thought she saw the eyes contort, no abnormal movements, no tongue  
biting, no loss of urine. + While changing room: 1 episode of  
vomiting (food) + new feeling of malaise. Since then, he remains  
very asthenic. Vital signs at the time of the episode: Systolic  
blood pressure 6/4 then 8 then 10, 54bpm, capillary blood glucose  
1.13. On 21Jun2021: no symptoms, resolution with no sequelae, only  
pain in the vaccinated arm, no cardiac/neurological disorders after  
examinations. Upon their arrival at the Emergency Room: Blood  
pressure 10/50; 65bpm; capillary blood glucose 0.89, T 36.2 C  
degree. No personal or family cardiac or epileptic medical history.  
No fever, no recent infection. Patient's personal treatment: None.  
Clinical examination on admission: Cardiology: regular heart bruits,  
no murmur, no signs of right or left cardiac insufficiency, no  
oedema, pulse perceived. Pneumological: Bilateral symmetrical  
vesicular murmur, clear auscultation Digestive: abdomen: soft,  
yielding and painless. Neurological: integral cranial nerves'''. In  
conclusion, the patient presented with vagal discomfort following  
their vaccination. The patient underwent lab tests and procedures  
which included blood glucose: 1.13 on 20Jun2021 at the time of the  
episode, blood glucose: 0.89 on 20Jun2021 upon their arrival at the  
emergency room, blood pressure measurement: 6/4 on 20Jun2021 at the  
time of the episode, blood pressure measurement: up to 10 on  
20Jun2021 at the time of the episode: Systolic blood pressure 6/4  
then 8 then 10, blood pressure measurement: 10/50 on 20Jun2021 upon  
their arrival at the emergency room, blood pressure systolic: 6/4 on  
20Jun2021, blood pressure systolic: 8 on 20Jun2021, blood pressure  
systolic: 10 on 20Jun2021, body temperature: 36.2 centigrade on  
20Jun2021, heart rate: 57 on 20Jun2021, heart rate: 62 on 20Jun2021,

heart rate: 54 on 20Jun2021 bpm at the time of the episode, heart rate: 65 on 20Jun2021 bpm upon their arrival at the emergency room, physical examination on 20Jun2021 showed Cardiology: regular heart bruits, no murmur, no signs of right or left cardiac insufficiency, no oedema, pulse perceived. Pneumological: Bilateral symmetrical vesicular murmur, clear auscultation. Digestive: abdomen: soft, yielding and painless. Neurological: integral cranial nerves. The outcome of events hypotension and vagal reaction was recovering, the outcome of the other events was unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1506854 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-07-03

Onset: 2021-07-03

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE7010 / 1 RA / OT

Administered by: Other Purchased by: ?

Symptoms: Blood pressure measurement, Body temperature, Cardiac function test, Coma scale, Generalised tonic-clonic seizure, Heart rate, Neurological examination, Oxygen saturation, Presyncope, Pulmonary function test

SMQs: Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 20210703; Test Name: blood pressure;

Result Unstructured Data: Test Result:14/6; Test Date: 20210703;

Test Name: Body temperature; Result Unstructured Data: Test Result:afebrile; Test Date: 20210703; Test Name: Cardio; Result Unstructured Data: Test Result:Regular heart sounds, absence of murmurs; Test Date: 20210703; Test Name: Glasgow Coma Scale; Result Unstructured Data: Test Result:15; Test Date: 20210703; Test Name: heart rate; Result Unstructured Data: Test Result:90 bpm; Test Date: 20210703; Test Name: Neuro; Result Unstructured Data: Test Result:no sensory-motor disorder,; Comments: symmetrical pupils, no vertigo; Test Date: 20210703; Test Name: Saturation; Test Result: 100 %; Comments: in ambient air; Test Date: 20210703; Test Name: Pneumological; Result Unstructured Data: Test Result:bilateral vesicular murmur

CDC Split Type: FRPFIZER INC2021882957

Write-up: Vagal reaction; tonic-clonic convulsive seizure; This is a spontaneous report from a contactable physician downloaded from the WEB, regulatory authority number FR-AFSSAPS-2021088549. A 12-year-old male patient received first dose of bnt162b2 (COMIRNATY; Lot Number: FE7010), intramuscular in Right Arm on 03Jul2021 (at 12 years) as single dose for covid-19 immunisation. Medical history was none. The patient's concomitant medications were not reported. On 03Jul2021 the patient experienced vagal reaction. Five minutes after the injection on 03Jul2021, onset of a tonic-clonic convulsive seizure. Medical observations from the Emergency Room and the child was treated at the Emergency Room on 03July2021 at 7:54 pm. The patient was hospitalized from 03Jul2021 to 03Jul2021 due to the event. Clinical course was also described as follows: five to ten minutes after the injection of the vaccine, malaise. Fast recovery.The child was seated and lost consciousness. He started off with podrome type headaches.No chest pain, no palpitations.No tongue biting, no urine loss.No vertigo.The child was stressed before the vaccination.Lab tests done on 03Jul2021 included blood pressure 14/6, heart rate 90bpm; afebrile; saturation 100% in ambient air; cardio showed regular heart sounds, absence of murmurs; Pneumological: bilateral vesicular murmur.Neuro: Glasgow Coma Scale 15, no sensory-motor disorder, symmetrical pupils, no vertigo. On 03Jul2021 at 11 p.m spontaneous clinical improvement after having stayed at Emergency Room. Vagal discomfort occurring within 5-10 minutes after 1st dose of the vaccine in a child aged 12 years and 9 months with no medical or allergic history.Good recovery after going to Emergency Room and re-insurance. Conclusion : vagal discomfort and return home. Outcome of the event was recovered on 03Jul2021. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1514964 (history)

Form: Version 2.0

Age: 12.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-02

Onset: 2021-06-01

Submitted: 0000-00-00

Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 LA / -

Administered by: Other Purchased by: ?

Symptoms: Fatigue, Pollakiuria, Thirst, Type 1 diabetes mellitus,  
Weight decreased

SMQs: Hyperglycaemia/new onset diabetes mellitus (narrow),  
Anticholinergic syndrome (broad), Dehydration (broad), Immune-  
mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: CAPFIZER INC2021907388

Write-up: diagnosed with Type 1 diabetes; he started to show some symptoms (tiredness/thirsty); he started to show some symptoms (tiredness/thirsty); kept losing weight; frequent urination; This is a spontaneous report received via a regulatory authority from a contactable consumer (patient's parent). A 12-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), at same age, dose 1 via an unspecified route of administration, administered in Arm Left on 02Jun2021 18:00 as DOSE 1, SINGLE for covid-19 immunisation. The patient medical history was not reported. No other medications the patient received within 2 weeks of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient was diagnosed with Type 1 diabetes on 29Jun2021. He received his first dose of Pfizer vaccine on 02Jun2021, after 4 days of receiving vaccine (06Jun2021 10:00), he started to show some symptoms (tiredness/thirsty etc.), things worsen after a week, and he kept losing weight with frequent urination. On 29Jun2021, discovered patient got Type 1 diabetes, and he was on Insulin since then. Reporter strongly believed, Covid vaccine played a role in his diagnosis, since patient never had any symptoms prior to vaccine and healthy with no known medical condition. Adverse events resulted in Emergency room/department or urgent care. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The patient was hospitalized in 2021 for 1 days. The serious criteria were hospitalization and disability. The outcome of event Type 1 diabetes mellitus was not recovered while other outcomes of events were unknown. The lot number for the vaccine, bnt162b2, was not provided and will be requested during

follow up.

VAERS ID: 1526580 (history)  
Form: Version 2.0  
Age: 12.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-26

Onset: 2021-06-26

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE2296 / 1 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Abdominal pain, Anaphylactic reaction, Dyspnoea, Malaise,  
Nausea, Oxygen saturation, Physical examination, Vomiting

SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad),  
Retroperitoneal fibrosis (broad), Anaphylactic/anaphylactoid shock  
conditions (narrow), Acute central respiratory depression (broad),  
Pulmonary hypertension (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Cardiomyopathy  
(broad), Hypersensitivity (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Penicillin allergy; Urticaria (allergy to penicillin)

Allergies:

Diagnostic Lab Data: Test Date: 202106; Test Name: saturation;

Result Unstructured Data: Test Result:86%; Test Date: 202106; Test

Name: saturation; Result Unstructured Data: Test Result:94%; Test

Date: 202106; Test Name: saturation; Result Unstructured Data: Test

Result:88%; Comments: desaturation; Test Date: 202106; Test Name:

physical examination; Result Unstructured Data: Test

Result:sibilants on the left, decrease of the vesicular m; Comments:

sibilants on the left, decrease of the vesicular murmur on the

right, thoraco-abdominal swaying, hoarse voice, sweating, pallor;

Test Date: 202106; Test Name: physical examination; Result

Unstructured Data: Test Result:Vesicular murmurs decreased at the

bases. Brake on; Comments: Vesicular murmurs decreased at the bases.

Brake on expiration



CDC Split Type: FRPFIZER INC202100954840

Write-up: Respiration labored; Emesis; abdominal pain; Nausea; Anaphylaxis; Feeling sick; This is a spontaneous report from a contactable physician downloaded from a regulatory authority-WEB, regulatory authority number FR-AFSSAPS-2021086454 and sender's report number FR-AFSSAPS-RN20212106. A 12-years-old female patient received bnt162b2 (COMIRNATY), dose 1 intramuscular, administered in arm left at age of 12 years on 26Jun2021 (Lot Number: FE2296) as dose 1, single for covid-19 immunisation. Medical history included allergy to penicillin (urticaria). No history of COVID-19. Family history included asthma sister, erythema multiforme major father. The patient's concomitant medications were not reported. No test for COVID-19. The patient experienced anaphylaxis on 26Jun2021 18:00, respiration labored on 26Jun2021 23:00, feeling sick on 26Jun2021, emesis on 26Jun2021 19:00, abdominal pain on 26Jun2021 18:00, nausea on 26Jun2021 18:00. Anaphylaxis was life threatening. Clinical details reported as follows: On 26Jun2021 at approximately 3:00 pm, patient ate a cookie with peanut. She does not like peanut but eats Nutella. On 26Jun2021 around 6pm, nausea with abdominal pain. On 26Jun2021 around 7pm, first vomiting. On 26Jun2021 towards 23h, respiratory discomfort. At the arrival of the urgent medical aid service (Jun2021): saturation at 86% under 9L O2, (physical examination) sibilants on the left, decrease of the vesicular murmur on the right, thoraco-abdominal swaying, hoarse voice, sweating, pallor. Injection of a first dose of Adrenaline intramuscular 0.4mg at 00h11 resulting in clinical improvement with saturation at 94%. Injection of a second dose of Adrenaline intramuscular 0.4mg due to deterioration with de-saturation; introduction of a dose of Solumedrol 40mg, Bricanyl and Atrovent. On arrival at the emergency room: on high concentration mask with saturation at 94%, attempt to change to 6L/min but desaturation at 88% so back on high concentration mask. Vesicular murmurs decreased at the bases. Brake on expiration. Introduction of Alerius 5mg and Ventoline 5mg. A biology with tryptase, blood gas, blood count, C-reactive protein, immunoglobulin E to peanut are planned. Hospitalization of the patient (Jun2021). The patient was cured without sequelae. Therapeutic measures were taken as a result of the reported events. The outcome of event anaphylaxis, Respiration labored, Emesis, abdominal pain, Nausea recovered on 27Jun2021, Feeling sick recovered on 26Jun2021. No follow-up attempts are possible, no further information is expected.

VAERS ID: 1334617 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-05-15  
Onset: 2021-05-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-20

Vaccination / Manufacturer      Lot / Dose      Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: C-reactive protein increased, COVID-19, Chest pain,  
Echocardiogram normal, Electrocardiogram ST segment elevation,  
Electrocardiogram abnormal, Pericarditis, Red blood cell  
sedimentation rate increased, SARS-CoV-2 antibody test positive,  
SARS-CoV-2 test positive, Troponin increased  
SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Chronic kidney disease  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad), Infective pneumonia (broad), Opportunistic  
infections (broad), Immune-mediated/autoimmune disorders (broad),  
COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Covid 19 IgG Ab- Postive (5/18), Troponin 10.03  
(5/18), CRP 20.5 (5/19), ESR 18 (5/18), SARS-CoV-2 PCR NP swab  
positive (5/18)  
CDC Split Type:  
Write-up: Presented 3 days after Covid vaccination with ongoing  
chest pain since then. He was found to have elevated troponin and  
elevated ST segments consistent with pericarditis. He was also found  
to have be Covid positive by PCR. No medications initiated. ECHO  
normal.

VAERS ID: 1336492 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-05-14  
Onset: 2021-05-18  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 1 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Amylase increased, Dyspnoea, Lipase increased,  
Pancreatitis  
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (narrow),  
Acute central respiratory depression (broad), Pulmonary hypertension  
(broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Type 1 diabetes mellitus.  
Allergies: No known allergies.  
Diagnostic Lab Data: Amylase levels of 553 and lipase levels of  
3,366  
CDC Split Type:  
Write-up: Patient had respiratory difficulty, Pancreatitis

VAERS ID: 1337542 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-05-18  
Onset: 2021-05-20  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 1 RA / IM  
Administered by: School Purchased by: ?  
Symptoms: Full blood count, Hypoaesthesia, Magnetic resonance  
imaging head, Magnetic resonance imaging spinal, Metabolic function  
test, Neurological examination normal, Urine analysis  
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: NA  
Current Illness: NA  
Preexisting Conditions: NA  
Allergies: NA  
Diagnostic Lab Data: MRI Brain and Spine 5/20 and 5/21 CBC, CMP,  
Urinalysis 5/20  
CDC Split Type:  
Write-up: Patient reports right arm, right leg, and right face  
numbness that resolved over the course of 24 hours without  
treatment. No loss of function, no muscle weakness, normal  
neurologic exam.

VAERS ID: 1391765 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-05-16  
Onset: 2021-05-16  
    Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Angioedema, Dysphagia, Pharyngeal swelling, SARS-CoV-2  
test, Swollen tongue

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow),  
Anticholinergic syndrome (broad), Oropharyngeal allergic conditions  
(narrow), Oropharyngeal conditions (excl neoplasms, infections and  
allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Hypersensitivity  
(narrow), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No

Previous Vaccinations:

Other Medications: Claravis 20 mg Qd

Current Illness: N/A 0

Preexisting Conditions: N/A 0

Allergies: 0 NKA

Diagnostic Lab Data: COVID -19 PCR Prior to admission

CDC Split Type:

Write-up: \*Per patient's mom's report\* After leaving pharmacy, Pt c/o throat swelling/difficulty swallowing. Within 45 min, angioedema + tongue swelling. Benadryl + prednisone given orally @ home. Dad rushed Pt to ER, IM Epi given, Pt admitted for observation over HS.

VAERS ID: 1342270 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: New York

Vaccinated: 2021-05-16

Onset: 2021-05-17

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal pain, Activated partial thromboplastin time shortened, Alanine aminotransferase increased, Albumin globulin ratio, Aspartate aminotransferase normal, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood calcium normal, Blood glucose normal, C-reactive protein increased, Cough, Fibrin D dimer increased, Full blood count, Immunoglobulin therapy, International normalised ratio increased, Metabolic function test, Multisystem inflammatory syndrome in children, N-terminal prohormone brain natriuretic peptide, Nausea, Ocular hyperaemia, Pain, Procalcitonin, Protein total normal, Prothrombin time prolonged, Pyrexia, Respiratory viral panel, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin increased, Troponin T normal, Vomiting

SMQs: Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none – However had COVID infection a little over a month prior to vaccination (4/8/21)  
Preexisting Conditions: none  
Allergies: peanut, apricot flavor  
Diagnostic Lab Data: COVID PCR 5/22: Negative COVID antibody 5/22: positive CBC: 5/22: 10.49\$g13.3/39.2<311, N 79.9, L 15.2 5/23: 10.56\$g12.4/36.3<307 N 79.2 L 15.5 CRP: 5/22: 130.6 5/23: 151.5 D-dimer: 5/22: 608 5/23: 466 Procalcitonin: 5/22: 0.14 Ferritin: 5/22: 150 5/23: 169 RVP: 5/22: negative Troponin T 5/22: <0.010 5/23: <0.010 Pro-BNP 5/22: 25 5/23: 44 CMP: 5/22: 138/4.1/101/26/7-0.67/ Gluc 108/Ca 9.5/ AG 11/ Alb 4.3/ TP 7.3/ Total Bili 0.7/ ALP 100/ ALT 37/ AST 26 5/23: 139/4.3/101/25/6-0.68/gluc 124/Cac 9.0/AG 13/ Alb 3.7/TP 6.9/Total Bili 0.5/ALP 107/ALT 44/AST 32 PT/INR: 5/22: 14/1.2 5/23: 13.6/1.2 PTT: 5/22: 31.7 5/23: 30.7  
CDC Split Type:  
Write-up: Fever, eye redness, body pain starting 1 day after vaccine cough, nausea, abdominal pain 3 days after vaccine 1 episode of emesis 5 days after vaccine – Admitted to hospital with suspicion of MIS-C – As per ID and Hem/Onc, Started on IVIG and aspirin (5/23/21) – currently still admitted for management of MIS-C

VAERS ID: 1343229 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: South Carolina

Vaccinated: 2021-05-21  
Onset: 2021-05-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / IM

Administered by: Other Purchased by: ?  
Symptoms: Arthralgia, Back pain, Diplegia, Dizziness, Dyspnoea, Gait disturbance, Hypoaesthesia, Muscular weakness, Pain in extremity, Paraesthesia, Pharyngeal swelling, SARS-CoV-2 test negative, Sensory disturbance, Spinal pain, Swelling face, Swollen tongue  
SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, vessel type unspecified and mixed

arterial and venous (narrow), Parkinson-like events (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Takes Sprintec daily at bedtime. Last dose on Thursday, 5/20/21 at bedtime. No medications the day of vaccination

Current Illness: none

Preexisting Conditions: Asthma, chronic constipation

Allergies: Amoxicillin, Zithromycin, Shellfish, Contrast used for MRI

Diagnostic Lab Data: Tested for COVID as protocol to be admitted to Acute Care, it was negative.

CDC Split Type:

Write-up: Friday, 5/21 around 11:55 she received her first dose. 20 minutes later she complained that it felt like someone punched her in the face, and her left cheek was swelling. She looked woozy, with her eyes closing, and the nurses laid her down on the floor on a mat. Her tongue and throat began swelling, and she was having extreme difficulty breathing. She then could not feel anything from her neck down, like she was paralyzed. The nurse administered an Epipen and EMS showed up minutes later. In the ambulance, EMS administered another Epipen, gave her a steroid and Benadryl and rushed her to the hospital. Once at the ER, she was still having a hard time breathing, and could not feel anything from the waist down and could not move her legs. She also complained about her spine being in extreme pain around the mid to lower back. When her symptoms did not resolve, she was admitted to the hospital for observation and treatment. She had extreme pain in her joints - spine, hips, knees, ankles and toes, if someone tried to move them, she could not move on her own. She also had tingling and numbness that would travel up and down her body - weakness in her arms and legs. The medical staff continued with Bendryl - switched to Adderax, and Motrin and steroids (Prednisone?). She was discharged from the hospital Sunday, 5/23/21 in the afternoon. This morning (Monday 5/24/21) she is still experiencing back and leg pain,

weakness and cannot walk with out assistance and it is extremely painful.

VAERS ID: 1347497 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Louisiana

Vaccinated: 2021-05-18  
Onset: 2021-05-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / 1 LA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Appendicitis, Computerised tomogram abdomen abnormal  
SMQs:, Retroperitoneal fibrosis (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: CT scan 5/20/2021  
CDC Split Type:  
Write-up: Accuse appendicitis

VAERS ID: 1368470 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Wisconsin

Vaccinated: 2021-05-26  
Onset: 2021-05-30  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / IM  
Administered by: Private Purchased by: ?



Symptoms: Blood alkaline phosphatase increased, Blood creatine phosphokinase increased, Blood lactic acid normal, Borrelia test negative, C-reactive protein normal, Computerised tomogram head normal, Dissociative disorder, Drooling, Fatigue, Full blood count normal, Headache, Metabolic function test normal, Muscular weakness, Musculoskeletal stiffness, Myalgia, Pain, Pregnancy test negative, SARS-CoV-2 test negative, Staring, Urine analysis normal, Weight bearing difficulty, White blood cell count increased  
SMQs:, Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Biliary system related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Amoxicillin

Diagnostic Lab Data: See above

CDC Split Type:

Write-up: Patient is a 13 year old female who presents to the clinic today with her mother for a follow up ER visit from 5/30/21.

Patients mother reports that patient had received her first Pfizer COVID-19 vaccination on 5/26/21, and developed a headache on

Thursday. On Friday, mother and patient report that she had a very active day at school, and in Phy-Ed she did a cardio work out, followed by a 10 minute run and then golf practice after school.

Patient reports that she does not frequently go running. Saturday, mom reports that patient was fatigued and rested most of the day.

Sunday, she was up at 5am and was working by 6am until noon at the family restaurant. Her mother reports that it was very busy at the restaurant. Later in the afternoon on Sunday, the family went to

their lake house in New Auburn, MN. Mother reports that the patient ate a good supper and the patient was asked to take the dog for a

walk around 8pm. Patient took the dog for a walk for about 5

minutes, and then came back and went to her room, and her older sister found her lying in her room with her arms flexed and legs

extended. Mom reports that she was drooling, staring and her muscles

were stiff, and she wouldn't bear weight on her legs. This lasted approximately 10 minutes and she was transferred by ambulance to the Bloomer ER for evaluation. Initial ER workup in Bloomer showed leukocytosis at 11.4, a CK of 333, and an alk phos of 263. Her CBC, Comp, CRP, Lactate, pregnancy, lymes, COVID and UA were all within normal limits. A head CT was negative as well. Given her symptoms, she was transferred from Bloomer ER to St. Mary's in Rochester to the general pediatric floor early Monday morning. Peds neurology consulted and diagnosed her with dissociative (non-epileptic) attack, and discharged her home around 5pm on Monday evening with family. Since discharge, she reports that she is still experiencing fatigue, a mild headache, and her quadricep muscles feel weak and ache. Mom reports that she has been monitored by family since discharge and she has not had another episode since. For pain, she is taking tylenol and ibuprofen with minimal relief. She has started her menses, her onset of menarche was January, 2021, and she did not have a menstrual cycle in February, March or April, and she began her menses on 5/24 through 5/30. Clinic recommends outpatient testing for an EEG, Echo, EKG and MRI and follow up with neurology.

VAERS ID: 1375638 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-20  
Onset: 2021-05-29  
Days after vaccination: 9  
Submitted: 0000-00-00  
Entered: 2021-06-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0162 / UNK LA / SYR

Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain upper, Appendectomy, Appendicitis, Blood test, Computerised tomogram, Ultrasound scan  
SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Intermittent constipation

Allergies: None

Diagnostic Lab Data: U/S 5/29/21 CT scan 5/29/21 Bloodwork 5/29/21  
CDC Split Type:

Write-up: 8 days after administration, patient suffered extreme stomach pain. Upon presentation to the ER, it was determined he had appendicitis. An emergency appendectomy was performed.

VAERS ID: 1376626 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-03  
Onset: 2021-06-04  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Arteriogram coronary abnormal, Chest pain,  
Electrocardiogram ST segment elevation, Electrocardiogram abnormal,  
Fatigue, Immunoglobulin therapy, Injection site pain, Intensive  
care, Musculoskeletal stiffness, Troponin increased  
SMQs: Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Dystonia (broad),  
Parkinson-like events (broad), Noninfectious encephalitis (broad),  
Noninfectious meningitis (broad), Extravasation events (injections,  
infusions and implants) (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Other ischaemic heart disease (broad), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Cats

Diagnostic Lab Data: 6/5/21 EKG- ST segment elevation 6/5/21 Rising  
troponin 6/6/21 CT angio done 6/6/21 IVIG given 6/5/21 Motrin for  
pain

CDC Split Type:

Write-up: 8 hrs post vaccine- 6/3 -Site pain and fatigue 24 hrs post  
vaccine-6/4- stiff neck 48hrs post- 6/5 severe chest pain- went to  
ER, 6/5 20:00 Admitted to Hospital

VAERS ID: 1376934 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Antinuclear antibody, Blood immunoglobulin G, Blood immunoglobulin M, C-reactive protein, Chest pain, Echocardiogram abnormal, Ejection fraction decreased, Electrocardiogram ST segment elevation, Heart injury, Intensive care, Metabolic function test, Mycoplasma test, Myocarditis, Red blood cell sedimentation rate, Respiratory viral panel, Troponin increased, Viral test  
SMQs: Cardiac failure (narrow), Myocardial infarction (narrow), Accidents and injuries (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: multiple EKGs and cardiac echo 6/5/21-6/7/21, trend of troponins 6/5-6/7/21, esr. crp, ana, mycoplasma igg and igm 6/6, rvp 6/5, atypical viral panel 6/5, multiple bmp 6/5-6/7/21, CDC Split Type:

Write-up: acute myopericarditis with severe chest pain, diffuse st elevations, significantly elevated troponin levels indicating significant heart muscle injury, and reduced ejection fraction of the heart to 42% as well as severe chest pain. Required treatment with high dose steroids and milrinone. patient currently admitted to the pediatric ICU for care. Condition currently improving ejection fraction increasing towards baseline, however overall prognosis unknown at this time.

VAERS ID: 1377664 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Kentucky

Vaccinated: 2021-06-05  
Onset: 2021-06-05  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EP7533 / 1	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0158 / 2	LA / IM	

Administered by: Unknown Purchased by: ?

Symptoms: Skin reaction, Urticaria  
SMQs: Anaphylactic reaction (broad), Angioedema (narrow),  
Hypersensitivity (narrow), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 13 yr/o female with a history of recent second Pfizer  
COVID 19 vaccination presenting for a delayed urticarial reaction.

VAERS ID: 1378067 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-01  
Onset: 2021-06-05  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 LA / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Blood test, Chest pain, Electrocardiogram, Fatigue, Heart rate irregular, Painful respiration, Pyrexia, SARS-CoV-2 test, Ultrasound scan

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: No

Current Illness: No

Preexisting Conditions: No

Allergies: No

Diagnostic Lab Data: Ultrasound Electrocardiogram Blood test Covid test 6/5/21 6/6/21

CDC Split Type:

Write-up: Fever, tiredness (expected) Chest pain. Variation in heart rate. Pain when breathing and only when taking deep breaths.

VAERS ID: 1378267 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-03

Onset: 2021-06-05

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Cardiac dysfunction, Chest pain, Dizziness, Echocardiogram normal, Electrocardiogram abnormal, Headache, Influenza like illness, Intensive care, Ischaemia, Myocarditis, Myositis, Neck pain, Pain, Pain in extremity, Painful respiration, Post vaccination syndrome, Troponin increased, Visual impairment

SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad),

Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: 6/7/21 CVICU note: 13 yo male with h/o vaccine sensitivity presenting with chest pain, fever, cardiac dysfunction (elevated troponin, ischemia on ECG, normal ECHO) in the setting of recent COVID vaccination admitted for observation and further workup of presumed post COVID vaccination myocarditis. Troponin continues to uptrend with more significant ischemic changes noted on ECG but continues to have clinically appropriate pain control on oral NSAIDs.

CDC Split Type:

Write-up: 13 year old male presents with chest pain. Pt describes pain as achy. Pt feeling dizzy "seeing stars" and has headache as well. Aches located on both arms and neck. Chest pain worsens with deep breathing. Neck pain worsens with neck movement. Pt had second dose of Pfizer 2 days ago; parents are concerned because a relative contracted myocarditis 5 days after receiving vaccine. No recent chest trauma. NBNB Vomit 1 month ago. Taking ibuprofen at home. No fever. Differential Diagnosis: flu like illness, post vaccine syndrome, myocarditis, doubt meningitis, myositis. Cardiology consulted, Agrees with workup and add CMV and EBV antibodies as well as enterovirus if elevated troponin. Troponin = 6.84. Will be admitted to CVICU.

VAERS ID: 1379750 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: California

Vaccinated: 2021-06-02

Onset: 2021-06-04

Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain,  
Electrocardiogram ST segment elevation, Laboratory test,  
Nasopharyngitis, Nausea, Red blood cell sedimentation rate  
increased, Troponin increased, Vomiting  
SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: mild cold symptoms started the day after the  
vaccine given--lasted for 2 days  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: 6/7/2021: Troponin- 30; ESR- 35; CRP- 3.5; EKG-  
ST elevation; other labs from ER in process  
CDC Split Type:  
Write-up: Pt started with mild cold sxs the day after the vaccine.  
Then 2 days after the vaccine in the evening developed chest pain -  
mid sternal - when going to bed. Vomited x1 and pain resolved and  
fell asleep. Next day also with an episode of chest pain in the pm  
but more severe and also with n/v; took to ER but left before  
evaluation done bc pain resolved. The following day 2 more episodes  
of chest pain less severe. 5 days later sought care for follow up-  
EKG and labs abnormal so sent to ER for further evaluation.

VAERS ID: 1381884 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-04  
Onset: 2021-06-07  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route



COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Dyspnoea,  
Electrocardiogram normal, Magnetic resonance imaging heart, Magnetic  
resonance imaging normal, Pyrexia, Troponin increased, Vomiting  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Acute central  
respiratory depression (broad), Pulmonary hypertension (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia  
and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: he was taken to hospital where he was noted to  
have a troponin of 6.611, and CRP of 1.8. He was transferred to  
another Hospital for further care. ECG done here on 6/7 and 6/8 were  
normal. Echo done on 6/7 was also normal. Cardiac MRI on 6/8 was  
normal with no signs of myocarditis. His troponin s here were as  
follows: 6/7 5.329 at 1158 6/7 5.446 at 1415 6/8 4.236 at 0306

CDC Split Type:

Write-up: 3 days after the vaccine, the patient woke up at 530 in  
the morning with sharp chest pain that lasted about 1 hour. He was  
also short of breath and the pain was worse when lying down. The day  
after the vaccine, he had fever and emesis, but that resolved within  
24 hours. He was taken to hospital where he was noted to have a  
troponin of 6.611, and CRP of 1.8. He was transferred to another  
Hospital for further care. He was treated with IV Toradol. He was  
seen by cardiology and infectious disease. He showed improvement  
with nothing more than NSAIDs, and since his MRI was normal, he was  
not given IVIG.

VAERS ID: 1382077 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Unknown

Vaccinated: 2021-05-01

Onset: 2021-06-01

Days after vaccination: 31  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Gait disturbance, Guillain-Barre syndrome, Immunoglobulin  
therapy, Muscular weakness  
SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy  
(narrow), Anticholinergic syndrome (broad), Parkinson-like events  
(broad), Guillain-Barre syndrome (narrow), Noninfectious  
encephalopathy/delirium (broad), Demyelination (narrow),  
Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: NONE  
Preexisting Conditions: NONE  
Allergies: NONE  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient received covid vaccine (Pfizer) on 5/18/21. About  
2 weeks prior to admission to hospital patient began having leg  
weakness and unsteady gait which has progressively gotten worse.  
Patient is beginning IVIG treatment for Guilian Barre syndrome.

VAERS ID: 1382373 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-04  
Onset: 2021-06-07  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Echocardiogram normal,  
Electrocardiogram ST segment abnormal, Electrocardiogram T wave  
abnormal, Electrocardiogram abnormal, Myocarditis, Troponin

increased

SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin peak 4.51 6/7/21. ECG with mild ST and T wave changes which normalized quickly. Normal ECHO 6/7/21

CDC Split Type:

Write-up: Chest pain, SOB 3 days after vaccine. Myopericarditis with elevated troponin, abnormal ECG. Recovered without intervention

VAERS ID: 1382634 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Massachusetts

Vaccinated: 2021-06-04

Onset: 2021-06-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Blood thyroid stimulating hormone, Brain natriuretic peptide normal, Chest X-ray normal, Chest pain, Dyspnoea, Electrocardiogram abnormal, Full blood count normal, Metabolic function test, Myocarditis, Red blood cell sedimentation rate, SARS-CoV-2 test negative, Troponin increased

SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms

(broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: apples

Diagnostic Lab Data: Elevated troponin; mildly elevated CSR and ESR.

All other labs unremarkable (normal EKG, BNP, CXR, CBC, negative viral panel, TSH, BMP, negative COVID)

CDC Split Type:

Write-up: Patient received her second Pfizer vaccine on Friday (6/4). She developed CP and SOB on Saturday (6/5) evening which resolved after sleeping. She then developed return of her chest pain and shortness of breath this morning (6/7) which prompted her to present to ED. She was found to have elevated troponins and was diagnosed with myocarditis. Treatment was supportive with NSAIDs/Tylenol for chest pain PRN and encouraged PO hydration. Troponins and EKGs trended every 8 hours to ensure troponins were down-trending and EKGs remained normal. No sign of CHF or pulmonary edema.

VAERS ID: 1382676 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Texas

Vaccinated: 2021-06-04

Onset: 2021-06-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Echocardiogram normal, Electrocardiogram QT prolonged, Electrocardiogram abnormal, Electrocardiogram ambulatory, Palpitations

SMQs: Torsade de pointes/QT prolongation (narrow), Arrhythmia

related investigations, signs and symptoms (broad), Conduction defects (narrow), Torsade de pointes, shock-associated conditions (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: zofran for nausea cyproheptadine

Current Illness:

Preexisting Conditions: cyclic vomiting

Allergies: Versed

Diagnostic Lab Data: EKG noted prolonged QT (unclear if this is at baseline) Echo normal Holter ongoing

CDC Split Type:

Write-up: developed palpitations few hours post dose, admitted for palpitations

VAERS ID: 1383807 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: California

Vaccinated: 2021-06-05

Onset: 2021-06-06

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 2 AR / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None  
Current Illness: None  
Preexisting Conditions: Environmental allergies on immunotherapy  
Allergies: Peanuts, environmental allergies  
Diagnostic Lab Data: (6/7-8) EKG showed ST elevations, troponin elevated ECHO normal function  
CDC Split Type:  
Write-up: Chest pain approximately 12 hours after 2nd dose of Pfizer covid vaccine.

VAERS ID: 1384603 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: South Carolina

Vaccinated: 2021-05-21

Onset: 2021-05-21

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 RA / -

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic reaction, Arthralgia, Asthenia, Back pain, Chest discomfort, Dizziness, Dyspnoea, Gait disturbance, Hypoaesthesia, Pain in extremity, Paraesthesia, Paralysis, Pharyngeal swelling, Pruritus, Spinal pain, Swelling face, Swollen tongue, Throat irritation, Tremor

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Parkinson-like events (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Asthma (Diagnosed as a toddler. Had RSV as a baby);

Constipation chronic (Diagnosed about a year ago.); Seasonal allergy

Preexisting Conditions: Medical History/Concurrent Conditions: Grass

allergy; Pollen allergy; Shellfish allergy (4-5 years old); Sickness

(4-5 years old); Vomiting

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021593677

Write-up: Anaphylactic reaction; left cheek started swelling;

looking woozy; throat and tongue started swelling; throat and tongue

started swelling; having a hard time breathing; from the neck down,

she had a temporary paralysis and she could not move./she could not

feel anything from the waist down.; whole body was shaking; numbness

and tingling all over.; numbness and tingling all over.; extreme

pain in her back; When they would touch her hips, toes, spine,

ankles, and knees she would complain of extreme pain, like joint

pain.; When they would touch her hips, toes, spine, ankles, and

knees she would complain of extreme pain, like joint pain.; When

they would touch her hips, toes, spine, ankles, and knees she would

complain of extreme pain, like joint pain.; very weak; chest was

tight.; cannot walk without assistance; itching all over and in her

throat; itching all over and in her throat; This is a spontaneous

report from a contactable consumer (parent). A 13-years-old female

patient received first dose of bnt162b2 (Pfizer-BioNTech COVID-19

Vaccine, 0.3 ML), at the age of 13-years-old , via an unspecified

route of administration, administered in Arm Right on 21May2021

11:55 (Lot Number: EW0179; Expiration Date: Aug2021) as 0.3 ML

SINGLE for covid-19 immunisation. Medical history included ongoing

asthma, Diagnosed as a toddler. Had RSV as a baby. ongoing seasonal

allergy, To like grass and pollen. ongoing constipation, Diagnosed

about a year ago. allergic to shellfish because she gets sick. She

said that it happened when her daughter was 4-5 years old. Whenever

she has contrast for a MRI she throws it up. The patient''s

concomitant medications were not reported. The patient previously

took Azithromycin and Amoxicillin and were allergic. The patient

experienced anaphylactic reaction on 21May2021 with outcome of

recovering, left cheek started swelling on 21May2021 with outcome of

unknown, looking woozy on 21May2021 with outcome of unknown, throat

and tongue started swelling on 21May2021 with outcome of unknown,

having a hard time breathing on 21May2021 with outcome of unknown,

from the neck down, she had a temporary paralysis and she could not

move./she could not feel anything from the waist down on 21May2021

with outcome of unknown, whole body was shaking on 21May2021 with

outcome of unknown, numbness and tingling all over on 21May2021 with

outcome of unknown, extreme pain in her back on 21May2021 with

outcome of unknown , when they would touch her hips, toes, spine,

ankles, and knees she would complain of extreme pain, like joint

pain on 21May2021 with outcome of unknown, very weak on 21May2021

with outcome of unknown , chest was tight on 21May2021 with outcome

of unknown , cannot walk without assistance on 21May2021 with

outcome of unknown , itching all over and in her throat on 21May2021

with outcome of unknown. Patient was in hospital from 21May2021 to 23May2021. AE(s) require a visit to Emergency Room. No AE(s) following prior vaccinations. No Family Medical History Relevant to AE(s). No Relevant Tests. Clinical courses as follows: It was reported they wanted her to wait for 30 minutes after her daughter received the vaccine. She said that after about 20 minutes, her daughter said that it felt like someone punched her in the face and her left cheek started swelling. She said that her husband said that their daughter started looking woozy and her eyes were closing. The staff laid her down on a mat on the floor. Then her daughter's throat and tongue started swelling and she was having a hard time breathing. Then her daughter complained that from the neck down, she had a temporary paralysis and she could not move. Her daughter asked if she asked if she was going to die. The nurse gave her an EpiPen and called a ambulance. Her whole body was shaking, probably from the EpiPen, like almost convulsing. She said that they got her onto the ambulance and her daughter was having trouble breathing. They gave her another dose of an EpiPen in the ambulance. They also gave her daughter a steroid and some Benadryl through an IV. Her daughter was rushed to the ER, having a hard time breathing and complaining she could not feel anything from the waist down. Caller said that her daughter was also complaining of numbness and tingling all over. She also started to complain about extreme pain in her back. When they would touch her hips, toes, spine, ankles, and knees she would complain of extreme pain, like joint pain. Her daughter had numbness from waist down. If they touched her foot she could not feel it. Her daughter was admitted to the hospital and got released yesterday 23May2021. She is still experiencing pain and numbness. The numbness is from the waist down and the tingling was up and down her arms. She said that her daughter was very weak and could not feed herself. They had to give her several albuterol breathing treatments in the hospital because her chest was tight. She was not wheezing, but they could tell it was constricted and treated her with Albuterol. She said that her daughter still cannot walk without assistance this morning. She was treated with Motrin, Benadryl and Atarax, and Prednisone in the hospital. The caller said that her daughter also complained about itching all over and in her throat. The caller said that her daughter did not have a rash though.

VAERS ID: 1387977 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-06  
Onset: 2021-06-08  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?



Symptoms: Arrhythmia, Brain natriuretic peptide, Chest X-ray, Chest pain, Dehydration, Dizziness, Dyspnoea, Electrocardiogram, Electrolyte imbalance, Fatigue, Heart rate increased, Laboratory test, Metabolic function test, Myocarditis, Nausea, Palpitations, Tachycardia, Troponin

SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: 6/9 Summary: 13-year-old girl with JIA, chronic constipation, chronic tension-like headaches who presents with chest pain, nausea, vomiting, dizziness 1 day after receiving her second dose of her Covid vaccine. Initially seen in the ED 1 day prior to admission discharged on her lab work, chest x-ray are reassuring. Today, continues to have reassuring labs including troponin, BMP, BNP and EKG normal sinus rhythm. No evidence of JIA flare at this time. -Cardiology consult today re: chest pain -Obtain ECHO -Monitor for resolution of tachycardia -Keep on cardiorespiratory monitoring -Clears, IVF, serial abdominal exams, wean IVF as PO intake improves -Discussed with patient maintaining good hydration at home -Zofran PRN N/V -f/u orthostatic VS -Dispo: Pending resolution of chest pain/tachycardia and Cardiology clearance

CDC Split Type:

Write-up: Note- This patient did not receive the vaccine at our facility so I do not have further details on the vaccine. 13 y/o female with hx of juvenile arthritis, migraines and anxiety, here for left sided CP, palpitations, fast HR, SOB since 6/8 receiving the 2nd Covid vaccine on 6/6/21. Pt states she is also having some nausea and fatigue. Pt has not taken any medications at home for pain. Pt currently taking methotrexate but no steroids. No family hx of blood clots or blood disorders. Differential Diagnosis:

Electrolyte abnormality, dehydration, arrhythmia, COVID vaccine reaction, myocarditis r/t COVID vaccine. EKG NSR. negative troponin.

VAERS ID: 1388206 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Kansas

Vaccinated: 2021-06-01

Onset: 2021-06-02

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal pain, Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood albumin decreased, Blood alkaline phosphatase increased, Blood bilirubin, Blood calcium normal, Blood chloride normal, Blood creatinine increased, Blood culture negative, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood urea normal, C-reactive protein increased, Carbon dioxide normal, Chest X-ray abnormal, Computerised tomogram abdomen, Computerised tomogram abnormal, Echocardiogram abnormal, Ejection fraction decreased, Full blood count, Gallbladder disorder, Haematocrit increased, Haemoglobin normal, Immunoglobulin therapy, Inflammatory marker increased, Influenza A virus test negative, Influenza B virus test, Laboratory test, Liver function test, Lymphocyte count normal, Metabolic function test, Monocyte count normal, Mononucleosis heterophile test negative, Multisystem inflammatory syndrome in children, Myalgia, Neutrophil count increased, Nitrite urine absent, Platelet count normal, Procalcitonin, Protein total normal, Protein urine absent, Pyrexia, Red blood cell sedimentation rate increased, Red blood cells urine, SARS-CoV-2 test negative, Urine leukocyte esterase, Urobilinogen urine, Vomiting, White blood cell count increased, White blood cells urine

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Biliary system related investigations, signs and symptoms (broad), Gallbladder related disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Symbicort, Claritin, albuterol  
Current Illness:  
Preexisting Conditions: Asthma  
Allergies: None  
Diagnostic Lab Data: 6/6: CBC: WBC 10.8, H/H 14.6/44.9, Plt 158  
diff: 84 neut, 4 lymph, 3 mono; BMP: Na 138, K 4.6, Cl 102, CO2 22,  
CUN 13, CReat 0.8, glc 110, Ca 9.4; ESR 20; LFT: TP 6.7, alb 3.9,  
Tbili 2.2, AP 492, AST 51, ALT 68; CRP 136.2; Procalcitonin: 1.300;  
COVID 19 PCR: negative; Flu A/B RNA: negative; Monotest: negative;  
UA: 1.015, neg protein, neg nitrite, negative LE 1+ bili, urobili \$g  
8, 0-5 RBC, 0-5 WBC; Blood culture: negative to date; 6/7: CBC: WBC  
8.8, H/H 12.9/39.3, Plt 173 diff: 78 seg, 4 band, 6 lymph, 12 eos);  
ESR 25; BMP: Na 134, K 4.6, Cl 101, CO2 23, BUN 15, Creat 0.7, glc  
95, Ca 8.8; LFT: TP 5.4, Alb 2.9, AST 31, ALT 44, Tbili 1.10, AP  
341; CRP 166.40; CPK 39; Procalcitonin 3.880; Echocardiogram with  
reported depressed EF to upper 40s per report; CXR without focal  
opacifications, but concerns of possible air trapping/  
hyperinflation; Abdominal CT: showed some possible gall bladder wall  
thickening. 6/8: Multiple additional labs done upon transfer,  
evaluation on going.  
CDC Split Type:  
Write-up: Morning after vaccine the patient developed fever,  
myalgias and then developed abdominal pain and vomiting. Presented  
to emergency department where he was noted to have elevated  
inflammatory markers, gallbladder thickening, and decreased EF in  
the 40s. Patient met criteria for MIS-C and was treated with IVIG  
and steroids. Case was reported to a federal agency.

VAERS ID: 1390969 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-05-14  
Onset: 2021-05-16  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 LA / -  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain lower, Abdominal pain upper, Blood test,

Computerised tomogram, Gastrointestinal inflammation, Henoch-Schonlein purpura, Malaise, Pain, Petechiae, SARS-CoV-2 antibody test, SARS-CoV-2 test, Vomiting  
SMQs:, Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Vasculitis (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210522; Test Name: a lot of blood work; Result Unstructured Data: Test Result:came back good; Test Date: 20210524; Test Name: CAT scan; Result Unstructured Data: Test Result:inflammation in his intestines and his stomach; Test Date: 20210522; Test Name: Covid Antibodies; Result Unstructured Data: Test Result:Not specified; Test Date: 20210517; Test Name: Covid test; Test Result: Negative ; Comments: home kit for covid just to double check; Test Date: 20210522; Test Name: Covid test; Test Result: Negative

CDC Split Type: USPFIZER INC2021616090

Write-up: inflammation in his intestines and his stomach; petechial rash on his legs, which is still getting a little bit worse; HSP; stomach pain/extreme stomach pain started again and so on/ intermittent stomach pain/lower left abdominal pain; lower left abdominal pain and he doubled over in pain and started vomiting; Caller states again he had intermittent pain throughout the day; vomited about three times in total, it wasn't like excessive vomiting; didn't feel well/feel sick again; This is a spontaneous report from a contactable consumer (patient's parent). A 13-year-old male patient received the first dose of BNT162B2 (PFIZER COVID-19 VACCINE, lot number: EW0164, expiration date: 31Aug2021), at the age of 13 years old, in left arm on 14May2021 16:00 at single dose for covid-19 immunisation. The patient medical history was not reported. The patient was a normal 13 years old, he doesn't take anything, he's active. The patient did not receive any other vaccines within 4 weeks prior to vaccination. The vaccines administered on same date with BNT162B2 was none. The previous immunization with the Pfizer vaccine was none. The patient previously received the flu shot every year and experienced no

adverse event. On 16May2021, about 48 hours after the vaccination, the patient started having stomach pain in the middle of the night. It began 16May2021 in the evening and into 17May2021, the patient was having stomach pain and not feeling well. Reporter stated the patient woke her up. Reporter stated they thought it was some food he ate. Reporter stated they tested his covid antibodies and they also personally at home on 17May2021 night, they tested him with a home kit for covid just to double check because nobody really brought it up and it was negative also. Reporter confirmed the home covid test was done on 17May2021. Reporter stated there was no known exposure, they just did it to make sure he didn't have covid. The patient was taken to the emergency room on 18May2021. Reporter stated they were waiting because patient felt good during the day and they thought nothing was wrong, but then the extreme stomach pain started again and so on 18May2021, she took him to the local emergency room. Reporter stated they didn't do much other than push on his stomach, she was worried about appendicitis. Reporter stated they didn't worry too much, but she thought maybe it was his appendix. The doctor examined him and said he had a stomach issue and released him with medicine and that was the 18May2021. On 19May2021 and 20May2021, the patient would get intermittent stomach pain, again thinking it was a stomach bug or something. On 20May2021, the patient experienced petechial rash on his legs. Reporter called the pediatrician and again the patient was having intermittent stomach pain and kept having it intermittently. The patient would feel fine then feel sick again then on the 22May2021, the patient had more bad stomach pain and some vomiting so he wound up back in the emergency department, it was a different one than the first on 22May2021. The patient did a lot of blood work, his labs came back good, but he did not do a CAT scan, but reporter tried to do everything else, tested patient for covid, antibodies and everything and they sent him home again on the 22May2021. The patient had intermittent pain again throughout 23May2021 then on 24May2021, he went to visit the pediatrician just for a visit and they were thinking its Henoch-Schonlein purpura (HSP) which is an autoimmune response and they still didn't have a diagnosis for his stomach. Reporter stated patient was perfectly fine at the pediatrician, then when they got home, he started having lower left abdominal pain and he doubled over in pain and started vomiting. The patient vomited about three times in total, it wasn't like excessive vomiting. Reporter stated the pain would bring it on, he does have a rash, which is still getting a little bit worse. Reporter stated they took him back to the emergency room, they did a CAT scan and that showed he had inflammation in his intestines and his stomach so they kept him in the hospital. The patient was admitted on 24May2021 when he visited the emergency room for the third time. Reporter stated because patient was in pain, they admitted him to watch him. Reporter stated they were worried about the patient having intussusception with the bowel, where his bowel can go inside each other and can create a blockage, so they wanted to admit him to make sure that didn't happen. Reporter stated the worst of the stomach pain was on 25May2021, which would have been at 19:00. The patient had not had an episode since then, he hadn't had an attack like that since. The whole week before from 17May2021, or

the 16May2021 when it started through 25May2021, it was very intermittent of a lot of pain. So far, knock on wood, the patient hadn't had it since 25May2021 at 19:00 and hopefully tonight it won't happen. Reporter stated it will be about 48 hours of not having the bad pain. Reporter stated he still has some pain, but not like where she had to rush him to the emergency room. The patient's vomiting ended on 24May2021 or 25May2021. He had recovered completely from vomiting so far. The patient was released on 26May2021 with a diagnosis of HSP, which was an auto immune response, and he'd never had this happen before. Reporter stated if she googled HSP, it said it can still get worse, but it was not the worst case of HSP. Reporter stated the patient has never had anything like this before, he was perfectly fine, they made it through covid and didn't get covid and he is a healthy kid so she thought Pfizer should know. The outcome of the events HSP, stomach pain, petechial rash was not recovered. The outcome of vomiting was recovered on 24May2021 or 25May2021. The outcome of the events inflammation in intestines and stomach, didn't feel well/feel sick, intermittent pain and lower left abdominal pain was unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1392099 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-14  
Onset: 2021-05-29  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW9168 / UNK	- / -	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0180 / UNK	- / -	

Administered by: Private Purchased by: ?  
Symptoms: Blood test, Chest X-ray, Chest pain, Dizziness postural, Echocardiogram, Electrocardiogram, Feeling abnormal, Heart rate increased, Nausea, Postural orthostatic tachycardia syndrome, Tachycardia, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Dehydration (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Methotrexate. Folic acid  
Current Illness: JIA  
Preexisting Conditions: JIA  
Allergies: no  
Diagnostic Lab Data: June 9--EKG, Echocardiogram, blood work, chest xray  
CDC Split Type:  
Write-up: Pt received first dose on May 14. Initially, we did not think side effects. Pt did complain of getting dizzy when standing up, but we did not think was related. We thought it was from her methotrexate. Pt received her second dose on June 6. On June 7, Pt had chest pain, tachycardia, and did not feel right. We went to Hospital. Pt was admitted because of the high pulse rate and nausea and vomiting. It appears that the vaccine triggered POTS. This is an update to my report that I filled out in the hospital a few days ago

VAERS ID: 1392703 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-05-24  
Onset: 2021-06-08  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 - / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Angiogram pulmonary abnormal, Chest pain,  
Electrocardiogram abnormal, Platelet count decreased, Pneumonia,  
Troponin increased

SMQs:, Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness:  
Preexisting Conditions: History of obesity and severe obstructive sleep apnea not compliant with CPAP  
Allergies: None  
Diagnostic Lab Data: 6/8 platelet 142K 6/8 CTA R sided pneumonia  
CDC Split Type:  
Write-up: Presented to ER with R sided chest pain during football practice. In ER, abnormal EKG with possible LVH, elevated troponin. Observed overnight. Her troponin normal by next day. She did have platelet 142K, not repeated (I have ordered). CTA showed incidental R sided pneumonia (she had no fever or cough at presentation). Cardiology consulted. They felt EKG was normal. Discharged on Amoxil. Follow up with cardio ordered, will need stress test.

VAERS ID: 1394181 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-08  
Onset: 2021-06-10  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: 1 prior episode of myocarditis  
Allergies: None  
Diagnostic Lab Data: elevated troponin,  
CDC Split Type:  
Write-up: chest pain



VAERS ID: 1394379 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Colorado

Vaccinated: 2021-06-08

Onset: 2021-06-08

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest discomfort, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Pericarditis, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Troponin SMQs:, Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol prn

Current Illness: None

Preexisting Conditions: None

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Presented to ED 6/11 with chest pain/pressure, elevated troponin (max 28.9, nml range 0.00-0.119ng/ml), diffuse ST elevation consistent with pericarditis, normal function on echo. SARS CoV2 nucleocapsid negative, SARS CoV2 spike protein positive. Admitted to hospital for pain management (Toradol, Tylenol and ibuprofen) and serial troponins. Discharged home 6/13 with cardiology f/u in 1 month.

VAERS ID: 1394620 (history)

Form: Version 2.0

Age: 13.0

Sex: Male  
Location: California

Vaccinated: 2021-06-06

Onset: 2021-06-08

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Troponin

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented with chest pain and elevated troponins,  
improved with IV toradol

VAERS ID: 1394808 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: North Carolina

Vaccinated: 2021-06-07

Onset: 2021-06-08

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / SYR

Administered by: Public Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Myocarditis, Troponin  
I increased

SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),

Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: eczema  
Allergies: none  
Diagnostic Lab Data: Elevated Troponin I, abnormal cardiac MRI  
CDC Split Type:  
Write-up: Myocarditis requiring hospitalization

VAERS ID: 1395453 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-05-28  
Onset: 2021-06-12  
    Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time shortened, Antibody test negative, Antinuclear antibody, Antiphospholipid antibodies, Blood creatinine normal, C-reactive protein normal, Complement factor C3, Complement factor C4, Coombs direct test, Culture urine, Ecchymosis, Haemoglobin normal, Immune thrombocytopenia, Immunoglobulin therapy, Immunoglobulins, International normalised ratio normal, Metabolic function test, Petechiae, Platelet count decreased, Prothrombin time prolonged, Red blood cell sedimentation rate normal, Red blood cells urine positive, Smear test, Total complement activity test, White blood cell count normal  
SMQs: Liver-related coagulation and bleeding disturbances (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (broad), Chronic kidney disease (broad), Hypersensitivity (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)  
Life Threatening? Yes  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: multivitamin  
Current Illness: none  
Preexisting Conditions: none  
Allergies: shrimp, gluten, tomato  
Diagnostic Lab Data: 6/13/2021: UA - 2+ blood Urine culture -  
pending Chem10: creatinine 0.87, otherwise within normal limits PTT:  
28 PT: 14.7 INR: 1.1 CBC: WBC 9, Hb 16.6, Plt <2 Immature  
reticulocyte fraction: 5.6 Immature platelet fraction: 17.3%  
Peripheral smear: pending ESR/CRP: normal ANA profile: pending CH50:  
pending Antiphospholipid panel: pending Immunoglobulins: pending DAT  
screen: negative Blood type: B positive Antibody screen: negative  
C3/C4: pending Lupus anticoagulant: pending  
CDC Split Type:  
Write-up: 13 year old previously healthy male presenting on  
6/13/2021 with petechiae and ecchymosis. Found to have  
thrombocytopenia (platelet count 2). Diagnosed with ITP. Currently  
admitted and receiving IVIG. No adverse sequelae of ITP thus far.

VAERS ID: 1395818 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Maine

Vaccinated: 2021-06-09  
Onset: 2021-06-12  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram abnormal, Ejection fraction  
decreased, Electrocardiogram ST segment elevation, Electrocardiogram  
ST-T change, Electrocardiogram abnormal, Immunoglobulin therapy,  
Laboratory test, Myocarditis, Troponin increased  
SMQs: Cardiac failure (narrow), Myocardial infarction (narrow),  
Arrhythmia related investigations, signs and symptoms (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia  
and systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: 2-3 weeks prior to vaccination, 7-10 days of dry cough  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 6/12/21- Troponin 1258, Echo EF- 52%, Trop 707, ECG mild ST changes 6/13-Trop800, 988, 1126, 1024, 977, ST changes improving 6/14- 1079  
CDC Split Type:  
Write-up: Myocarditis, Chest pain, ST elevation and mildly depressed EF on echo. Troponin peaked, has leveled at 1000 3 days after presentation, drawing infection labs and administering IVIG.

VAERS ID: 1396052 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-07  
Onset: 2021-06-10  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase MB increased, Brain natriuretic peptide normal, Chest pain, Chills, Echocardiogram normal, Electrocardiogram normal, Magnetic resonance imaging heart, Pyrexia, Red blood cell sedimentation rate increased, Troponin increased, Vomiting  
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: ADHD (takes adderall during the school year, but was not on it at the time of the vaccination)  
Allergies: none  
Diagnostic Lab Data: 6/10/2021: Troponin 2.04 -- \$g later increased to 4.77. CKMB 12, ESR 31, BNP 30. 6/11/2021: Troponin 2.3 -- \$g later decreased to 0.4 6/12/2021: Echocardiogram -- \$g Normal LV systolic function, normal RV systolic function 6/14/2021: cardiac MRI -- \$g read pending at time of event reporting.

CDC Split Type:

Write-up: Patient received the vaccine 6/7 during the day, that evening into the next night he developed subjective fevers and chills. Overnight, he had several episodes of NBNB emesis and had some chest pain. By 6/9, his fevers, chills, and chest pain resolved. However on 6/10, he began having chest pain again; this pain was in the middle of his chest, without radiation. It was worse with laying flat and walking around. He went to his pediatrician, who obtained an EKG and checked some labs. Patient had an elevated troponin of 2.04, CKMB of 12, ESR of 31, and BNP of 39. His EKG was normal but he was directed t come to the emergency room for further workup. Repeat troponin that evening showed up trending troponin of 4.77 and patient was admitted for further workup and monitoring. His chest pain resolved and his troponin levels downtrended through the next day (4.77 -\$g 2.3 -\$g 0.4). Patient was monitored on telemetry and had no events of arrhythmia. Echocardiogram obtain did not show any evidence of decreased cardiac function. Patient was scheduled to under cardiac MRI (at this time, results of MRI are pending)

VAERS ID: 1396364 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Escherichia infection, Escherichia test positive, Genital discharge, Genital pain, Genital rash, Genital ulceration, Klebsiella infection, Klebsiella test positive  
SMQs: Severe cutaneous adverse reactions (broad), Hypersensitivity (broad), Infective pneumonia (broad), Opportunistic infections (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: Patient developed black bumps in her genital area 2 days after (6/6) receiving second dose of the Pfizer COVID vaccine on 6/4, these ultimately developed into genital ulcers. Patient was initially seen and treated outpatient with Diflucan, prednisone, and topical clobetasol (although patient did not use any clobetasol). Patient experienced some improvement after dose of prednisone, but pain eventually became worse causing presentation to the emergency department. During admission patient received Valtrex (6/11 - 6/14), Ceftriaxone (6/11 - 6/14), Fluconazole x 1 dose (6/12), Solu-medrol (6/11 - 6/13, eventually changed to oral prednisone on 6/14), and PRN pain medications. Patient had a swab of the genital discharge on 6/11 that grew out pan-sensitive e coli and klebsiella pneumoniae (resistant to Ampicillin and Bactrim). Patient denies history of sexual activity and denies a history of sexual abuse.

VAERS ID: 1396490 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: New Mexico

Vaccinated: 2021-06-07  
Onset: 2021-06-10  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Influenza virus test negative, Intensive care, N-terminal prohormone brain natriuretic peptide normal, Respiratory syncytial virus test negative, SARS-CoV-2 test negative, Troponin I increased, Viral titre

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: no

Current Illness: no

Preexisting Conditions: no

Allergies: no

Diagnostic Lab Data: Troponin-I : 2.240 ( 6/10/21)-- \$g1.780

( 6/11/21)-- \$g1.030 ( 6/11/21)-- \$g 1/330 ( 6/12/21)-- \$g 0.610

( 6/12/21) CKMB: 8.4 ( 6/10/21) -- \$g 1.2 ( 6/12/21)

CDC Split Type:

Write-up: Acute onset of chest pain. Seen in ER : ECG with mild diffuse ST elevation, elevated Troponin-I ( \$g2) PICU admission: supportive care with ibuprofen nd aspirin. Normal cardiac function on echo, normal NT-proBNP. Troponin-I peaked at 2.240, after 1 day Troponin trend downwards. Chest pain resolved. COVID-19 PCR not detected, Myocarditis panel/viral Ab titers sent- pending, RSV/flu-NEGATIVE. Discharged home on ibuprofen with outpatient follow up.

VAERS ID: 1396787 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 LA / -

Administered by: Private Purchased by: ?

Symptoms: Abnormal behaviour, Aggression, Agitation, Blood lactic acid normal, Brain oedema, C-reactive protein increased, Computerised tomogram head abnormal, Drug screen negative, Electroencephalogram, Feeling hot, Headache, Magnetic resonance imaging head, Mental status changes, Metabolic function test, Metabolic function test normal, Pyrexia, Seizure like phenomena, Tremor, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Parkinson-like events (broad), Psychosis and



psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (broad), Hostility/aggression (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations: Pfizer COVID Vaccine #1, headache and fever. Otherwise no reactions.

Other Medications: ursodiol 500 mg oral tablet 1 tab PO BID  
azathioprine 75 mg 1 tab PO allopurinol 100 mg oral tablet 1 tab PO  
ergocalciferol 1 cap PO

Current Illness: Covid Infection in February 2021

Preexisting Conditions: autoimmune hepatitis

Allergies: No known allergies

Diagnostic Lab Data: 6/13/2021 CT cerebral edema CRP of 4 MRI pending

CDC Split Type:

Write-up: 13 yo M with a history of autoimmune hepatitis who presents with 1 day of fever, headache, altered mental status, and vomiting. He received his 2nd Pfizer Covid vaccine on 6/12 and began having symptoms the next night. He began taking ibuprofen for headache and fever. His symptoms worsened through the day until he had vomiting. He was saying strange things and behaving oddly. He became very hot and agitated at home, prompting mom to bring him into an outside hospital ED. There, rectal temperature was 106F and he was noted to be combative. A CMP was obtained, which was mostly normal. CT of his head was obtained, during which he had an episode of left upper extremity shaking concerning for seizure. He was reportedly alert throughout. Patient is a 13 yo M with a history of autoimmune hepatitis who presents with 1 day of fever, headache, altered mental status, vomiting, found to have cerebral edema and elevated CRP. There is no acidosis, elevated lactate, or metabolic derangement, and utox is neg. The etiology could be related to the vaccine. Ingestions are also possible given the high fever and altered mental status - particularly serotonin syndrome. Infectious etiologies are also possible given the fever. Treatments: hypertonic saline given x1 EEG started Tox screen negative Ceftriaxone and vanc given

VAERS ID: 1397715 (history)

Form: Version 2.0

Age: 13.0

Sex: Male  
Location: Virginia

Vaccinated: 2021-06-05

Onset: 2021-06-11

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0202 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood test normal, Computerised tomogram, Seizure,

Toxicologic test normal, Unresponsive to stimuli

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad),

Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus

(broad), Convulsions (narrow), Guillain-Barre syndrome (broad),

Noninfectious encephalitis (broad), Noninfectious encephalopathy/

delirium (broad), Noninfectious meningitis (broad), Hypotonic-

hyporesponsive episode (broad), Generalised convulsive seizures

following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: see item 18

CDC Split Type:

Write-up: My son received his 1st shot of the vaccine on 5/15/21 lot # ew0177. On 5/27/21, my wife found my son in his bedroom

unresponsive to verbal commands. He was dazed and confused and stared off into space when my wife tried to talk to him. After a

minute or so, he stood up and tried to walk but he was staggering and ended up fainting and falling down. My wife took my son to the

emergency room. The doctors examined him and ran blood tests, including a tox screen, but could find nothing wrong with him. We

followed up with his family doctor the following week and she found nothing wrong other than dehydration. On 6/5/21, my son received his

2nd dose of the vaccine lot #ew0202. On 6/11/21, my son had a major seizure at home with convulsions, was unresponsive and had to be

taken from our home by ambulance to the hospital. The emergency room doctors performed a CT Scan and other tests and again could find no

reason for the seizure. My son has been healthy his entire life and has never experienced anything like this before. My son is very

active with travel soccer and in very good health. I do not know if

the vaccine was the cause of these two episodes but it seems to be the only common thread

VAERS ID: 1398899 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-06-06

Onset: 2021-06-06

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 1 LA / SYR

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 2 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Blood test abnormal, Emotional distress, Headache, Inflammation, Inflammatory marker increased, Pyrexia, Vomiting projectile, White blood cell count decreased

SMQs: Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: 75mg lamictal 600mg trileptal

Current Illness: depression/anxiety

Preexisting Conditions: depression/anxiety

Allergies: hydroxyzine

Diagnostic Lab Data: daily blood work showed falling white blood cell count from 9 to 3; high markers of inflammation

CDC Split Type:

Write-up: admitted to pediatric unit of hospital June 7th 2am with high fever over several days; severe headaches; projectile vomiting; started night of June 6th and symptoms ended June 9th. Triggered intense emotional distress as well requiring psychiatric hospitalization once medically stable.

VAERS ID: 1399370 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-04

Onset: 2021-06-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 1 RA / SYR

Administered by: School Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate aminotransferase normal, Atelectasis, Band neutrophil count, Blood albumin decreased, Blood bilirubin increased, Blood calcium, Blood chloride increased, Blood creatinine normal, Blood glucose increased, Blood lactate dehydrogenase increased, Blood magnesium increased, Blood potassium normal, Blood urea, Brain natriuretic peptide increased, C-reactive protein increased, Carbon dioxide decreased, Computerised tomogram abnormal, Haematocrit decreased, Haemoglobin decreased, Hypoalbuminaemia, Hyponatraemia, Hypoxia, Laboratory test abnormal, Lung consolidation, Lymphocyte count normal, Lymphopenia, Metabolic function test, Multi-organ disorder, Neutrophil count, Platelet count decreased, Procalcitonin normal, Proteinuria, Pyrexia, Red blood cell sedimentation rate increased, Respiratory distress, Rheumatological examination, Serum ferritin normal, Tachycardia, Tachypnoea, Thrombocytopenia, Troponin increased, White blood cell count increased

SMQs:, Acute renal failure (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Asthma/bronchospasm (broad), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (broad), Hyponatraemia/SIADH (narrow), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 8 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 6/8 CBC: WBC 14.9, Hgb 12.5, Hct 34.9, Platelet 52, ANC 72, Lymphs 16, Bands 2, BMP 135, K 4.5, Cl 109, CO2 17, BUN 9, Cr 0.89, Glc 148, Ca 8.2, Albumin 2.7, T Bili 2.7, ALT 20, AST 17, Mg 4.3, LDH 413, Ferritin 188 ESR 52, CRP 29, Procal 0.77 Please call for rest of labs

CDC Split Type:

Write-up: Patient was admitted from PCP for extreme tachycardia and tachypnea and developed multi organ involvement with tachycardia (HR to 140-150s), slight elevation in BNP (H of 490), Troponin (H of 0.244), mild proteinuria (50-70 proteins), respiratory distress with tachypnea (RR 50s) and hypoxia requiring escalation in O2 supplementation. Also with daily fevers until starting steroids. Laboratory findings concerning for slight hypertriglyceridemia, normal Ferritin, worsening thrombocytopenia, lymphopenia, hyponatremia, and hypoalbuminemia. CT with bibasilar atelectasis vs. consolidation, but no evidence of PE. Extensive ID and rheumatological evaluation performed and unremarkable so far. Received 2 days of Doxycycline. Was started on pulse dose steroids and began to show improvement in all markers.

VAERS ID: 1399486 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-06-12  
Onset: 2021-06-13  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood test, Condition aggravated, Dyspnoea, Fatigue, Immediate post-injection reaction, Injection site pain, Palpitations, Throat tightness

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants)

(broad), Cardiomyopathy (broad), Hypersensitivity (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations: Tetanus booster(dog bite) 2 1/2 yrs.ago maybe  
3 exp arm very,very swollen and red.  
Other Medications: Cyproheptadine  
Current Illness: No  
Preexisting Conditions: GI issues  
Allergies: Cashews, Pistachios, Peanuts  
Diagnostic Lab Data: Blood work(still waiting results)  
CDC Split Type: vsafe  
Write-up: Immediately after she exp fatigue and pain in left  
shoulder. Then when she woke up full body, heart palpitations and  
tightness in throat causing her having trouble breathing. Her Epipen  
shot to relieve her pain and she followed up at the hospital. The  
symptoms that are lingering which happened after 1st Dose sensation  
of throat(uncomfortable for her to swallow) and fatigue.

VAERS ID: 1399846 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-06-12  
Onset: 2021-06-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Blood lactate dehydrogenase increased, C-  
reactive protein increased, Fibrin D dimer, Hypotension,  
Inflammatory marker increased, Intensive care, Procalcitonin,  
Pyrexia, Red blood cell sedimentation rate increased, Serum ferritin  
increased, Vomiting

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Neuroleptic malignant syndrome (broad), Anticholinergic syndrome  
(broad), Retroperitoneal fibrosis (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: prednisone, mycophenolate  
Current Illness: autoimmune disorder  
Preexisting Conditions: autoimmune disorder  
Allergies: ceftriaxone, Tegaderm  
Diagnostic Lab Data: elevated inflammatory markers on 6/14: ferritin  
1600, LDH 1201, ESR 42, D-dimer 6.64, procalcitonin 1.95, CRP 21.5  
CDC Split Type:  
Write-up: vomiting, abdominal pain, fever, hypotension; required ICU  
admission

VAERS ID: 1401453 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Missouri

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: School Purchased by: ?  
Symptoms: Testicular torsion  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Testicular torsion

VAERS ID: 1401480 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray normal, Chest pain, Computerised tomogram  
thorax abnormal, Dyspnoea, Electrocardiogram normal,  
Lymphadenopathy, Pain in extremity, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad),  
Tendinopathies and ligament disorders (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: ECG is normal. Chest Xray is normal. Troponin  
enzyme is mildly elevated with multiple values ranging from 0.12 to  
0.212 with different assays. CT angiogram of chest shows no  
pulmonary embolism. Does have reactive lymph nodes in the left  
axillary and sub pectoral regions.

CDC Split Type:

Write-up: Sore arm started on same day as vaccines, mild left sided  
chest pain and mild shortness of breath that started the next day.

VAERS ID: 1402451 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Florida



Vaccinated: 2021-06-04  
Onset: 2021-06-05  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 LA / SYR  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood test, Chest pain, Echocardiogram, Electrocardiogram,  
Immunoglobulin therapy, Myocardial necrosis marker increased,  
Myocarditis, Vaccination complication  
SMQs: Myocardial infarction (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Blood test, EKG, Echo. Blood test showed enzyme  
levels were elevated.  
CDC Split Type:  
Write-up: Had chest pains on 06/05 he was admitted into the hospital  
on 06/06. His heart enzymes were elevated and was diagnosed with  
myocarditis which was directly linked to the vaccine. He was given  
IVIG treatment to bring down his enzyme levels.

VAERS ID: 1402551 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-11  
Onset: 2021-06-13  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Computerised tomogram coronary artery normal, Dyspnoea, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Inflammatory marker increased, Left ventricular dysfunction, Pyrexia, Tachypnoea, Troponin increased  
SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: none

Preexisting Conditions: none

Allergies: amoxicillin - hives shellfish - hives

Diagnostic Lab Data: 6/13/21 ECG 6/13/21 echocardiogram 6/13/21

troponin 6/15/21 CT heart scan - normal coronary arteries

CDC Split Type:

Write-up: Patient is a 13 y.o. 10 m.o. male with no significant previous medical history. He presented to the ED due to chest pain. He received the second dose of COVID vaccine on Friday 6/11/2021. The next day he had chest pain in the anterior left upper area throughout the day. The chest pain got worse when laying completely flat or if standing up. He also had fever up to 100.4 and shortness of breath. The symptoms persisted on day of admission and he was brought to an Urgent care where ECG showed diffuse ST elevation. He was transferred to our emergency department for further evaluation. In the emergency department he had intermittent tachypnea and complained of chest pain. ECG confirmed diffuse ST elevation concerning for myopericarditis. Troponin was also elevated with elevated inflammatory markers. Echocardiogram with mildly decreased LV systolic function.

VAERS ID: 1402841 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Texas

Vaccinated: 2021-06-09  
Onset: 2021-06-11  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest X-ray, Chest pain, Electrocardiogram, Laboratory  
test  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Zyrtec Flonase  
Current Illness: None  
Preexisting Conditions: seasonal allergies  
Allergies: No known allergies  
Diagnostic Lab Data: Chest x-ray 6/11/2021 labs 6/11/2021,  
6/13/2021, 6/14/2021 ECG 6/11/2021, 6/14/2021  
CDC Split Type:  
Write-up: Patient experienced chest pain overnight and presented to  
the Emergency Department and was admitted to the hospital. Patient  
was discharged on 6/14/2021 with follow up with PCP and cardiology.

VAERS ID: 1406268 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Nebraska

Vaccinated: 2021-05-12  
Onset: 2021-05-13  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 AR / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Communication disorder, Fatigue, Flat affect,  
Hallucination, tactile, Hallucination, visual, Headache,  
Indifference, Intentional self-injury, Neglect of personal

appearance, Paranoia, Poor personal hygiene  
SMQs:, Suicide/self-injury (narrow), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Allergy to tree nuts and to shellfish

Diagnostic Lab Data:

CDC Split Type:

Write-up: Headache, extreme fatigue, disconnect with reality. Stopped communicating; developed paranoia, began to have self neglect, not caring for self in doing normal Hygiene Within days had visual and tactile hallucinations, flat affect, began cutting self.

VAERS ID: 1406661 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: North Carolina

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Chills, Echocardiogram abnormal, Electrocardiogram abnormal, Headache, Left ventricular dysfunction, Magnetic resonance imaging heart, Myocarditis, Pyrexia, Right ventricular dysfunction, Troponin increased

SMQs:, Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders

(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Amoxicillin, red dye  
Diagnostic Lab Data: 1. Elevated troponin on 6/15, abnormal  
electrocardiogram on 6/15 2. Echocardiogram on 6/15 with echobright  
segments in the left ventricle but normal systolic function 3.  
Cardiac MRI on 6/15 with mildly reduced left ventricular systolic  
function, mildly decreased right ventricular systolic function,  
abnormal delayed enhancement pattern consistent with myocarditis  
CDC Split Type:  
Write-up: Fever, chills, headache, chest pain starting the day after  
vaccine administration

VAERS ID: 1406840 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-13  
Onset: 2021-06-14  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Death, Influenza like illness

SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
    Date died: 0000-00-00  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:

Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Flu like symptoms for 2 days then was found deceased

VAERS ID: 1407094 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-07  
Onset: 2021-06-07  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Asthenia, Cardiac imaging procedure normal, Cardiovascular evaluation, Chest pain, Chills, Cyanosis, Dizziness, Dyspnoea exertional, Echocardiogram normal, Electrocardiogram ambulatory, Electrocardiogram normal, Fatigue, Herpes virus infection, Lethargy, Loss of personal independence in daily activities, Myalgia, Pyrexia, Skin discolouration, Troponin

SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lexapro 5mg every morning Melatonin 6mg every night

Current Illness:

Preexisting Conditions: Depression

Allergies: NKDA

Diagnostic Lab Data:

CDC Split Type:

Write-up: On the night of the vaccine, patient developed fever (Tmax 104), chills, and myalgias. He had an outbreak of herpes on his shoulder. Continued to feel very fatigued. Three days after the vaccine, he started having chest pain and shortness of breath with exertion. He continued to be fatigued. Chest pain was intermittent. Saw pediatric cardiologist at outpatient appointment on 6/15/21 where he had a normal EKG and ECHO. High sensitivity troponin on 6/15/21 was 0.08. He had a Holter monitor placed. He was asked to do activity while wearing Holter monitor and self-limit based on symptoms. He played basketball that night and had to press the Holter button 8 times while playing when he was experiencing chest pain. When he got home from practice, he felt weak and dizzy with associated chest pain. Mom notes his nails were blue/purple, and he was "lethargic". Symptoms improved with ibuprofen. Patient did not want to do usual activity, mom called cardiology who recommended going to ED. Patient has not had chest pain since coming home from practice on 6/15/21. He was admitted to hospital on 6/16/21. Repeat high sensitivity troponin was 0.82 on 6/16/21 and repeated on 6/17/21 was 0.41. Cardiology consulted. Cardiac MRI performed with normal results. He was dizzy on 6/17/21 when he got up to use the restroom, self-resolved. Cardiology evaluated him and cleared him for discharge with outpatient follow-up and self-limitation with activity.

VAERS ID: 1407217 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: New York

Vaccinated: 2021-06-11

Onset: 2021-06-14

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Blood culture, C-reactive protein increased, Chest X-ray normal, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment depression, Fatigue, Flushing, Haemoglobin urine, Headache, Lipase normal, Mononucleosis heterophile test negative, Muscle spasms, Oropharyngeal pain, Palpitations, Pruritus, Pyrexia, Respiratory viral panel, Streptococcus test negative, Systemic inflammatory response syndrome, Tachycardia, Tachypnoea, Thyroid function test normal, Troponin increased, Urine analysis abnormal, Urine ketone body present, Urine leukocyte esterase positive

SMQs:, Anaphylactic reaction (narrow), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Other ischaemic heart disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: N/A

Allergies: NKA

Diagnostic Lab Data: 6/16: --EKG noted as sinus tach, low voltage criteria, with isolated ST depression V6 --blood cltx drawn --UA with +esterase, ketones 5, and hemoglobin however Pt currently on her period --CXR unremarkable --ECHO; Normal. --lipase WNL --RP negative --monospot negative --high sensitivity troponin 237 --thyroid panel WNL 6/17: -Troponin; 206 -CRP; 84.5

CDC Split Type:

Write-up: Complained of SOB, "crampy, sharp" non-radiating substernal chest pain (fluctuating in severity, the most severe becoming 8/10), fatigue, palpitations, HA, and sore throat which started on 6/14/21. Pt received her second Pfizer COVID19 immunization on 6/11/21. The first symptom to start was sore throat on 6/14/21, however Pt underwent negative strep and mono testing that same day. Pt's other sx began shortly thereafter, the most distressing symptom being the chest pain and SOB. ED Course: --febrile (39.3), tachycardic, and tachypneic which met SIRS criteria --received 20cc/kg fluid bolus --first doses of vancomycin, Zosyn started; Pt reported flushing and pruritis with vancomycin administration Currently hospitalized

VAERS ID: 1407761 (history)

Form: Version 2.0

Age: 13.0

Sex: Male



Location: Oregon

Vaccinated: 2021-06-12

Onset: 2021-06-15

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 1 LA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0181 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest discomfort, Echocardiogram abnormal, Electrocardiogram abnormal, Intensive care, Pericardial effusion, Pericarditis, Troponin increased, Vomiting

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),

Systemic lupus erythematosus (broad), Myocardial infarction

(narrow), Arrhythmia related investigations, signs and symptoms

(broad), Gastrointestinal nonspecific symptoms and therapeutic

procedures (narrow), Haemodynamic oedema, effusions and fluid

overload (narrow), Cardiomyopathy (broad), Chronic kidney disease

(broad), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is a 13 yo male, otherwise healthy, who received his second covid vaccine on Saturday. He did well until Tuesday morning when he started to have emesis and "chest pressure". He was brought to the ER where work up included a troponin level that was elevated at 20.43. Due to concern for myocarditis, he was transferred and admitted to the hospital for further work up and management. -Echo results note that the cardiac function and coronaries are normal. Very trace pericardial effusion -EKG at Good Patient consistent with pericarditis -Repeat troponin 15 Discharged 6/17

VAERS ID: 1407939 (history)

Form: Version 2.0

Age: 13.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-11

Onset: 2021-06-12

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray normal, Chest pain, Dyspnoea, Echocardiogram normal, Ejection fraction, Myocarditis, Pyrexia, Troponin increased  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations: first dose of pfizer-- \$gfever and headache for 2 days

Other Medications:

Current Illness:

Preexisting Conditions: obesity

Allergies: none

Diagnostic Lab Data: elevated troponin peak 11.7 ng/ml

echocardiogram: normal, EF 65% Chest x-ray normal

CDC Split Type:

Write-up: Patient developed febrile illness the next day following the day of receiving dose#2 of the vaccine. On the following day, he developed chest pain and shortness of breath so he was transferred to emergency room and admitted. He was diagnosed with myocarditis based in clinical symptoms and very elevated troponin

VAERS ID: 1410754 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Minnesota

Vaccinated: 2021-06-08

Onset: 2021-06-11  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Cardiac telemetry normal,  
Chest X-ray normal, Chest pain, Echocardiogram normal,  
Electrocardiogram normal, Fibrin D dimer normal, Full blood count  
normal, Metabolic function test, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: See above  
CDC Split Type:  
Write-up: On 6/11, he developed chest pain which began upon  
awakening. During his evaluation in the ER that day, he was noted to  
have an elevated troponin level of 7.524, slightly elevated CRP  
level, normal D-dimer level, and otherwise, relatively unremarkable  
CBC and comprehensive metabolic panel. A chest x-ray was described  
to be unremarkable. Echocardiogram revealed normal structure and  
function. He was admitted and troponins were trended until 6/15.  
Therapy was initiated with Ketorolac every 6 hours. Repeat troponin  
on 6/12 increased to 8.4, echo continued to be normal. Repeat  
troponin on 6/13 was 10.878. Troponin on 6/14 was 0.670 with  
continued normal EKG and Echo. On day of discharge, troponin had  
decreased to 0.110. Throughout admission, patient was monitored on  
telemetry and he remained in sinus rhythm without ectopy. The day  
prior to discharge he was switched to Naproxen BID and will  
continued to be monitored closely for normalization of his troponin.

VAERS ID: 1410755 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-05  
Onset: 2021-06-16  
Days after vaccination: 11  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Bladder disorder, Dysstasia, Fall, Gait disturbance,  
Guillain-Barre syndrome, Muscular weakness, Urinary incontinence,  
Urinary retention  
SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy  
(narrow), Anticholinergic syndrome (broad), Parkinson-like events  
(broad), Guillain-Barre syndrome (narrow), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Accidents and injuries (narrow),  
Demyelination (narrow), Hypoglycaemia (broad), Immune-mediated/  
autoimmune disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None noted  
Preexisting Conditions: Scoliosis  
Allergies: No known allergies  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient is currently being treated for Guillain Barre  
syndrome, with symptoms of bilateral feet weakness that then  
extended up to his thighs, leading to difficulty walking and falling  
with attempts to stand. He has had no loss of sensation and also  
states that he had sensation of a full bladder but could not urinate  
and did experience urinary incontinence.

VAERS ID: 1413053 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Pennsylvania

Vaccinated: 2021-06-11  
Onset: 2021-06-18  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Abdominal pain, Appendix disorder, C-reactive protein  
increased, Magnetic resonance imaging abnormal, Ultrasound abdomen  
normal, White blood cell count increased  
SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome  
(broad), Retroperitoneal fibrosis (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: At the hospital, ultrasound of the abdomen was  
negative, MRI showed mildly dilated distal appendix, CRP was 6.2,  
WBC 10.7. All other tests were negative. General surgery consulted  
against appendicitis as the pain was getting better and not  
progressing.  
CDC Split Type:  
Write-up: Patient started experiencing moderate-severe abdominal  
pain one week after the first vaccine dose. Abdominal pain subsided  
over 2 days. Patient has never had any issues with constipation or  
gas, cramping, menstrual pains. This was the first time she  
experienced so much abdominal pain.

VAERS ID: 1413097 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-15  
Onset: 2021-06-18  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 1 AR / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 AR / IM

Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain, C-reactive protein increased, Chest pain,  
Echocardiogram normal, Troponin I increased  
SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow),  
Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Advil  
Current Illness: transient headache and sense of weakness the day  
after vaccination, which self-resolved. No other recent illnesses  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 6/19/21: CRP 15 mg/dL. Troponin I 1.32 ng/mL.  
Echocardiogram without pericardial effusion and with normal systolic  
function.  
CDC Split Type:  
Write-up: 3 days after receiving Pfizer mRNA COVID-19 vaccine the  
patient acutely developed new abdominal pain followed by chest pain.  
The chest pain worsened in severity to the point that he presented  
to an Emergency Department and was found to have an elevated  
troponin, resulting in hospitalization.

VAERS ID: 1413400 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: New York

Vaccinated: 2021-06-13  
Onset: 2021-06-18  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Angiogram pulmonary normal, Blood culture negative, Brain  
natriuretic peptide normal, C-reactive protein increased, Chest  
pain, Culture urine negative, Echocardiogram normal, Headache,  
Inflammatory marker increased, Myocardial necrosis marker,  
Myocarditis, Palpitations, Pleurisy, Pyrexia, Red blood cell  
sedimentation rate increased, SARS-CoV-2 antibody test negative,  
Sinus tachycardia, Troponin normal, Vaccination complication

SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: cardiac markers (troponin & BNP) – normal CT angio of chest – no pulmonary embolism ECHO – normal structure/function inflammatory markers elev – CRP 27, ESR 61 Blood/urine cultures no growth to date SARS Co-V2 Ab negative

CDC Split Type:

Write-up: chest pain, palpitations, and headache starting at 9am on 6/18 after receiving 2nd dose of pfizer vaccine on 6/13; noted to have a fever on arrival to ED, admitted to hospital and was noted to have sinus tachycardia without arrhythmia; underwent several tests including CT angio, echocardiogram; no clear identified etiology but per discussion with cardiology, suspected transient myopericardial or pleural inflammation from vaccine, improved with motrin

VAERS ID: 1413432 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-15

Onset: 2021-06-16

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH – / 2 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain, Echocardiogram normal, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: visual disturbance

Allergies:

Diagnostic Lab Data: elevated troponin to 0.52 on day of admission 6/18/21 repeat troponin 0.15 on 6/19 and then 0.12 again on 6/19 prior to discharge echocardiogram 6/18 without any abnormalities cardiac MRI on 6/18 with "Faint, mild subepicardial enhancement at the basilar lateral wall. Mild focal subepicardial enhancement of the basilar inferoseptal wall. In conjunction with elevated values on parametric mapping, this is compatible with myocarditis"

CDC Split Type:

Write-up: chest pain, started 1 day after the vaccine and persisted for 3 days until presentation in the ED. chest pain was substernal, constant and non-radiating. No associated SOB

VAERS ID: 1413450 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Maryland

Vaccinated: 2021-06-16

Onset: 2021-06-18

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Anion gap normal, Aspartate aminotransferase increased, Basophil percentage, Blood albumin decreased, Blood bilirubin increased, Blood bilirubin normal, Blood calcium normal, Blood chloride normal, Blood creatine phosphokinase increased, Blood creatinine normal, Blood electrolytes normal, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood urea normal, C-reactive protein increased, Carbon dioxide normal, Chest pain, Dizziness, Dizziness postural, Dyspnoea, Electrocardiogram normal, Eosinophil percentage, Full blood count



normal, Granulocyte percentage, Haematocrit normal, Haemoglobin normal, Immature granulocyte count, Lymphocyte percentage, Mean cell volume normal, Monocyte percentage increased, Pain, Platelet count normal, Pleuritic pain, Protein total normal, Pyrexia, Red blood cell sedimentation rate increased, Red cell distribution width, SARS-CoV-2 test negative, Troponin I increased, White blood cell count normal

SMQs:, Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: WBC Count: 7.98 K/mcL (06/18/21 22:39:00)

Hemoglobin: 10.9 gm/dL (06/18/21 22:39:00) Hematocrit: 32.9 % Low

(06/18/21 22:39:00) MCV: 83.1 fL (06/18/21 22:39:00) RDW: 12.5 %

(06/18/21 22:39:00) Platelet Count-Automated: 236 K/mcL (06/18/21

22:39:00) Auto Abs Neut. Count: 4.21 K/mcL (06/18/21 22:39:00) Auto

Gran Percent: 52.7 % (06/18/21 22:39:00) Auto Mono Percent: 17.5 %

High (06/18/21 22:39:00) Auto Lymph Percent: 26.7 % (06/18/21

22:39:00) Auto Eos Percent: 2 % (06/18/21 22:39:00) Auto Basophils

Percent: 0.8 % High (06/18/21 22:39:00) Auto Immature Gran Percent:

0.3 % (06/18/21 22:39:00) Type of Differential: Automated

Differential (06/18/21 22:39:00) Sodium result: 141 mmol/L (06/18/21

22:39:00) Potassium result: 3.7 mmol/L (06/18/21 22:39:00) Chloride

result: 107 mmol/L (06/18/21 22:39:00) CO2 result: 25 mmol/L

(06/18/21 22:39:00) Anion Gap: 12 mmol/L (06/18/21 22:39:00) Glucose

Result: 94 mg/dL (06/18/21 22:39:00) BUN result: 5 mg/dL Low

(06/18/21 22:39:00) Creatinine result: 0.52 mg/dL (06/18/21

22:39:00) Calcium result: 8.3 mg/dL Low (06/18/21 22:39:00) Total

Protein: 6.7 gm/dL (06/18/21 22:39:00) Albumin result: 3.2 gm/dL Low

(06/18/21 22:39:00) ALK result: 112 unit/L Low (06/18/21 22:39:00)

AST result: 62 unit/L High (06/18/21 22:39:00) Bilirubin, Total: 0.8

mg/dL High (06/18/21 22:39:00) ALT result: 21 unit/L Low (06/18/21

22:39:00) Troponin I result: 18.97 nanogram/mL High (06/18/21)  
Troponin I result: 13.52 nanogram/mL High (06/19/21) Troponin I  
result: 6.08 nanogram/mL High (06/19/21) Troponin I result: 7.77  
nanogram/mL High (06/20/21) Troponin I result: 6.22 nanogram/mL High  
(06/20/21)

CDC Split Type:

Write-up: 13 year old previously healthy female presenting with  
chest pain. Per patient, chest pain started this AM on 6/18/21,  
described as substernal, pleuritic, unable to describe what it feels  
like. Was constant, sometimes radiating superiorly. Also reports  
light-headedness when standing quickly that preceded the chest pain.  
associated with shortness of breath. Had isolated low grade fever to  
100.2 the night before, otherwise afebrile without cough,  
congestion, abdominal pain, N/V/D, rash, or leg swelling. Of note,  
patient received 2nd COVID vaccine 2 days prior to symptom onset  
(6/16/21). Patient seen at Hospital, got EKG which was normal.  
Troponin elevated at 0.83, elevated CK 701. Was transferred for  
concern for myocarditis, in the setting of recent 2nd dose COVID  
vaccine 2 days ago. Hospital (on 6/18/21): CBC WNL. Electrolytes  
WNL. AST, Bili mildly elevated. ESR, CRP elevated. Troponin 19. EKG  
normal. COVID neg. Received Tylenol and Motrin x1.

VAERS ID: 1413509 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Washington

Vaccinated: 2021-05-26

Onset: 2021-06-16

Days after vaccination: 21

Submitted: 0000-00-00

Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

5317 / 1 UN / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

5317 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Diabetic ketoacidosis, Fatigue, Hyperglycaemia, Malaise,  
Metabolic acidosis, Metabolic function test abnormal

SMQs: Lactic acidosis (broad), Hyperglycaemia/new onset diabetes  
mellitus (narrow), Chronic kidney disease (broad), Tumour lysis  
syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: BMP consistent with DKA – metabolic acidosis and hyperglycemia.  
CDC Split Type:  
Write-up: Pt has been hospitalized with new onset DKA on 6/20/21. Mom describes onset of fatigue and malaise following the 2nd vaccine given on 6/16/2021.

VAERS ID: 1413589 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-18  
Onset: 2021-06-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Activated partial thromboplastin time, Asthenia, Blood culture, Blood lactic acid normal, Brain natriuretic peptide normal, C-reactive protein increased, Chest X-ray normal, Computerised tomogram head normal, Drooling, Eye movement disorder, Full blood count normal, International normalised ratio normal, Metabolic function test normal, Prothrombin time normal, Pyrexia, Seizure like phenomena, Tremor, Troponin normal

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Ocular motility disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Fish oil, multivitamin with fluoride, Nasonex nasal spray

Current Illness: N/A

Preexisting Conditions: Autism and remote history of asthma  
Allergies: Dog Hair, Peanut Butter Flavor, Tree Nuts  
Diagnostic Lab Data: Patient had a chest x-ray which was negative and a head CT which was negative for any intracranial pathology. His CBC, CMP, BNP, troponin, lactate, PT, PTT, INR were unremarkable, blood culture was drawn, CRP elevated to 12.2. He did not receive any abortive medications and did not have any further seizure-like activity. He was transported to ED for further work-up and hydration.

CDC Split Type:

Write-up: On 06/19/2021 was noted to have decreased energy and temp was ~100, tylenol given. A few hours later after completing his morning therapies he showered and went to take a nap. At this time he was febrile to 103.6. At 1600 he had seizure-like activity with trunk and upper extremity shaking as well as eyes rolling back and drooling. Parents put him in car and transported him to an outside hospital. He did stop seizing prior to getting to that hospital. Parents reported seizure lasted approximately 15 minutes with no loss of bowel or bladder control. By time he arrived at local emergency room he was back at his neurological baseline. At the outside hospital our PICU was consulted and he was given ceftriaxone and vancomycin in meningitic dosing.

VAERS ID: 1414580 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-06-15  
Onset: 2021-06-17  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Intensive care, Multisystem inflammatory syndrome in children, Myocarditis, Pain in jaw, Pyrexia, Vaccination complication, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Osteonecrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Concerta 40 mg by mouth daily Trileptal 150 mg by mouth daily Wellbutrin 150 mg by mouth daily  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: 13 yo previously healthy x ADD, takes Trileptal, Welbutrin, Concerta and Latuda, received second Pfizer Covid vaccine 2 days ago. This morning, began with atraumatic mid-sternal chest pain. Pain is constant, not affected by position - ie no change with sitting/supine/standing. + fever to 100.5 tonight. + emesis x 1. Also had jaw pain that resolved after motrin. No cough, rash, diarrhea. CHEST PAIN - MYOCARDITIS secondary to rare complication of Covid Vaccine vs MIS-C Transport PICU nurse - spoke with Peds ED physician - they recommend IV and labs to evaluate for possible MIS-C.

VAERS ID: 1416532 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-04  
Onset: 2021-06-05  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccin-ation / Manu-facturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 LA / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Fatigue, Heart rate irregular, Myalgia, Pyrexia, SARS-CoV-2 test  
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No

Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: None  
Allergies:  
Diagnostic Lab Data: Test Date: 20210528; Test Name: Nasal swab;  
Result Unstructured Data: Test Result:Not known; Comments: Nasal  
Swab; Test Date: 20210605; Test Name: Nasal swab; Result  
Unstructured Data: Test Result:Not known; Comments: Nasal Swab  
CDC Split Type: USPFIZER INC2021665347  
Write-up: A little fever, muscle pain, tiredness. (All of the above  
expected); A little fever, muscle pain, tiredness. (All of the above  
expected); A little fever, muscle pain, tiredness. (All of the above  
expected); Chest pain and sudden changes in heart rate (totally  
unexpected); Chest pain and sudden changes in heart rate (totally  
unexpected); This is a spontaneous report from a contactable  
consumer (patient). A 13-years-old male patient received bnt162b2  
(PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2 via an unspecified  
route of administration, in Arm Left on 04Jun2021 12:30 (Batch/Lot  
Number: EW0191) as single dose for covid-19 immunisation. There was  
no relevant medical history reported. The patient's concomitant  
medications were not reported. On 05Jun2021 13:00, patient  
experienced a little fever, muscle pain, tiredness. (all of the  
above expected), chest pain and sudden changes in heart rate  
(totally unexpected). The patient reported that events resulted in  
visit to a doctor's office, Emergency or urgent care department/  
room, Hospitalization, Disability or permanent impairment. Outcome  
of the events was recovering. Prior to vaccination, the patient was  
not diagnosed with COVID-19. The patient underwent nasal swab on  
28May2021 and on 05Jun2021 pending result. Information on Lot/Batch  
number was available. Additional information has been requested.

VAERS ID: 1417798 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-19  
Onset: 2021-06-21  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 - / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Brain natriuretic peptide normal, Chest pain,

Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Myocarditis, Troponin increased SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Claritin

Current Illness: None

Preexisting Conditions: Asthma, mild, well controlled

Allergies: Seasonal

Diagnostic Lab Data: Troponin 13.2 on 6/22/21. ECG and ECHO 6/22/21

CDC Split Type:

Write-up: Perimyocarditis- chest pain, worse lying, better sitting, worse with deep inspiration. Troponin elevation to 13.2. diffuse ST elevation in ECG. Normal BNP, ECHO. no arrhythmias. Admitted overnight and discharged the next day.

VAERS ID: 1419013 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Delaware

Vaccinated: 2021-06-02

Onset: 2021-06-21

Days after vaccination: 19

Submitted: 0000-00-00

Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0202 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, C-reactive protein normal, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Full blood count normal, Laboratory test, Metabolic function test normal, Red blood cell sedimentation rate normal, Troponin I increased

SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: None  
Preexisting Conditions: Mild persistent asthma  
Allergies: Preservatives in frozen food  
Diagnostic Lab Data: Initial troponin I elevated at 0.25 (reference range for normal <0.03), repeat troponin 6 hours later 0.14 and after another 6 hours 0.04. EKG normal. ECHO normal structure and function. All other laboratory results within normal limits including ESR, CRP, BMP, BNP, CBC  
CDC Split Type:  
Write-up: Patient received 2nd Pfzier COVID vaccine on 6/2/21. On 6/21/21 while exerting himself at sports practice, he developed chest pain and shortness of breath that resolved with rest. He had no recurrence of chest pain or shortness of breath but presented to ER for evaluation.

VAERS ID: 1420689 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-18  
Onset: 2021-06-20  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 - / IM  
Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain, Immunoglobulin therapy, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No



ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Elevated troponin Cardiac MRI positive for  
myocarditis  
CDC Split Type:  
Write-up: Chest pain with elevated troponin. Patient treated with  
corticosteroids and IVIG.

VAERS ID: 1421556 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: California

Vaccinated: 2021-06-18  
Onset: 2021-06-20  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Blood culture negative, Chest pain, Culture throat  
negative, Cytomegalovirus test, Echocardiogram normal,  
Electrocardiogram abnormal, Enterovirus test, Epstein-Barr virus  
test, Troponin increased, Urine analysis normal  
SMQs: Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Chest pain 2 days after 2nd dose of vaccine, elevated Troponin 10.2 which continues to downtrend, now down to 1.29 (during hospital day 2). EKG on admission with borderline ST abnormality in lead V1, subsequent EKGs were NSR. Echo showed normal function. EBC, CMV, Enterovirus PCR sent (pending). Blood, Urine, Throat Culture negative to date. Chest pain treated with Ibuprofen. She received no other treatments.

VAERS ID: 1422345 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-06-13

Onset: 2021-06-18

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 RA / SYR

Administered by: Private Purchased by: ?

Symptoms: Blood test, Magnetic resonance imaging, Pain in extremity  
SMQs: Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Moon pies , turkey berger

Diagnostic Lab Data: MRI, blood work.

CDC Split Type:

Write-up: Severe leg pain in both legs. Was admitted into hospital for two days. No medication worked to treat this symptom.

VAERS ID: 1423539 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: New Mexico

Vaccinated: 2021-05-22

Onset: 2021-05-23

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-24  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Antinuclear antibody increased, Blood culture negative,  
Blood smear test, Cytomegalovirus test negative, Epstein-Barr virus  
antibody positive, Epstein-Barr virus test negative, Fatigue, Full  
blood count, Lymphocyte count decreased, Lymphopenia, Mycobacterium  
tuberculosis complex test negative, Mycoplasma test negative,  
Pyrexia, Red blood cell sedimentation rate increased, Respiratory  
viral panel, SARS-CoV-2 test negative  
SMQs:, Haematopoietic leukopenia (narrow), Neuroleptic malignant  
syndrome (broad), Systemic lupus erythematosus (narrow),  
Anticholinergic syndrome (broad), Drug reaction with eosinophilia  
and systemic symptoms syndrome (narrow), Opportunistic infections  
(broad), Immune-mediated/autoimmune disorders (broad), COVID-19  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions:  
Allergies: none  
Diagnostic Lab Data: negative blood cultures Negative quantiferon  
for TB negative ANA elevated ESR to 71 CBC with lymphopenia  
mycoplasma IgM negative CMV negative EBV negative for current  
infection positive for past infection negative viral respiratory  
panel, including negative COVID normal peripheral smear; no  
oncologic process  
CDC Split Type:  
Write-up: Daily fever over 101 and fatigue starting the day after  
the vaccine and persisted for over 10 days. fever of unknown origin  
work up was negative.

VAERS ID: 1425254 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: New Mexico

Vaccinated: 2021-06-07  
Onset: 2021-06-10

Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-24  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / UNK LA / SYR  
Administered by: Public Purchased by: ?  
Symptoms: Blood creatine phosphokinase MB normal, Blood immunoglobulin G, Blood test, C-reactive protein normal, COVID-19, Chest pain, Coxsackie virus test, Cytomegalovirus test, Echocardiogram, Echovirus test, Electrocardiogram, Epstein-Barr virus test negative, Headache, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, N-terminal prohormone brain natriuretic peptide, Pain, Parvovirus B19 test negative, Pericarditis, Pyrexia, Respiratory viral panel, SARS-CoV-2 test positive, Troponin increased, Viral test, X-ray  
SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Blood work - Troponin levels were abnormally high EKG Echocardiograms Xrays IV Blood work and negative results: C-reactive protein, CKMB, RSP Virus panel, coxsackie a ab panel, CMV AB, IGG, CMV AB IGM, PRO-BNP N-terminal, Epstein-barr, Parvovirus B19 AV, PCR, HSV, PCR, Echovirus. COVID+FLUA/B test negative  
CDC Split Type:  
Write-up: Day 1 no symptoms Day 2 fever, aches Day 3 headaches Day 4 severe chest pain only - hospitalized until day 6 Diagnosed with Pericarditis

VAERS ID: 1429433 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-04  
Onset: 2021-06-05  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / UNK LA / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest discomfort, Headache, Pyrexia, Rash  
SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant  
syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity  
(narrow), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: USPFIZER INC2021695194  
Write-up: Tightness of chest; Severe headaches; Rashes on skin;  
Feverish ness; This is a spontaneous report from contactable  
consumer (patient). A 13-years-old male patient received BNT162b2  
(PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot  
Number: EW0176), via an unspecified route on 04Jun2021 (at the age  
of 13-years) as dose number unknown, single in the left arm for  
covid-19 immunisation. The patient medical history and concomitant  
medications were not reported. The patient had known allergic to  
Aspirin and Ibuprofen. The patient did not receive any other  
vaccines within four weeks prior to the vaccination. Prior to the  
vaccination, the patient was not diagnosed with COVID-19. Since the  
vaccination, the patient had not been tested for COVID-19. On  
05Jun2021 at 13:15, the patient experienced tightness of chest for  
about 15 minutes. Happened again on 06Jun2021 for 5mins and on  
07Jun2021 for about 3 minutes. Also experienced severe headaches,  
rashes on skin and feverish ness. The patient did not received  
treatment for events. The events was assessed as serious Life  
threatening illness. The outcome of the events was recovering.  
Information on the lot/batch was available, further information has  
been requested.

VAERS ID: 1429984 (history)  
Form: Version 2.0

Age: 13.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-23  
Onset: 2021-06-26  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis, Troponin  
SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin 329 (6/26/2021)  
CDC Split Type:  
Write-up: Myocarditis

VAERS ID: 1431289 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Minnesota

Vaccinated: 2021-06-02  
Onset: 2021-06-19  
Days after vaccination: 17  
Submitted: 0000-00-00  
Entered: 2021-06-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 1 - / IM  
Administered by: Other Purchased by: ?  
Symptoms: Angiogram cerebral abnormal, Apnoea test abnormal,  
Arteriovenous malformation, Blood sodium increased, Brain death,  
Brain herniation, COVID-19, Cardiac arrest, Central nervous system

lesion, Cerebellar haemorrhage, Death, Electrocardiogram abnormal, Endotracheal intubation, Haemorrhage intracranial, Hypernatraemia, Hypotension, Intensive care, Mechanical ventilation, Neoplasm, Resuscitation, SARS-CoV-2 test positive, Scan with contrast, Sinus tachycardia

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Congenital, familial and genetic disorders (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Respiratory failure (broad), Non-haematological tumours of unspecified malignancy (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-06-20

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: see above. Was covid positive on admission 6/19. Family gave a history of previous covid infection earlier this year.

CDC Split Type:

Write-up: Date of Admission: 6/19/2021 Date of Death: 6/20/2021

Primary Care Physician: No primary care provider on file. REASON FOR ADMISSION: Patient is a 13-year-old previously healthy male who was admitted after out-of-hospital cardiac arrest with ROSC after CPR for 15 minutes in the field, found to be in the context of large cerebellar hemorrhage secondary to brain lesion (AVM vs tumor).

BRIEF SUMMARY OF HOSPITALIZATION: Patient was intubated prior to arrival to the ED. Upon arrival he was started on epinephrine and norepinephrine drips to maintain perfusion and was administered bicarbonate x2. Head CTA was obtained and was notable for midbrain hemorrhage and tonsillar herniation, and no contrast enhanced blood flow in the brain. Brain death exams were completed at 09:59 and 14:20. APNEA test was performed at 13:30, which is the official time

of brain death. Official cause of death was brainstem herniation from intracranial hemorrhage. Mechanical ventilation was continued to allow family time to grieve and perform last rites. Time of cardiac death after mechanical ventilation withdrawal was 18:36. HOSPITAL COURSE BY PROBLEM: FEN/Renal/Endo: #Central DI He received 1.5 L of normal saline bolus in the ED and an additional 3 L of ringers lactate bolus overnight in the ICU to maintain perfusion and decrease heart rate. His sodium was 141 upon presentation but reached a maximum of 160 due to central diabetes insipidus. He was started on 0.45% normal saline at 100 mL/hr to improve hypernatremia, which was monitored Q1h until normonatremic. He additionally required vasopressin drip to be started due to central DI, which was increased to a maximum of 20 mU/kg/hr. CV: At time of admission, epinephrine was running at 0.1 mcg/kg/min and norepinephrine was 0.1 mcg/kg/hr. Norepinephrine was increased shortly thereafter to 0.12 mcg/kg/min. In the morning after admission, he had tachycardia to the 190s, which appeared to be narrow complex. Epinephrine and norepinephrine were discontinued. Two doses of adenosine were administered (6 mg first dose, 12 mg second dose) due to suspected SVT. The rate decreased for ~4 seconds after the second dose however returned to ~180. EKG arrived which showed sinus tachycardia so no further medications or cardiac interventions were done. Fluid rates were increased to 2x MIVF rate and additional 500 mL bolus of LR was administered. Norepinephrine and epinephrine were restarted and escalated due to low blood pressures in the early afternoon. to allow family time with patient. Both titrated to effect. Pulm: Patient was mechanically ventilated to achieve normal pH, normocarbida, and high arterial oxygen tension per brain death protocol. He had no primary pulmonary disease during this admission. Neuro: #Intraparenchymal hemorrhage #Tonsillar herniation Neurosurgery was consulted. Mannitol x1 and hypertonic saline 23% x1 were administered to decrease intracranial pressures. Keppra 2g was administered for seizure prophylaxis. No sedation was needed during patient's hospitalization. PERTINENT STUDIES & CONSULTS: Pediatric neurology Neurosurgery PENDING TESTS RESULTS: None RECOMMENDATIONS AND FOLLOWUP: None No future appointments. PHYSICAL EXAMINATION: BP 108/78 | Pulse (!) 144 | Temp 36.5 ?C (97.7 ?F) | Resp (!) 15 | Ht 1.65 m (5' 4.96") | Wt 46.5 kg (102 lb 8.2 oz) | SpO2 99% | BMI 17.08 kg/m? Estimated body mass index is 17.08 kg/m? as calculated from the following: Height as of this encounter: 1.65 m (5' 4.96"). Weight as of this encounter: 46.5 kg (102 lb 8.2 oz). ALLERGIES No Known Drug Allergies

VAERS ID: 1437020 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-04  
Onset: 2021-06-05  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-30



Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Myocardial necrosis marker, Myocardial  
necrosis marker increased, Myocarditis, SARS-CoV-2 test  
SMQs:, Myocardial infarction (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad), COVID-19  
(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210606; Test Name: Heart enzymes;  
Result Unstructured Data: Test Result:Elevated; Test Date: 20210606;  
Test Name: COVID test type post vaccination; Test Result: Negative ;  
Comments: Nasal Swab

CDC Split Type: USPFIZER INC2021714987

Write-up: Myocarditis; Heart enzymes were elevated; Chest pains;  
This is a spontaneous report from a contactable consumer or other  
non-health care professional (patient). A 13-years-old male patient  
received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA  
VACCINE, Solution for injection, Lot Number: EW0180) via an  
unspecified route of administration administered in left arm on  
04Jun2021 at 09:45 am (at the age of 13-years-old) as dose 2, single  
for COVID-19 immunization. The patient medical history was none, had  
no known allergies and had no concomitant medications received  
within 2 weeks of vaccination. The patient previously received first  
dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution  
for injection, Lot Number: EW0179) on 14May2021 at 09:45 am as dose  
1 single for COVID-19 immunization. The patient did not receive any  
other vaccines within 4 weeks prior to the COVID vaccine. Prior to  
the vaccination, the patient was not diagnosed with COVID-19. On  
05Jun2021, the patient experienced chest pains that started Saturday  
night and admitted to hospital on 06Jun2021. Patient was diagnosed  
with Myocarditis which was a directly linked to the vaccine and  
heart enzymes were elevated. The patient underwent lab tests and  
procedures which included myocardial necrosis marker elevated on  
06Jun2021, sars-cov-2 test: negative on 06Jun2021 Nasal Swab post  
vaccination. The reporter considered the events as serious with  
seriousness criteria resulted in emergency room/department or urgent

care and 4 days in Hospitalization. Therapeutic measures were taken as a result of events with IVIG (Intravenous immunoglobulin). The outcome of events was recovering. No follow-up attempts are needed. No further information is expected

VAERS ID: 1441365 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-12  
Onset: 2021-06-27  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-07-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 AR / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: C-reactive protein normal, Haemoglobin normal,  
Hyperaesthesia, Metabolic function test normal, Mycoplasma test, Red  
blood cell sedimentation rate normal  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: albuterol inhaler, fluticasone nasal spray,  
multivitamin-iron  
Current Illness: none  
Preexisting Conditions: asthma  
Allergies: none  
Diagnostic Lab Data: 7/1: Mycoplasma IgG 0.73 IgM 1.41 6/30 ESR 3  
CRP <1.0 CMP normal Hgb 13.2  
CDC Split Type:  
Write-up: bilateral hyperalgesia to the feet constant treated with  
gabapentin, toradol, PRN morphine, oxycodone, and tylenol

VAERS ID: 1443111 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Minnesota

Vaccinated: 2021-06-22  
Onset: 2021-06-25

Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Acute kidney injury, Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood bilirubin increased, Blood fibrinogen increased, C-reactive protein increased, Hepatitis, Hyperbilirubinaemia, Immunoglobulin therapy, Pharyngitis streptococcal, Pyrexia, Rash, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Streptococcus test positive, Vomiting  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (narrow), Hepatitis, non-infectious (narrow), Anaphylactic reaction (broad), Acute pancreatitis (narrow), Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Oropharyngeal infections (narrow), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 7 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: CRP 221.7, Fibrinogen 575, sed rate 29, AST 65, ALT 77, bilirubin 3.2, Strep throat screen POSITIVE, SARS COVID PCR and AB screen negative.  
CDC Split Type:  
Write-up: Fever, vomiting, rash, hepatitis with direct hyperbilirubinemia, acute kidney injury (resolving) Amoxicillin for

strep throat, IVIG for possible Kawasaki disease,

VAERS ID: 1446068 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-29

Onset: 2021-07-02

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Cardiac disorder, Chest discomfort, Chest pain

SMQs: Anaphylactic reaction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Systemic: Cardiac Disorder (diagnosed by MD)-Severe,

Systemic: Chest Tightness / Heaviness / Pain-Severe

VAERS ID: 1446337 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: California

Vaccinated: 2021-06-19

Onset: 2021-07-01

Days after vaccination: 12

Submitted: 0000-00-00

Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Cardiac failure, Laboratory test, Myocarditis, Troponin increased  
SMQs:, Cardiac failure (narrow), Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: mild intermittent asthma ASD closure as a small child  
Allergies: ibuprofen  
Diagnostic Lab Data: Most tests are pending. Troponins are above the quantifiable limit.  
CDC Split Type:

Write-up: Pt has developed severe myocarditis and heart failure requiring ECMO. Reported by parents to have gotten the pfizer COVID vaccine ~2 weeks prior. Card not available at the time of this filling but will ask them to get it if possible, given critical illness. We are looking into other etiologies of myocarditis as well. Has only received 1 dose of the vaccine and 2 weeks following seems to be a bit out of the range of usual but no other reported illness

VAERS ID: 1446627 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-17  
Onset: 2021-06-19  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 LA / SYR

Administered by: Pharmacy Purchased by: ?  
Symptoms: Abscess drainage, Appendicitis, Blood test, Computerised tomogram abdomen abnormal, Myalgia, Therapeutic aspiration, Ultrasound scan, Vomiting  
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad),

Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: asthma

Allergies: none

Diagnostic Lab Data: Blood work 06/29 Ultrasound 07/01 , Ct scan 07/01, IR Procedures to drain abscesses caused by appendix leakage, Appendix needs to be removed.

CDC Split Type:

Write-up: vomiting, muscle aches, appendicitis. All symptoms started 2 days after injection

VAERS ID: 1446757 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Florida

Vaccinated: 2021-06-10

Onset: 2021-06-13

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Antinuclear antibody negative, Blood urine present, C-reactive protein increased, Chills, Chlamydia test negative, Complement factor C3, Complement factor C4, Culture wound negative, Cytomegalovirus test negative, Epstein-Barr virus test negative, HIV test negative, HLA marker study, Herpes simplex test negative, Laboratory test, Metabolic function test normal, Myalgia, Natural killer T cell count, Natural killer cell count, Pyrexia, Red blood cell sedimentation rate increased, SARS-CoV-2 test negative, Total complement activity test, Urine analysis abnormal, Urine leukocyte esterase positive, Vulvovaginal inflammation, Vulvovaginal pain, White blood cells urine positive

SMQs: Rhabdomyolysis/myopathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome

(broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: Augmentin

Diagnostic Lab Data: Urinary analysis showed moderate blood, moderate leukocyte esterase, and WBC 23. HSV, chlamydia, gonorrhea, HIV, syphilis, EBV, CMV, were negative. Wound culture showed normal skin flora. CRP=70. ESR=36. CMP within normal limits (WNL).

Congenital T and NK cell, C3, C4, anti-double stranded DNA ANA, Immunoglobulins, Ss-A Ss- B Anti-SSA, total complement, HLA B\*57:01, were WNL. COVID-19 NAA negative

CDC Split Type:

Write-up: Patient received second dose of Pfizer vaccine on 6/10/21. 12 hours after administration she developed fever (Tmax 103F), chills, myalgia. On 6/13/2021, she developed vaginal mucositis prompting hospital admission for evaluation and pain management. She was originally discharged with supportive care (Tylenol/ Motrin for pain) and if needed triamcinolone 0.1% cream. Per chart check, she was seen by PCP six days later and had not yet started triamcinolone cream and still in pain. PCP prescribed topical clobetasol, and oral prednisone 20mg BID for 5 days based on dermatology recommendations for treatment of Lipshutz ulcers.

VAERS ID: 1449517 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: California

Vaccinated: 2021-06-06

Onset: 2021-06-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest X-ray, Echocardiogram, Electrocardiogram, Myocardial

necrosis marker, Sinus tachycardia  
SMQs:, Supraventricular tachyarrhythmias (narrow), Dehydration  
(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: METHOTREXATE SODIUM; FOLIC ACID

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Juvenile arthritis

Allergies:

Diagnostic Lab Data: Test Date: 20210607; Test Name: chest X-ray;

Result Unstructured Data: Test Result:normal; Test Date: 20210607;

Test Name: echocardiogram; Result Unstructured Data: Test

Result:normal; Test Date: 20210607; Test Name: EKG; Result

Unstructured Data: Test Result:sinus tachycardia; Test Date:

20210607; Test Name: Cardiac enzymes; Result Unstructured Data: Test  
Result:normal

CDC Split Type: USPFIZER INC2021749165

Write-up: tachycardia the day after the second dose / sinus  
tachycardia; This is a spontaneous report received from a  
contactable consumer (patient). A 13-year-old female patient  
received bnt162b2 (Pfizer COVID-19 vaccine), second single dose via  
an unspecified route of administration, administered in arm left on  
06Jun2021 12:00 (Batch/Lot Number: EW0180) for covid-19 immunisation  
at age of 13-year-old (non-pregnant). The patient previously  
received first single dose of bnt162b2 on 14May2021 at 12 :00 PM  
(lot/Batch: EW9168) at arm left at age of 13-year-old. Medical  
history included juvenile idiopathic arthritis. Concomitant  
medication included methotrexate sodium and folic acid. The patient  
did not receive any other vaccines within 4 weeks prior to the COVID  
vaccine Prior to vaccination. The patient was not diagnosed with  
COVID-19. The patient experienced tachycardia the day after the  
second dose on 07Jun2021 at 12:00 and had constant tachycardia  
since. She was in the hospital overnight. Cardiac enzymes and chest  
x-ray and echocardiogram were normal on 07Jun2021. EKGs showed sinus  
tachycardia on 07Jun2021. The adverse event result in doctor or  
other healthcare professional office/clinic visit and emergency  
room/department or urgent care. Outcome of the event was not  
recovered. Since the vaccination, the patient had not been tested  
for COVID-19. Information on Lot/Batch number was available.

VAERS ID: 1450942 (history)

Form: Version 2.0

Age: 13.0

Sex: Male



Location: Colorado

Vaccinated: 2021-07-02

Onset: 2021-07-03

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH

EW0187 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Dizziness, Echocardiogram normal, Magnetic resonance imaging heart, Myocarditis, Pyrexia, Red blood cell sedimentation rate normal, Troponin increased, Ventricular extrasystoles, Ventricular tachycardia

SMQs: Torsade de pointes/QT prolongation (narrow), Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Unknown

Preexisting Conditions: Obesity, Autism Spectrum Disorder

Allergies: None

Diagnostic Lab Data: ESR 9, CRP 4.5, BNP 109. Troponin peaked at 28 on 7/5 before starting to downtrend, though variable thereafter (12.7 - $\mu$ g 10.6 - $\mu$ g 13.2 - $\mu$ g 11.2). During stay had frequent PVCs and several bursts of NSVT which did not require intervention.

Echocardiogram demonstrated normal biventricular systolic function, normal coronary artery size. Cardiac MRI was performed on 7/6 - results pending at time of this filing.

CDC Split Type:

Write-up: Developed dizziness and fever the morning following vaccination followed by chest pain around 48 hours after vaccination. Presented to outside urgent care where pt noted to have elevated troponin  $\mu$ g10, prompting transfer to ED. and admission for

myocarditis. Symptoms improved over next several days and chest pain was well controlled with ibuprofen and tylenol.

VAERS ID: 1453754 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-18

Onset: 2021-06-20

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Myocarditis, SARS-CoV-2 test

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210620; Test Name: PCR; Test

Result: Negative ; Comments: Nasal Swab

CDC Split Type: USPFIZER INC2021757422

Write-up: Myocarditis; This is a spontaneous report from a contactable physician. A 13-year-old male patient received second dose of bnt162b2 ((PFIZER-BIONTECH COVID-19 mRNA VACCINE, formulation: Solution for injection, lot number: EW0185, Expiration date: Unknown), via an unspecified route of administration in an unspecified anatomical location on 18Jun2021 (at the age of 13-year-old), as single dose for COVID-19 immunisation. Medical history reported as none. The patient had no known allergies. The patient had no COVID prior vaccination. The patient's concomitant medications were not reported. The patient previously received the first dose of bnt162b2 ((PFIZER-BIONTECH COVID-19 mRNA VACCINE, formulation: Solution for injection, lot number: EW0185, Expiration date: Unknown), via an unspecified route of administration in an unspecified anatomical location on 27May2021 (at the age of 13-year-

old), as single dose for COVID-19 immunisation. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine and did not receive other medications within 2 weeks of vaccination. Patient was not diagnosed with COVID-19 prior to vaccination. Since the vaccination the patient was tested for COVID-19 with PCR with nasal swab: negative on 20Jun2021. On 20Jun2021, the patient experienced myocarditis. The patient was hospitalized for 3 days and hospitalization was prolonged as a result of the event. The patient underwent lab tests and procedures which included PCR with nasal swab: negative on 20Jun2021. Patient received treatment for event with IVIG and pulse of corticosteroids. The outcome of event was resolved on an unspecified date in Jun2021.; Sender's Comments: As there is temporal relationship in the case provided, the causal association between the event Myocarditis and the suspect drug cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1454317 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-03  
Onset: 2021-07-04  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0187 / 1	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0185 / 2	RA / IM	

Administered by: Public Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Dyspnoea, Echocardiogram abnormal, Electrocardiogram PR interval, Electrocardiogram QT interval, Electrocardiogram QT interval normal, Electrocardiogram ST segment elevation, Electrocardiogram T wave inversion, Magnetic resonance imaging heart, Myocarditis, Palpitations, Pyrexia, QRS axis normal, Sinus rhythm, Troponin I increased, Vaccination complication

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-

mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Amoxicillin

Diagnostic Lab Data: Results as of 7/7/2021 09:20 7/5/2021 18:44

Troponin I: 8.32 (H) 7/6/2021 00:40 Troponin I: 19.30 (H) 7/6/2021

06:35 Troponin I: 22.90 (H) 7/6/2021 12:30 Troponin I: 14.60 (H)

7/6/2021 20:30 Troponin I: 11.80 (H) 7/7/2021 04:35 Troponin I:

12.80 (H) Status: Final result 0 Result Notes Ref Range & Units

7/5/21 1820 Ventricular Rate BPM 83 Atrial Rate BPM 83 P-R Interval

ms 156 QRS Duration ms 86 Q-T Interval ms 342 QTC Calculation(Bezet)

ms 401 P Axis degrees 51 R Axis degrees 92 T Axis degrees 78

Diagnosis \*\* \*\* \* Pediatric ECG Analysis \* \*\* \*\* \*\*

Diagnosis Normal sinus rhythm Diagnosis Normal axes and intervals

Diagnosis ST elevation, consider early repolarization, pericarditis,

or injury Diagnosis No hypertrophy, preexcitation or ectopy

Diagnosis No previous ECGs available Diagnosis Confirmed by MD, (80)

on 7/6/2021 10:23:18 AM Resulting Agency Specimen Collected:

07/05/21 18:20 Last Resulted: 07/06/21 10:23 Status: Final result 0

Result Notes Ref Range & Units 7/6/21 1957 Ventricular Rate BPM 79

Atrial Rate BPM 79 P-R Interval ms 156 QRS Duration ms 94 Q-T

Interval ms 386 QTC Calculation(Bezet) ms 442 P Axis degrees 39 R

Axis degrees 92 T Axis degrees -17 Diagnosis \*\* \*\* \* Pediatric

ECG Analysis \* \*\* \*\* \*\* \*\* Diagnosis Normal sinus rhythm Diagnosis

Normal axes and intervals Diagnosis T-wave inversion in Inferior

leads Diagnosis No ectopy, hypertrophy or pre-excitation Diagnosis

When compared with ECG of 06-JUL-2021 09:56, Diagnosis T wave

inversion now evident in ll, lll and aVF. Resolution of ST segment

elevation. Diagnosis Diagnosis Confirmed by MD, (80) on 7/6/2021

9:29:06 PM Resulting Agency Specimen Collected: 07/06/21 19:57 Last

Resulted: 07/06/21 21:29 Status: Preliminary result 0 Result Notes

Ref Range & Units 7/7/21 0735 Ventricular Rate BPM 80 P Atrial Rate

BPM 80 P P-R Interval ms 160 P QRS Duration ms 88 P Q-T Interval ms

402 P QTC Calculation(Bezet) ms 463 P P Axis degrees 27 P R Axis

degrees 86 P T Axis degrees -62 P Diagnosis \*\* \*\* \* Pediatric

ECG Analysis \* \*\* \*\* \*\* P Diagnosis Normal sinus rhythm P

Diagnosis T-wave inversion in Inferior leads P Diagnosis Borderline

Prolonged QT interval or tu fusion, consider myocardial disease,

electrolyte imbalance, or drug effects P Diagnosis PEDIATRIC

ANALYSIS - MANUAL COMPARISON REQUIRED P Diagnosis When compared with

ECG of 06-JUL-2021 19:57, P Diagnosis PREVIOUS ECG IS PRESENT P

Resulting Agency Specimen Collected: 07/07/21 07:35 Last Resulted:

07/07/21 07:36 Pediatric/Congenital Transthoracic Echocardiography (TTE) Report Demographics Gender Male Room Number 7134 Date of Study 07/06/2021 Age 13 year(s) Procedure Type of Study Pediatric/Congenital TTE Procedure: CONGENITAL TRANSTHORACIC COMPLETE. Procedure Date Date: 07/06/2021 Start: 08:33 AM End: 09:30 AM Indications: Myocarditis. Technical Quality: Good visualization Study Location: Portable Patient Status: Inpatient Height: 176 cm Weight: 72.8 kg BSA: 1.89 m<sup>2</sup> BMI: 23.5 kg/m<sup>2</sup> Rhythm: Normal Sinus Rhythm HR: 79 bpm BP: 105/68 mmHg Conclusions Summary Initial echocardiogram on 13 y/o with suspected post-vaccine myocarditis. LV function is low normal by multiple measurements. Normal intracardiac and great vessel relationships. Normal cardiac chamber size. No intracardiac shunting. Normal structure and function of the atrioventricular and semilunar valves. Normal origins of the right and left coronary arteries. No ectasia or dilatation. Normal left aortic arch. There is no pericardial or pleural effusion noted. Signature

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Electronically signed by MD (Interpreting physician) on 07/06/2021 at 12:00 PM

CDC Split Type:

Write-up: 13 year old who received his second Pfizer COVID vaccine on July 3, 2021 (3 days ago). He describes a low grade fever on the day after the vaccine which did not initially concern him. He presented to the ER yesterday with complaints of midsternal chest pain and shortness of breath and a vague history of palpitations that started yesterday morning and continued to progress over the day. The chest pain did not vary with position and was not aggravated with respiratory effort. He had an elevated troponin and CRP and was admitted for management/observation. His chest pain has resolved since starting Ibuprofen (600 mg q 6 hours). Serial troponins peaked at 22.9, now trending downward. Notable changes on serial EKG's with resolving ST segment elevation and T wave inversion. The echocardiogram showed low normal LV function but was otherwise normal. PT presentation is consistent with the newly recognized post Covid vaccine myocarditis in adolescent males. Timing of the chest pain in relation to the vaccine, EKG and echo findings and elevated troponins all support the presumed diagnosis of myocarditis. He met the criteria for a cardiac MRI to be obtained prior to discharge- results pending.

VAERS ID: 1454840 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-07-02  
Onset: 2021-07-05  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0198 / 2 - / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Echocardiogram, Electrocardiogram, Magnetic resonance  
imaging heart, Myocarditis  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Letrozole 2.5 MG TABS NORDITROPIN FLEXPLO SUBCUT  
INJ 15 mg/1.5 mL  
Current Illness: None  
Preexisting Conditions: - Left testicular teratoma and hypospadiasurgically removed, age 2 - Celiac disease - Short stature - Absent testis  
Allergies: gluten allergy  
Diagnostic Lab Data: Echocardiogram 07/05 and 07/06 Cardiac MRI tentative 07/08 ECG 07/05 and 07/07  
CDC Split Type:  
Write-up: Myocarditis requiring hospitalization and treatment with steroids and NSAIDS.

VAERS ID: 1458130 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-13  
Onset: 2021-06-15  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: Pericardial drainage, Pericardial effusion, Pericarditis, Pyrexia  
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Amoxicillin Allergy  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient has Pericardial Effusion and pericarditis and required a pericardial drain. This even happened 3 weeks after the vaccine and the symptoms the patient had following the vaccine were persistent fevers.

VAERS ID: 1462005 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Missouri

Vaccinated: 2021-05-15  
Onset: 2021-05-18  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood magnesium, Blood phosphorus, C-reactive protein, Differential white blood cell count, Electrocardiogram, Full blood count, Headache, Magnetic resonance imaging head normal, Metabolic function test, Mononucleosis heterophile test, Multipathogen PCR test, Renal function test, Scan with contrast, Troponin, Ultrasound Doppler

SMQs:

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No

Previous Vaccinations:

Other Medications: Flonase, QVAR, Cetirizine, Flintstone Vitamins

Current Illness:

Preexisting Conditions: Asthma

Allergies: None

Diagnostic Lab Data: Phosphorus 5/20/2021 Magnesium 5/20/2021  
Comprehensive Metabolic Panel 5/20/2021 CBC with Differential -  
5/20/2021 Respiratory Pathogen PCR Panel 5/20/2021 Mononucleosis  
Screen 5/20/2021 MRI Brain w/wo contrast 5/21/2021 EKG Pediatric  
5/22/2021 Troponin 5/22/2021 Magnesium 5/23/2021 Renal Function  
Panel 5/23/2021 C-reactive protein 5/24/2021 CBC with Differential  
5/24/2021 US Doppler Venous Arm Left 5/24/2021

CDC Split Type:

Write-up: My daughter got an intractable headache the Tuesday after getting the vaccine. The headache was not treatable through normal pain relievers such as Tylenol and Ibuprofen. The pediatrician told us to take her to the ER. At the ER, they tested her for intercranial hypertension, as she had no history of migraines in the past. The tests turned out negative. They tried the normal migraine cocktail, Depakote, Decadron and magnesium. None of the typical treatments worked to relieve the headache. She was admitted to the hospital. She had a neurology consultation, which didn't show any neurological issues. The doctor also did an MRI. The MRI didn't show anything abnormal. The doctor started her on DHE (dihydroergotamine). The medication began to help relieve the headache. My daughter could not tolerate 0.5mg DHE, so the doctor gave her 2 more 0.4mg DHE treatments which eventually brought the headache down to a pain level of 0.

VAERS ID: 1463061 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Unknown

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 2021-07-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA - / UNK - / OT

Administered by: Unknown Purchased by: ?

Symptoms: Death, Product administered to patient of inappropriate age

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No



Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20212

Write-up: Died three days after vaccine; 13 year old boy dies three days after the Moderna vaccine; This spontaneous case was reported by a consumer and describes the occurrence of DEATH (Died three days after vaccine) in a 13-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (13 year old boy dies three days after the Moderna vaccine). The patient died on an unknown date. The cause of death was not reported. It is unknown if an autopsy was performed. At the time of death, PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (13 year old boy dies three days after the Moderna vaccine) had resolved. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. Concomitant product was not provided by the reporter. Treatment information was unknown. Company comment: This is a case of death in a 13-year-old male subject with unknown medical history, who died one day after receiving the vaccine. Very limited information has been provided at this time. Further information has been requested.; Sender's Comments: This is a case of death in a 13-year-old male subject with unknown medical history, who died one day after receiving the vaccine. Very limited information has been provided at this time. Further information has been requested.; Reported Cause(s) of Death: Unknown cause of death

VAERS ID: 1466584 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Maryland

Vaccinated: 2021-07-08

Onset: 2021-07-09

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 2 RA / IM

Administered by: Other Purchased by: ?

Symptoms: Arthralgia, Chest discomfort, Chest pain,

Electrocardiogram normal, Pain, Pyrexia

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal

nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Arthritis (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations: Booster MRI–August 2019 he exp  
lightheadedness, passed out due to needle not vaccine.

Other Medications: Prozac 20 mg

Current Illness: No

Preexisting Conditions: No

Allergies: No

Diagnostic Lab Data: EKG(results normal)

CDC Split Type: vsafe

Write-up: On Friday he stayed in bed all day with body aches, joints  
pains, fever 102. Then on Saturday he got up out of bed with  
complaints of chest discomfort (felt as if someone had punched him  
in the chest). On Sunday around 12:30 am he was still exp chest pain  
he was taken to Hospital. He got EKG around 1:45 am by that time he  
wasn't exp chest pains. Since early Sunday morning he hasn't had  
any chest pains starting to gradually feel better. On Monday he was  
able to do he normal routine.

VAERS ID: 1467237 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Texas

Vaccinated: 2021-06-29

Onset: 2021-07-01

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0202 / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Aphthous ulcer, Candida test negative, Genital  
discolouration, Genital discomfort, Genital rash, Sexually  
transmitted disease test, Urinary tract infection, Urine analysis  
abnormal, Vulval disorder, Vulvovaginal pain

SMQs: Oropharyngeal conditions (excl neoplasms, infections and  
allergies) (narrow), Hypersensitivity (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Tylenol  
Current Illness: none  
Preexisting Conditions: none  
Allergies: Sensitivity to omnicef antibiotics  
Diagnostic Lab Data: UTI and yeast infection test. 7/1 - positive for UTI, negative for yeast 7/5 STD test - negative on all STDs.  
CDC Split Type:

Write-up: She woke up in pain around 6am thinking maybe she had scratched her Labia major. She went back to bed. Throughout the day the pain and discomfort grew. Around 5pm she told me that she was hurting a lot and she needed help. I examined her and it looked like a bruise about the size of a dime but long. I asked if she fell or hurt herself, no. I called the pediatrician and informed them and they suggested seeing them the following day. Took her to the ER later that night due to significant pain. They thought she might have yeast infection or herpes. Gave her some antibiotics and sent her home her pain level was a 7 and she now looked like she chemical burn. The next day I took her to pediatrician. She felt like it could be herpes or something else. Prescribed different meds and sent us home. Nothing for pain. The antibiotics worked a little, but by Monday everything was horrible. She was covered in sores from the labia major to her vulva. Took her to ER where they felt like it was herpes. She was asked about her sexual experience or being molested. They immediately admitted her to the hospital where we stayed for 4 days. With antibiotics, steroids and pain meds. She saw her Gynecologist Tuesday morning where she determined PT was suffering from aphthous ulcers, a side effect that she was aware of from the covid19 vaccine.

VAERS ID: 1474777 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: California

Vaccinated: 2021-07-12  
Onset: 2021-07-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Brain natriuretic peptide normal, C-reactive protein normal, Chest X-ray normal, Chest pain, Electrocardiogram normal,

Myalgia, Troponin normal  
SMQs:, Rhabdomyolysis/myopathy (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Normal CRP, BNP, and troponin. Normal EKG and Chest xray.  
CDC Split Type:  
Write-up: Chest pain with myalgia, lasts about 30 seconds and occurs multiple times daily

VAERS ID: 1483636 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Maryland

Vaccinated: 2020-07-05  
Onset: 2020-07-10  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-07-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
LSW0196 / 1 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Bell's palsy, Oropharyngeal pain  
SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hearing impairment (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021881768

Write-up: Bell's palsy; Sore throat; This is a spontaneous report from a contactable Physician. A 13-year-old female patient received first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection; Lot number: LSW0196) via an unspecified route of administration on 05Jul2020 (at the age of 13-year-old) as single dose for COVID-19 immunisation. The patient's medical history, concomitant medications or past drug history were not reported. On 10Jul2020 (Saturday), the patient experienced sore throat and on 11Jul2020, patient experienced numbness of face on Sunday and was diagnosed with Bell's palsy. The patient was started on unspecified steroids as treatment medication after Bell's palsy diagnosis. The parent still wants child to receive second dose of vaccine and asked if this was okay. The outcome of the events was unknown.; Sender's Comments: Based on the available information, there is a reasonable possibility of a causal relationship between the suspect vaccine BNT162B2 (COMIRNATY) and reported event Bell's Palsy cannot be fully assessed/excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1486983 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-07-16  
Onset: 2021-07-17  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / UNKNOWN / 1	- / IM	PFIZER/BIONTECH
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / UNKNOWN / 2	- / IM	PFIZER/BIONTECH

Administered by: Unknown Purchased by: ?

Symptoms: Brain natriuretic peptide normal, C-reactive protein increased, Chest pain, Myocarditis, SARS-CoV-2 test negative, Troponin I increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: NKDA

Diagnostic Lab Data: Troponin I 5.23 (7/19@1936), 5.08 (7/19@2014), 3.63 (7/20@0215). C-Reactive Protein 10.2 (7/20@0806), BNP 24 (7/19@1936). COVID Negative.

CDC Split Type:

Write-up: Pfizer COVID-19 Vaccine EUA: Myopericarditis Patient reported receiving 2nd Pfizer COVID vaccine on 7/16/21. On 7/17/21 patient started experiencing chest pain and presented to the Medical Center on 7/19/2021. Patient was then transferred to another hospital.

VAERS ID: 1489297 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Arizona

Vaccinated: 2021-07-17

Onset: 2021-07-19

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest discomfort, Chest pain

SMQs: Anaphylactic reaction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Peanut allergy  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient's symptoms were very painful chest pains. He felt like his chest was on fire, especially around his heart.

VAERS ID: 1490272 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-07-16  
Onset: 2021-07-18  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Echocardiogram normal,  
Electrocardiogram ST segment elevation, Inflammation, Myocarditis,  
Pain, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: 1 week of cough, congestion, loss of smell/taste  
about 2-3 weeks prior to presentation to hospital with chest pain  
after vaccine.  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: EKG: NSR, diffuse ST elevation Echo: normal

biventricular function Troponins: highest ~ 15, down-trending by day two of admission.

CDC Split Type:

Write-up: Presented with pressure-like chest pain, elevated troponins and diffuse ST elevations on EKG consistent with perimyocarditis. Troponins continue to up-trend during first day of admission (highest ~15). Started on scheduled ibuprofen for pain and inflammation. Pain resolved by day 2 of admission and troponins were down-trending. Echo with normal biventricular function. Discharged home on ibuprofen PRN and cardiology follow-up.

VAERS ID: 1500871 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Georgia

Vaccinated: 2021-06-19

Onset: 2021-06-20

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Depression, Negative thoughts

SMQs: , Depression (excl suicide and self injury) (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Escitalopram

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Escitalopram began to stop working for dark/depressive thoughts during the evening, no treatment was given.

VAERS ID: 1501357 (history)

Form: Version 2.0

Age: 13.0

Sex: Female

Location: Nebraska

Vaccinated: 2021-05-23



Onset: 2021-06-03

Days after vaccination: 11

Submitted: 0000-00-00

Entered: 2021-07-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW1068 / 1 UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: Alanine aminotransferase increased, Anaemia, Antinuclear antibody positive, Aspartate aminotransferase increased, Autoimmune haemolytic anaemia, Blood bilirubin unconjugated increased, Blood lactate dehydrogenase increased, Coombs direct test positive, Dizziness, Fatigue, Haematocrit decreased, Haemoglobin decreased, Lethargy, Packed red blood cell transfusion, Pallor, Red blood cell count decreased, Reticulocyte percentage increased

SMQs: Liver related investigations, signs and symptoms (narrow), Haemolytic disorders (narrow), Haematopoietic erythropenia (narrow), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Biliary system related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Myelodysplastic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Claritin

Current Illness: Beta thalassemia trait

Preexisting Conditions: None known

Allergies: None known

Diagnostic Lab Data: 6/3/2021: Positive ANA (1:1280), hemoglobin 5.5 g/dL, hematocrit 18.9%, RBC count 2.38 million/mcL, reticulocyte % 11.05, unconjugated bilirubin 2.3 mg/dL, AST 64 U/L, ALTv 82 U/L, LDH 963 U/L, positive direct Coombs

CDC Split Type:

Write-up: 13 year old female previously healthy, no chronic diseases,.10 days after the 1st dose of Pfizer COVID19 vaccine, she developed fatigue, lethargy, paleness and dizziness. She was found to be profoundly anemic and was diagnosed with autoimmune hemolytic anemia; she was also found to have positive high-titer (1:1280) antinuclear antibody (ANA) testing (status prior to vaccination unknown). She was diagnosed with mixed cold/warm autoimmune hemolytic anemia. She received two units of packed red blood cells

via blood transfusion and was treated with high-dose corticosteroids (both IV and oral). The anemia has resolved but the patient remains on oral corticosteroids (prednisone).

VAERS ID: 1505250 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Maryland

Vaccinated: 2021-07-01

Onset: 2021-07-27

Days after vaccination: 26

Submitted: 0000-00-00

Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Blood glucose increased, Death, Full blood count, Metabolic function test normal, Pulseless electrical activity, SARS-CoV-2 test negative, Ventricular tachycardia

SMQs: Torsade de pointes/QT prolongation (narrow), Hyperglycaemia/new onset diabetes mellitus (narrow), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Cardiac arrhythmia terms, nonspecific (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-07-27

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: one dose of dramamine given in the evening prior to arrival.

Current Illness: none

Preexisting Conditions: none, remote history of asthma

Allergies: none

Diagnostic Lab Data: CBC, CMP normal except slightly elevated glucose COVID PCR negative

CDC Split Type:

Write-up: patient arrived in ventricular tachycardia via EMS, but responsive. deteriorated to pulseless ventricular tachycardia, PEA and ultimately death.

VAERS ID: 1512395 (history)

Form: Version 2.0

Age: 13.0  
Sex: Male  
Location: Arkansas

Vaccinated: 2021-07-27  
Onset: 2021-07-27  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0175 / 1	RA / IM	
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC. T025370 / 1	RA / IM	
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR U6920AB / 1	LA / IM	
TDAP: TDAP (ADACEL) / SANOFI PASTEUR C5757AA / 6	LA / IM	

Administered by: Public Purchased by: ?

Symptoms: Fall, Postictal state, Seizure, Unresponsive to stimuli, Vomiting

SMQs: Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type: AR2148

Write-up: Mom states she found her son around 9 PM in the bathroom vomiting. She stated she moved him to the couch and he continued to vomit. She stated he fell off the couch and he was seizing. She called 911, when they arrived he was no longer seizing. When her arrived at the hospital, it was documented he was postictal and would not respond to painful stimuli. The hospital kept him overnight and are discharging him home today. He has fully recovered.

VAERS ID: 1518581 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: Colorado

Vaccinated: 2021-06-30  
Onset: 2021-06-30  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-31

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Acute respiratory failure, Anticonvulsant drug level, Ataxia, Blood albumin normal, Blood bicarbonate, Blood chloride normal, Blood creatinine normal, Blood gases abnormal, Blood magnesium increased, Blood phosphorus normal, Blood potassium normal, Blood sodium normal, Clostridium difficile colitis, Condition aggravated, Diarrhoea, Endotracheal intubation, Escherichia infection, Hemiparesis, Hypotension, Intensive care, Loss of personal independence in daily activities, Mental disorder, Nausea, Pyrexia, Renal function test, Status epilepticus, Vomiting  
SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Lactic acidosis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Convulsions (narrow), Pseudomembranous colitis (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ? acetaminophen ? albuterol ? Ascorbic Acid (VITAMIN C PO) ? calcium carbonate ? cannabidiol (EPIDIOLEX) (Epidiolex) ? centrum (CENTRUM) Liquid ? cetirizine ? cloBAZam (Onfi) ? diazepam rectal gel 20 MG ? DiphenhydrAMINE ? Fintepla ? flu

Current Illness: Status epilepticus

Preexisting Conditions: Dravet Syndrome with intractable epilepsy with VNS Adrenal insufficiency Central Sleep Apnea requiring BiPAP at night Subglottic stenosis Asthma Intellectual Disability

Allergies: Levetiracetam, Allergy, Cefepime, Ceftriaxone, Fosphenytoin, Lamotrigine, Levofloxacin, Nitrofurantoin, Sulfa antibiotics, Vimpat [lacosamide], and Zonegran [zonisamide]

Diagnostic Lab Data: 6/30: -VBG: 7.46 / 34 / 24 -Phenytoin level: 12.9 -Phenobarbital level: 9.5 -Valproic acid level: 79 -Renal function panel: Na 136 | K 4.7 | Cl 107 | Bicarb 18 | Cr 0.43 | Alb 4.2 | Phos 5.04 | Mg 2.0

CDC Split Type:

Write-up: On 6/30/21 required ICU stay for fever and status epilepticus with associated acute respiratory failure requiring intubation and hypotension requiring Norepi in the setting of AED administration. PICU Course by system: Resp: Arrived on AVAPS, continued to have decreasing mental status and ultimately intubated for airway protection. Easy mask, grade 1, mac 3, ketamine and roc used. Remained on low vent settings. Extubated to RA on 7/5. CV: Additional 40/kg given for soft BPs around intubation and AEDs and ultimately low dose infusion of norepi given AED administration-related hypotension. Stress dose hydrocort Q6h - wean started 7/5. FEN/GI: Initially NPO on MIVF. GT feeds started on 7/1. Continued home vitamins. Free water added back on 7/3. Renal: Urinary retention requiring foley cath, removed 7/6. Neuro: Continue home AEDs enterally (cannabidoil, clobazam, fenfluramine, stiripentol, valproic acid). Received additional AED loads for continued seizures including depakote and fospheny 7/1, fosphey 7/2. Arrived on versed drip which was titrated for seizure suppression (max 0.5mg/kg/hr). Began wean of Versed on 7/4, off that night. ID: Given known trigger for fevers, did not start antibiotics on arrival. Low-grade fevers (true fevers for Brionna) on 7/2 and cultures obtained showing E.coli in the urine. Ampicillin started on 7/2, transitioned to Unasyn on 7/3, then amoxicillin on 7/4. Heme: SCDs, enoxaparin for VTE ppx 7/2 - 7/5. Endo: Hydrocort as above. Discharged on 7/6/21 Following continued to have ataxia, L sided weakness requiring assistance for all transfers, ambulation and standing, when previously was able to walk and run without assistance. This continues until today 7/31/21. Has had additional complication of nausea, vomiting, diarrhea in setting of positive C diff + Salmonella in stool, with now improving GI symptoms.

VAERS ID: 1521975 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Unknown

Vaccinated: 2021-05-14

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 2021-08-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Antibody test, Autoimmune disorder

SMQs: Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Name: antibody; Test Result: Negative ;

Comments: got tested for antibody, the result was negative

CDC Split Type: USPFIZER INC202100922696

Write-up: Caller said his son suffered an autoimmune response; This is a spontaneous report from a contactable consumer (Mother) reported for patient (son). A 13-year-old male patient received bnt162b2 (BNT162B2 PFIZER-BIONTECH COVID-19 mRNA VACCINE, solution for injection, Batch/Lot number: UNKNOWN), via an unspecified route of administration on 14May2021 (at the age of 13-years-old) as dose 1, single for COVID-19 immunisation. The medical history of the patient was reported as none. The concomitant medications of the patient were not reported. The reporter said that after receiving one dose and got tested for antibody, the result was negative. She wanted to know if that was normal and if it happened and wanted to know if her son was protected while testing negative for the antibody. She called on behalf of her son who received the 1st dose of the Pfizer Biontech COVID19 vaccine on 14May2021 and was supposed to receive the 2nd dose on 08Jun2021, but missed it due to hospitalization. She said her son suffered an autoimmune response 2 days after. Her son also tested negative for the antibody after first dose. She wanted recommendation on getting the 2nd dose of the vaccine beyond the 21-day window. The event led to hospitalization. The patient underwent lab tests and procedures which included antibody test: negative on an unspecified date. The outcome of the events was reported as unknown. Information on the lot/batch number has been requested.

VAERS ID: 1526731 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Female  
Location: California

Vaccinated: 2021-06-06  
Onset: 2021-07-22  
Days after vaccination: 46  
Submitted: 0000-00-00  
Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 LA / IM

Administered by: Public Purchased by: ?

Symptoms: Abscess drainage, Breast abscess, Breast cellulitis,  
Breast tenderness, C-reactive protein normal, Culture negative,  
Neutrophil percentage increased, Pyrexia, SARS-CoV-2 test negative,  
White blood cell count increased

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: Penicillin, Cephalosporin

Diagnostic Lab Data: 7/23: WBC 19.5 with 86% Neutrophils; CRP 1.1.

exudate culture: coag negative staph aureus

CDC Split Type:

Write-up: 7/22 at 2 am, pt started c/o L breast tenderness. That  
afternoon developed fever and was seen at urgent care and tested  
negative for covid. Breast examined and was told to go immediately  
to ER. At ER, was dx'ed with breast abscess with cellulitis and  
transferred via ambulance for admission and surgery, started on IV  
Clindamycin. Surgery done on 7/24, drained 50 cc of pus. Afebrile  
since surgery. Dc'ed home on PO Clindamycin x 8 days. Pt denies any  
trauma to chest or skin lesions prior to infection.

VAERS ID: 1507684 (history)

Form: Version 2.0

Age: 13.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-28

Onset: 2021-06-28

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FA8142 / 2 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Body temperature, Chills, Heart rate, Heart rate increased, Pyrexia, Somnolence

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: XYZAL

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: House dust mite allergy (allergic to dust mites)

Allergies:

Diagnostic Lab Data: Test Date: 20210628; Test Name: body temperature; Result Unstructured Data: Test Result:38-40 Centigrade;

Test Date: 20210628; Test Name: pulse rate; Result Unstructured Data: Test Result:over 110 bpm

CDC Split Type: ROPFIZER INC2021885555

Write-up: Fever; Chills; Pulse rate increased; Sleepiness; This is a spontaneous report from a contactable consumer (patient's mother) downloaded from the WEB, regulatory authority number R0-NMA-2021-SPCOV11895. A 13-year-old male patient received bnt162b2

(COMIRNATY), dose 2 intramuscularly on 28Jun2021 at 13 years old (Batch/Lot Number: FA8142) as single dose for covid-19 immunisation. Medical history included allergic to dust mites. The patient was not diagnosed with SARS-CoV-2 infection before or after vaccination.

Concomitant medications included levocetirizine dihydrochloride (XYZAL) taken for an unspecified indication, start and stop date were not reported. On 07Jun2021 the patient previously received the first dose of bnt162b2 (batch/lot: FC0681) for covid-19 immunization and no side effects were reported after the first dose. On 28Jun2021 the patient received the second dose of bnt162b2. 12 hours after the



second dose of vaccine on 28Jun2021, the patient experienced fever 38-40 degrees Celsius, chills, pulse rate increased over 110 bpm and sleepiness. These adverse reactions required treatment with paracetamol and cold compresses and were recovered/resolved at the time of reporting. The Reporter considered that these adverse reactions have been life-threatening. No follow-up activities possible. No further information expected.

VAERS ID: 1523530 (history)  
Form: Version 2.0  
Age: 13.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-07-06  
Onset: 2021-07-06  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-08-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE2083 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Blood pressure measurement, Hypersensitivity, Hypotension, Rash, Syncope

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210706; Test Name: Blood pressure;

Result Unstructured Data: Test Result:80/45

CDC Split Type: EEPFIZER INC202100932380

Write-up: Rash; Syncope; Hypotension; Allergic reaction; This is a spontaneous report from a contactable physician downloaded from the regulatory authority-WEB, regulatory authority number EE-SAM-439721070610. A 13-years-old male patient received first dose of

bnt162b2 (COMIRNATY), Formulation: Solution for injection, Batch/Lot Number: FE2083), via an intramuscular on 06Jul2021 as DOSE 1, 0.3 ML SINGLE for covid-19 immunisation. The patient was 13-years-old at the time of vaccination. The patient medical history and concomitant medications were not reported. It was reported that on 06Jul2021, the patient experienced rash, Syncope, hypotension and allergic reaction. On 06Jul2021, the patient underwent lab tests and procedures which included blood pressure measurement was 80/45. Therapeutic measures were taken as a result of rash, syncope, hypotension and allergic reaction. The outcome of event was rash, syncope, hypotension and allergic reaction was not recovered. Sender's comments: Serious known side effects. The causal relationship is considered possible. No follow-up attempts possible. No further information expected.

VAERS ID: 1292713 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-04-28

Onset: 2021-04-30

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 2 RA / IM

Administered by: Other Purchased by: ?

Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood creatine phosphokinase increased, Blood creatinine increased, Blood fibrinogen increased, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Dyspnoea, Echocardiogram abnormal, Fibrin D dimer increased, Pyrexia, Serum ferritin increased, Troponin increased  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: Creatinine, CPK, BNP, Troponin, ALT, AST,  
Ferritin, Ddimer, Fibrinogen and CRP all elevated. ECHO abnormal.  
CDC Split Type:  
Write-up: Developed fever, SOB and chest pain 3 days after second  
vaccine dose.

VAERS ID: 1342386 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-05-23  
Onset: 2021-05-23  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-24  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Lip swelling, Pruritus, Swelling of eyelid, Urticaria  
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow),  
Periorbital and eyelid disorders (narrow), Hypersensitivity  
(narrow), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Hives, itching, eyelid swelling, lip swelling

VAERS ID: 1344312 (history)  
Form: Version 2.0

Age: 14.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-05-19

Onset: 2021-05-23

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 AR / IM

Administered by: School Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Echocardiogram normal,  
Electrocardiogram abnormal, Myocarditis, Rash, Rash maculo-papular,  
Sinus bradycardia, Troponin increased, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow),  
Myocardial infarction (narrow), Arrhythmia related investigations,  
signs and symptoms (broad), Disorders of sinus node function  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad),  
Hypersensitivity (narrow), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin

Current Illness:

Preexisting Conditions: Patient tested positive for COVID in Dec.  
2020. Was asymptomatic

Allergies: Environmental allergies

Diagnostic Lab Data: Troponins were ordered and trended. Day 5 post  
vaccine value was 1951. Day 6 post vaccine value was 1928 and  
repeated later that day to be 995. Patient had EKG that displayed  
sinus bradycardia. Patient had echocardiogram that was within normal  
limits.

CDC Split Type:

Write-up: Patient developed maculopapular uticular rash day of  
vaccine that started on his lower extremities and progressed over a  
few days to include part of his trunk and his proximal upper  
extremities. Parents gave benadryl at home. It began to self resolve  
5 days after vaccine, with complete resolution on day 6 after  
vaccine. Additionally, on day 5 following vaccine, the patient had  
one, isolated, episode of chest pain and SOB that lasted 2-3

minutes. Patient believed he was having a panic attack. Patient's mother took BP during event which was 190/95. Patient subsequently brought to ED where all his vitals were diffusely within normal limits including BP. No persistent chest pain and physical exam unremarkable. Troponin was obtained in ED and found to be elevated at 1951. Patient was admitted, troponins were trended, and patient remained in stable condition without further adverse events, and was subsequently discharge home with diagnosis of suspected myocarditis.

VAERS ID: 1347516 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New Mexico

Vaccinated: 2021-05-20

Onset: 2021-05-21

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment abnormal, Immunoglobulin therapy, Magnetic resonance imaging heart, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: ECHO was normal on 5/24 and 5/25 and multiple ECGs with non-specific ST changes. Results of possible viral triggers of myocarditis are pending. Patient was transferred to the hospital for cardiac MRI, results unknown.

CDC Split Type:

Write-up: Myocarditis. Patient presented with chest pain and was found to have a troponin of 9.75. Pain resolved and troponin down-

trended after treatment with IVIG and Solu-medrol. Patient's brother has history of MIS-C after Covid. Patient had documented Covid in 10/2020.

VAERS ID: 1350848 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Missouri

Vaccinated: 2021-05-17

Onset: 2021-05-19

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Irritability, Mood altered, Suicide attempt

SMQs: Suicide/self-injury (narrow), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Sertraline 100 mg PO qhs Intuniv 2 mg PO qhs

Methylphenidate 5 mg PO daily.

Current Illness: None

Preexisting Conditions: ADHD Generalized Anxiety Disorder

Allergies: Canine Protein Containing Products (2+ reaction on allergy testing) Cat Hair Std Allergenic Ext (Itching) Tree Nut (Swelling)

Diagnostic Lab Data:

CDC Split Type:

Write-up: 1-2 days after administration of vaccine, the patient had a week-long episode of moodiness and irritability. This culminated in a suicide attempt by hanging in his bedroom that was interrupted by his father. There is no prior history of suicide attempts and no other clear, identifiable triggers to this incident. After 7 days, the patient returned to his previous baseline of mood.

VAERS ID: 1354094 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Utah

Vaccinated: 2021-05-17

Onset: 2021-05-25

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-05-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 1 - / IM

Administered by: Public Purchased by: ?

Symptoms: Angiogram abnormal, Angiogram cerebral abnormal, Aphasia, Arteriogram carotid abnormal, Basal ganglia infarction, Basal ganglia stroke, Cerebral artery occlusion, Computerised tomogram head abnormal, Hemiparesis, Intensive care, Ischaemic stroke, Magnetic resonance imaging head abnormal, Syncope, Thrombectomy SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Aspirin 81mg PO daily Sildenafil 20mg PO BID

Vitamin B complex capsule daily Vitamin C 25mg oral tablet daily

Vitamin D with minerals oral tablet daily

Current Illness: n/a

Preexisting Conditions: Hypoplastic left heart syndrome s/p fenestrated Fontan in December 2008 Fontan-induced liver fibrosis

Allergies: NKA

Diagnostic Lab Data: CT brain and CTA head/neck 5/25: large vessel occlusion involving the M1 branch of L MCA MRI and MRA brain 5/26: acute infarct of L basal ganglia CT brain and CTA head/neck 5/27: evolving L basal ganglia stroke Pending coagulation testing including antiphospholipid panel, common thrombosis panel, uncommon thrombosis panel, heparin-induced thrombocytopenia PF4 antibody If additional labs/reports are desired, PCH Information Release Department

CDC Split Type:

Write-up: Received COVID vaccine on 5/17/21 5/25/21 around 0100 patient collapsed with acute onset right sided weakness and expressive aphasia. Brought to an ED where CTA found an occlusion of the L MCA which was confirmed as a ischemic stroke. He received TPA and underwent a IR guided thrombectomy. Patient continues to be admitted to the PICU with intermittent expressive aphasia and mild right sided weakness.

VAERS ID: 1360956 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-05-25

Onset: 2021-05-27

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Brain natriuretic peptide decreased, C-reactive protein increased, Chest X-ray normal, Chest discomfort, Chest pain, Echocardiogram, Electrocardiogram ST-T change, Feeling hot, Inflammatory marker increased, Influenza virus test negative, Myocarditis, Parvovirus B19 test negative, Red blood cell sedimentation rate increased, Respiratory syncytial virus test negative, SARS-CoV-2 test negative, Tachycardia, Troponin increased, Ultrasound chest

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Kenalog injections to scalp

Current Illness: Sprained ankle

Preexisting Conditions: Alopecia totalis, unresponsive to prednisone



Allergies: No known allergies

Diagnostic Lab Data: Troponin 5/28 0.12 (C), 5/29 0.10 (C) EKG with nonspecific ST-T wave changes, no evidence of strain or block ECHO pending CRP 5.24 (H) BNP 16 ESR 23 influenza/SARS CoV-2/RSV/parainfluenza/adenovirus/parvovirus PCR (all negative) considering Lyme Ab, full RVP

CDC Split Type:

Write-up: Patient received 1st dose Pfizer COVID vaccine at a store/pharmacy on 5/25/21. Presented to ED with chest pain on 5/28.

Diagnosed with myocarditis and admitted to the hospital. ED attending note: Patient presents with acute onset of chest discomfort in the sternal area 2 days after the first dose of Covid vaccine. Patient's not had any fevers. No respiratory symptoms. No difficulty with respirations or any pleuritic chest pain. Denies any cough. No chest wall trauma. No back pain. No palpitations or syncope. No orthostasis. No peripheral edema. On physical exam he was mildly tachycardic in the 80s to low 90s with no murmur and no gallop. No JVD. Clear lungs. No rub. Bedside ultrasound performed by HCP had bilateral lung sliding and normal gross function based on 2 views. No pericardial effusion. EKG had ST changes. Chest x-ray was obtained without any effusions or pulmonary infiltrates. Normal cardiac silhouette. Troponin sent elevated. Cardiology consulted for possible postvaccination myocarditis. Child remained stable. Resting heart rates in the 70s and low 80s. Cardiology came to see the patient. Plan to admit to cardiology service. Presumed diagnosis of myocarditis. Cardiology admitting note: Pt. is an otherwise healthy 14yM who presents with acute onset atraumatic chest pain i/s/o recent covid vaccine, found to have mildly elevated inflammatory markers and troponin with borderline ST changes on EKG most consistent with mild peri/myocarditis at this time given overall well appearance on exam without hemodynamic or respiratory compromise and grossly normal function on POCUS, though plan for formal echo in AM. EKG w/ non-specific ST-T wave changes in precordial leads, no evidence of strain or block. Admitted to the cardiology service for serial troponins, ECHO, and close monitoring. HPI per cardiology consult note: "Patient is a healthy 14 year old with a history of alopecia who presented to the ED with mild chest pain 4 days following his first Covid vaccine (Pfizer). He had no symptoms in the days immediately following vaccine, and played basketball the day following with no symptoms, but after waking up today began having dull mid sternal chest pain. It was a 4/10, worse with lying down, non pleuritic, not sharp, and not radiating pain and not associated with any other symptoms including SOB, numbness, GI pain, cough, or anything else. Has not taken any meds for the pain. Has not exercised today. Felt "warm" this AM, but didn't check temperature and felt better throughout the day. No palpitations, dizziness. Denies ever having chest pain before and no recent illnesses or sick contacts. No notable fhx of cardiac disease. In the ED, troponin mildly elevated to 0.12 ng/mL and CRP 5 with low ESR and BNP. Bedside point-of-care US reportedly showed no clear effusion with grossly normal function. HR mainly in 70s in ED and normotensive. EKG with borderline nonspecific ST elevation in V3-V6."

VAERS ID: 1361623 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-05-24

Onset: 2021-05-28

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Normal Echocardiogram. Admitted to the hospital for observation.

CDC Split Type:

Write-up: Myocarditis. Presented with chest pain and increased Troponin.

VAERS ID: 1361652 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Arizona

Vaccinated: 2021-05-16

Onset: 2021-05-21

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 1 - / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal pain, Arteriogram coronary normal, Blood culture negative, Brain natriuretic peptide increased, C-reactive protein increased, Chest X-ray normal, Coagulopathy, Culture urine negative, Echocardiogram normal, Fibrin D dimer increased, Headache, Immunoglobulin therapy, Inflammatory marker increased, Multisystem inflammatory syndrome in children, Prothrombin level increased, Pyrexia, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 antibody test positive, Serum ferritin increased

SMQs:, Cardiac failure (broad), Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Seizures when younger-seizure free for several years

Allergies: None

Diagnostic Lab Data: Echocardiogram normal 5/29. Chest CT angiogram normal 5/28. CXR normal 5/28. Covid IgG + 5/28 RPP negative.

Cultures of blood and urine negative. DDimer markedly elevated 6529, CRP 164 mg/L, PT elevated. Ferritin 408. PT 19.3. ESR 79.

CDC Split Type:

Write-up: Within 5 days of immunization, developed fever, abdominal pain, headache, elevated inflammatory markers, DDimers, ferritin and BNP and coagulopathy. Admitted to Hospital and evaluated for MIS-C. Observed and treatment recommended for MIS-C with IVIG and steroids.

VAERS ID: 1361878 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Texas

Vaccinated: 2021-05-30

Onset: 2021-05-30

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 1 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood glucose normal, Fall, Head injury, Loss of consciousness, Musculoskeletal stiffness

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: patient was given pfizer vaccine and was sitting in the chair for post vaccination waiting for about 5 minutes. Suddenly I looked up, I noticed her body stiffened and her eyes closed. she tumbled to the floor and hit her head on the ground. Paramedics were dispatched immediately. patient woke up right away, we checked her pulse, forehead for fever, and back of her head for any possible bleeding. She answered all questions that we asked of her correctly (such as her name, her age, etc.) Paramedics arrived, took her blood pressure, oxygen level (both normal), blood sugar (normal). Parents decided to take her to hospital for further evaluation. I called and spoke to Dad 5 hours later, dad stated that she is doing fine.

VAERS ID: 1361906 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Illinois

Vaccinated: 2021-05-24

Onset: 2021-05-28

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest discomfort, Chest pain, Nausea, Troponin increased, Vomiting

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Troponin 3.07 ng/mL

CDC Split Type:

Write-up: Presented to the ED 6 days after receiving Pfizer vaccine with chest pain; pressure and burning with nausea and vomiting.

VAERS ID: 1363276 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Iowa

Vaccinated: 2021-05-18

Onset: 2021-05-30

Days after vaccination: 12

Submitted: 0000-00-00

Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0168 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Appendicitis, C-reactive protein increased, Computerised tomogram abdomen abnormal, White blood cell count increased

SMQs:, Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Miralax Guanfacine Lexapro Allergy shots Asmanex  
Current Illness: None  
Preexisting Conditions: Asthma ADHD Anxiety Seasonal allergies  
Constipation History of juvenile arthritis  
Allergies: None  
Diagnostic Lab Data: CRP 9 WBC 25,000 CT scan showing appendicitis  
CDC Split Type:  
Write-up: Appendicitis

VAERS ID: 1365147 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-21  
Onset: 2021-05-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none reported, but had chest pain x 2 weeks that

sounds non-specific  
Preexisting Conditions: none  
Allergies: none known  
Diagnostic Lab Data: Troponin high-sensitivity 1970 (5/24) -\$g 4470 (5/25) -\$g 2230 (5/26) -\$g 9 (5/28) -\$g 6 (5/29)  
CDC Split Type:  
Write-up: Patient had worsening of underlying chest pain with episodes lasting longer, but still intermittent in nature. Happened throughout the weekend until patient came to the ED on 5/24/2021.

VAERS ID: 1367905 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-05-26  
Onset: 2021-05-27

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-02

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0197 / 1 AR / IM

Administered by: School Purchased by: ?

Symptoms: Asthenia, Brain natriuretic peptide increased, Chest pain, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Headache, Myocarditis, SARS-CoV-2 antibody test positive, Troponin increased

SMQs: Cardiac failure (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Peptobismol prior to admission thought it was heart burn.

Current Illness:

Preexisting Conditions: Asthma (No chronic medications) Autism on the Spectrum (No chronic medications)

Allergies: NKDA

Diagnostic Lab Data: Troponin levels- from 5/29/21 to 6/1/2021 troponin ranges from 4.93 on 5/29/21 to as high as 25.38 on 5/31/21. Most recent Troponin level on 6/1/21 at 2010 = 4.47. BNP also elevated on 5/30/21 which was 122 and 151. Patient has COVID-19 IgG Qualitative results positive. Patient's EKG also showed ST segmentation.

CDC Split Type:

Write-up: Patient received the Pfizer COVID-19 vaccine 3 days prior to admission, and felt weak with complaints of headache the following day, and the symptoms have since resolved. Mother mentioned that he has been complaining of intermittent midsternal chest pain that worsened after eating since the day prior to admission. She had been giving him peptobismol, thinking it was gas related pain. However, due to him persistently complaining of the pain after eating, she brought him to. She denied any fever, shortness of breath, weakness/fatigue. Of note, mother had COVID in march 2020 and she believed he might have been sick around that time as well. Patient is still in the hospital and continues to receive pain medication and treatment for myocarditis (NSAIDS and opioids)

VAERS ID: 1368850 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: California

Vaccinated: 2021-05-15

Onset: 2021-06-01

Days after vaccination: 17

Submitted: 0000-00-00

Entered: 2021-06-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Aspartate aminotransferase increased, Blood bilirubin increased, C-reactive protein increased, Chest X-ray normal, Chest pain, Echocardiogram abnormal, Electrocardiogram repolarisation abnormality, Intensive care, Mitral valve incompetence, Myocarditis, Troponin I increased

SMQs: Torsade de pointes/QT prolongation (broad), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Biliary system related investigations, signs and symptoms (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No



Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: none  
Preexisting Conditions: History of asthma first diagnosed at age 6 months. No symptoms for more than 1 year. Only medication used for asthma is albuterol MDI as needed, last use more than 1 year ago.  
Allergies: None  
Diagnostic Lab Data: Troponin :I 5.39 ng/ml. CRP 5.0 mg/dl AST 47 Tbili 1.7 on 6/1 but down to 0.8 on 6/2 CXR normal, EKG with early repolarization, otherwise normal, echo normal except for trace mitral regurgitation  
CDC Split Type:  
Write-up: Acute myocarditis presenting with chest pain and elevated troponin I. Admitted to the PICU at Hospital on 6/2/21 (previously had been in the ER on 6/1/21 at the start of chest pain).

VAERS ID: 1371928 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-02  
Onset: 2021-06-02  
    Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0170 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Fatigue, Pallor, Seizure, Somnolence, Vision blurred  
SMQs: Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Seizure for 2 second, blurry vision, pale skin, fatigue,  
and drowsiness

VAERS ID: 1376399 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: Prozac, melatonin, vitamin d  
Current Illness: none  
Preexisting Conditions: sleep apnea, easy bruising, hypermobility  
Allergies: gluten, kiwi, eosporin, tape  
Diagnostic Lab Data: Troponins trended from 800 to 3000s  
CDC Split Type:  
Write-up: Patient with myocarditis requiring inpatient admission

VAERS ID: 1376642 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-03  
Onset: 2021-06-06  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 LA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase normal, C-reactive protein increased, Chest pain, Dyspepsia, Dyspnoea, Influenza like illness, Intensive care, Malaise, Myalgia, Sleep disorder, Troponin increased  
SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: COVID illness 5 weeks prior to vaccination  
Preexisting Conditions: mild, intermittent asthma  
Allergies: Tree nut allergy, pistachios  
Diagnostic Lab Data: First troponin: 1.03 nanograms/mL Second troponin: 8 nanograms/mL Third troponin (at UCDMC): 1150 nanograms/L  
CK-MB: 127.8 nanograms/L CRP 3.9 mg/dL  
CDC Split Type:  
Write-up: Flu-like symptoms consisting of myalgias and malaise started on 6/4/21 at 1300. Overnight into 6/6 around 0230, he began having chest pain that felt like severe heart burn and shortness of breath. Tried to sleep through it but was unable and sought care. Found to have elevated troponin level and transferred to our facility pediatric ICU for higher level of care. Currently hospitalized in Pediatric ICU.

VAERS ID: 1376956 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-15  
Onset: 2021-05-16

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain upper, Blood test, Colonoscopy, Diarrhoea,  
Endoscopy, Flatulence, Haematochezia  
SMQs: Acute pancreatitis (broad), Haemorrhage terms (excl  
laboratory terms) (narrow), Pseudomembranous colitis (broad),  
Gastrointestinal haemorrhage (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Ischaemic colitis  
(broad), Noninfectious diarrhoea (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: NoneNpne  
Current Illness: None  
Preexisting Conditions: First degree AV block Beta Thalassima  
Allergies: None  
Diagnostic Lab Data: She has had several blood tests starting May  
25, 2021 and was hospitalized on June 3rd. She had a colonoscopy and  
endoscopy. Waiting for results.  
CDC Split Type:  
Write-up: Patient had gas starting the day after shot. It then  
progressed to stomach pain intermittent and then diarrhea with  
bloody stools. It progressively got worse and has been suffering  
with it for 3 weeks now.

VAERS ID: 1377873 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-02  
Onset: 2021-06-03  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EP7533 / 2 AR / SYR  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EL3302 / 1 AR / SYR

Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Magnetic resonance  
imaging heart, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Troponin elevation to 12 upon admission with  
subsequent downtrending over the course of the next two days  
Echocardiogram with normal cardiac function Cardiac MRI pending at  
the time of submission  
CDC Split Type:  
Write-up: After patient''s second dose of Pfizer vaccine, he  
developed chest pain, consistent with myocarditis. Got his second  
vaccine on 6/2 and then developed symptoms on 6/3 and 6/4 which  
prompted ER visit on 6/5. He has been on Ibuprofen ATC.

VAERS ID: 1378432 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Cardiovascular evaluation, Chest pain, Echocardiogram  
normal, Magnetic resonance imaging heart, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Echo normal, troponin elevated, Cardiac MRI pending  
CDC Split Type:  
Write-up: Patient presented to hospital 2 days after 2nd dose of Pfizer COVID19 vaccine due to chest pain found to have elevated troponin undergoing evaluation for myocarditis. Currently admitted to the hospital for further management.

VAERS ID: 1381754 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-01  
Onset: 2021-06-03  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram repolarisation abnormality, Feeling abnormal, Myocarditis, Troponin I increased

SMQs: Torsade de pointes/QT prolongation (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Dementia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin I: Initial 3.66 ng/ml (ULN 0.03 ng/ml). CRP 22.6 mg/L (<8.1 mg/L) ECG with repolarization anomaly. Echo with no pericardial effusion and normal heart function. Troponins slowly resolving over 24 hours: 3.53; 2.62; 2.01  
CDC Split Type:  
Write-up: Patient developed sudden onset of chest pain which was diagnosed as myocarditis. Feeling a little bad on 6/2/2021 with some mild chest pain on that date. Took ibuprofen. Woke up suddenly on 6/3/2021 with severe chest pain. Called pediatrician and was going to wait for them to open; however, it was so severe that they took him to the Emergency Department.

VAERS ID: 1381815 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Wisconsin

Vaccinated: 2021-05-28  
Onset: 2021-05-30  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Diarrhoea, Gait disturbance, Gait inability, Pain, Peripheral swelling, Rheumatoid factor, Urticaria, White blood cell count

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Methylphenidate ER 54mg, Guanfacine ER 1mg,  
Bupropion SR 200mg, Oxcarbazepine 300mg

Current Illness:

Preexisting Conditions:

Allergies: No known allergies.

Diagnostic Lab Data: Rheumatoid factor, WBC

CDC Split Type:

Write-up: 2 days post vaccination patient developed hives--parent treated with Benadryl, 3 days post vaccination--patient's finger began swelling, worsening symptoms over following 4 days included increased difficulty walking (started with a limp), diarrhea, extreme pain with inability to walk Patient went to ER--admitted and given IV Toradol

VAERS ID: 1382118 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Colorado

Vaccinated: 2021-06-05

Onset: 2021-06-07

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: Pain control with NSAIDs 6/8

CDC Split Type:

Write-up: Chest pain, troponin leak



VAERS ID: 1382491 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-04

Onset: 2021-06-07

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Blood test, Chest X-ray normal, Chest pain, Chills,  
Electrocardiogram normal, Fatigue, Headache, Intensive care,  
Myocarditis, Nausea, Pyrexia, Troponin increased

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome  
(broad), Myocardial infarction (narrow), Anticholinergic syndrome  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (narrow), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none; patient had COVID-19 in March 2020 (16  
months prior)

Allergies: none

Diagnostic Lab Data: EKG - clear - 6/7/2021 Chest x-ray - clear -

6/7/2021 bloodwork - pending - 6/7/2021 troponin - 18,300 -

6/7/2021, 10:30 pm troponin - 19,905 - 6/8/2021, ~4:00 am

CDC Split Type:

Write-up: In first two days following second dose of Pfizer vaccine,  
patient had "normal" side effects of fatigue, low grade fever,  
chills, etc. On evening of day 3 patient developed headache, nausea,  
and severe chest pain. Emergency Room visit showed normal EKG an X-  
Ray but bloodwork showed troponin levels of 18,300 at 10:30 pm and  
19,905 overnight. Patient was diagnosed with myocarditis and  
admitted to pediatric ICU at Hospital.

VAERS ID: 1382549 (history)

Form: Version 2.0

Age: 14.0  
Sex: Male  
Location: Iowa

Vaccinated: 2021-06-04

Onset: 2021-06-07

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest X-ray normal, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Hyperglycaemia, Pain, Pain in extremity, Painful respiration, Troponin increased

SMQs: Hyperglycaemia/new onset diabetes mellitus (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to ED on 6/8/2021 with sub-sternal chest pain 9/10 with mild radiation down his left arm which was worse with breathing and moving. Per patient he had 2 less severe episodes of chest pain on 6/7 which were short in duration and resolved on their own. ED evaluation was significant for mildly elevated troponin at 1.88, EKG with diffuse ST elevation, elevated CRP of 1.9, mild hyperglycemia. He had a normal chest xray. Echocardiogram demonstrated normal biventricular function with no obvious pericarditis. \*\*\*

VAERS ID: 1383397 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: New Jersey

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Electrocardiogram abnormal, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myopericarditis with elevated troponin chest pain and ST  
elevation on EKG

VAERS ID: 1386153 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Louisiana

Vaccinated: 2021-06-05  
Onset: 2021-06-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-09  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 AR / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Brain natriuretic peptide increased, C-reactive protein

increased, Chest pain, Musculoskeletal stiffness, Myocarditis, Pyrexia, Red blood cell sedimentation rate normal, SARS-CoV-2 antibody test negative, Troponin increased, Viral test negative  
SMQs: Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: cyproheptadine

Current Illness: No acute illnesses

Preexisting Conditions: Patient has chronic abdominal complaints for which he takes cyproheptadine (no diagnosis). Workup in April unremarkable.

Allergies: none

Diagnostic Lab Data: Viral panel: negative COVID IgG Antibody: negative Troponin 6/8/21 @ 1223: elevated 6.3 Troponin 6/8/21 @ 1958: elevated 4.28 Troponin 6/9/21 @ 0406: elevated 4.34 BNP: elevated 1,339 CRP: elevated 3.0 ESR: 6

CDC Split Type:

Write-up: Patient developed fever the day following vaccine, then developed some neck stiffness, then severe chest pain two days after vaccine and was found to have myopericarditis and currently hospitalized.

VAERS ID: 1386175 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-06

Onset: 2021-06-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Other Purchased by: ?

Symptoms: Erythema, Pallor, Peripheral swelling, Swelling face, Syncope, Urticaria  
SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: only uses PRN medications: albuterol, cetirizine, fluticasone, and triamcinolone  
Current Illness: None  
Preexisting Conditions: -Mild intermittent asthma -allergic rhinitis -atopic dermatitis  
Allergies: No known allergies to medications or foods. No prior hx of allergic reaction to any vaccination  
Diagnostic Lab Data: Unsure if any were conducted  
CDC Split Type:  
Write-up: According to the patient's parent, he received Pfizer dose 2 on Sunday afternoon 6/6/21 around 12-12:30pm and woke up Monday morning 6/7/21 w/ redness, hives, facial swelling, hand swelling, and then the patient became pale and fainted. No vomiting or diarrhea. He was taken by ambulance to the Emergency room where he received epinephrine x1 and Benadryl PO after which he improved.

VAERS ID: 1386880 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-05  
Onset: 2021-06-07  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 2 LA / SYR

Administered by: Pharmacy Purchased by: ?  
Symptoms: Appendectomy, Appendicitis, Blood test, Ultrasound scan, Urine analysis  
SMQs:

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Urine alaysis 6/08/2021 Blood test 6/0802021  
ultrasound 6/08/2021  
CDC Split Type:  
Write-up: Appendicitis. Treatment was to have surgery to remove  
appendix

VAERS ID: 1387022 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-05  
Onset: 2021-06-05  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Alanine aminotransferase normal, Anion gap, Aspartate  
aminotransferase normal, Bilirubin conjugated, Blood albumin normal,  
Blood alkaline phosphatase normal, Blood bilirubin normal, Blood  
calcium, Blood chloride normal, Blood creatinine normal, Blood  
glucose normal, Blood magnesium increased, Blood phosphorus  
decreased, Blood potassium normal, Blood sodium normal, Blood urea  
normal, Carbon dioxide increased, Chest pain, Chills, Echocardiogram  
normal, Electrocardiogram normal, Haematocrit normal, Haemoglobin  
normal, Magnetic resonance imaging heart, Magnetic resonance imaging  
thoracic abnormal, Mean cell haemoglobin concentration normal, Mean  
cell haemoglobin decreased, Mean cell volume decreased, Mean  
platelet volume normal, Myalgia, N-terminal prohormone brain  
natriuretic peptide normal, Platelet count normal, Protein total  
normal, Red blood cell count normal, Red blood cell nucleated  
morphology, Red cell distribution width normal, SARS-CoV-2 antibody  
test negative, Skin warm, Troponin T increased, Troponin increased,  
White blood cell count normal

SMQs: Rhabdomyolysis/myopathy (broad), Myocardial infarction

(narrow), Acute central respiratory depression (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad),  
Respiratory failure (broad), Tendinopathies and ligament disorders  
(broad), Infective pneumonia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None.

Current Illness: None.

Preexisting Conditions: None.

Allergies: None.

Diagnostic Lab Data: WBC 7.25 K cells/uL 06/08/21 Hemoglobin 14 g/dL  
06/08/21 Hematocrit 42.5 % 06/08/21 Platelet 246 K cells/uL 06/08/21  
MPV 9.2 fL Low 06/08/21 RBC 5.37 M cells/uL 06/08/21 MCV 79.1 fL Low  
06/08/21 MCH 26.1 pg Low 06/08/21 MCHC 32.9 g/dL 06/08/21 Red Cell  
Distribution Width CV 12.5 % 06/08/21 Nucleated Red Blood Cell % 0 /  
100 WBC 06/08/21 Nucleated Red Blood Cell Count 0 K cells/uL  
06/08/21 Sodium 142 mmol/L 06/08/21 Potassium 4.08 mmol/L 06/08/21  
Chloride 102 mmol/L 06/08/21 CO2 30 mmol/L 06/08/21 Anion Gap 10  
mmol/L 06/08/21 Glucose Level 113 mg/dL 06/08/21 BUN 8 mg/dL  
06/08/21 Creatinine 0.61 mg/dL 06/08/21 Calcium 10 mg/dL 06/08/21  
Phosphorus 4.1 mg/dL 06/08/21 Magnesium 2.2 mg/dL 06/08/21 AST  
(Aspartate Aminotransferase) 31 unit/L 06/08/21 ALT 25 unit/L  
06/08/21 Alkaline Phosphatase 161 unit/L 06/08/21 B-Type Natriuretic  
Peptide 20 pg/mL 06/08/21 Albumin 4.7 g/dL High 06/08/21 Total  
Protein 7.8 g/dL 06/08/21 Troponin T 0.19 ng/mL Critical 06/09/21  
Troponin T 0.25 ng/mL Critical 06/08/21 Bilirubin, Total 0.4 mg/dL  
06/08/21 Bilirubin, Direct <0.2 06/08/21 SARS-CoV-2 Total Antibody  
Non-reactive 06/08/21 Echo 6/8/21 normal lv size and function, no  
AVVR, no abnormalities seen. cMRI : normal global function. EF 61.8%  
Small area of subepicardial late gadolinium enhancement noted in the  
basal inferolateral segment (AHA segment 5). Pending tests at  
discharge: Adeno / hMPV / Rhino PCR, Resp, QuaL Adenovirus PCR,  
QuaNT CBC with Diff Coxsackie A9 Virus Antibody, Total Coxsackie B  
Virus Antibody Cytomegalovirus PCR, blood, QuaNT D-Dimer Enterovirus  
PCR, blood, QuaL Epstein-Barr Virus PCR, QuaNT Ferritin Influenza A/  
B RSV PCR, Resp, QuaL LDH Lyme Antibody, Total  
CDC Split Type:

Write-up: Chest pain started on the day of the 2nd dose along with  
chills, myalgias and ''tactile temp''. The other symptoms resolved  
but the chest pain persisted. Worse with exertion, and also worse  
with leaning forward and also lying flat. Went to PCP who drew  
troponin, which was elevated, sent the pt to the ER. Troponin was  
elevated in the ER, ECG was normal, echo also normal. Admitted for  
trending of labs, work up for infectious causes of myocarditis sent.

cMRI showed LGE in small area of the inferolateral wall of the LV. Symptoms resolved with Tylenol prior to arrival at the ER, discharged after ~24 hours observation on ibuprofen RTC with close follow-up planned. Restricted from strenuous activity.

VAERS ID: 1387944 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-06-06  
Onset: 2021-06-09  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 RA / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood test, Echocardiogram, Electrocardiogram, Magnetic resonance imaging heart, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: MRI of heart, blood work showing elevated troponin, echo, and ekg  
CDC Split Type:  
Write-up: Myocarditis

VAERS ID: 1388214 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Rhode Island

Vaccinated: 2021-06-07  
Onset: 2021-06-09  
Days after vaccination: 2



Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / SYR  
Administered by: School Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST  
segment elevation, Intensive care, Myocarditis, Troponin  
SMQs:, Myocardial infarction (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Penicillin, Beta lactamase antibiotics  
Diagnostic Lab Data: Echocardiogram 6/9: Normal EKG 6/9: ST  
Elevations multiple leads Troponin 6/9: 8,373 EKG 6/10: Normal  
Troponin 6/10: 4,092  
CDC Split Type:  
Write-up: Myocarditis s/p 2nd COVID shot. Presented with chest pain,  
elevated troponin with ST elevations in multiple leads. Normal  
Echocardiogram. Treated with Methylprednisolone and Toradol.  
Downtrending troponin with clinical improvement at time of report.  
Currently still hospitalized in PICU during the time report was  
made.

VAERS ID: 1391510 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Wisconsin

Vaccinated: 2021-05-21  
Onset: 2021-05-22  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 1 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, COVID-19, Chest X-ray

abnormal, Cough, Lung disorder, Pneumonia, Pyrexia, SARS-CoV-2 test positive

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: Obesity (BMI 35), ADHD

Allergies: NKDA

Diagnostic Lab Data: 5/28 chest xray shows worsening patchy airspace disease in left lung base. Positive COVID test on 5/28, elevated CRP values on 5/28 and 5/29.

CDC Split Type:

Write-up: Patient reports cough and fever since 5/22. Was seen by pediatrician in clinic on 5/25, diagnosed with pneumonia and prescribed azithromycin. Parent reported compliance with medication but reported that patient started to have coughing fits and fever of 104 at home. This prompted ER evaluation and subsequently admitted to hospital for observation. During admission, patient was treated with IV Ceftriaxone x 3 days and PRN Mucinex for pneumonia. No oxygen requirements, so no further intervention was needed per MD.

VAERS ID: 1391802 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Missouri

Vaccinated: 2021-05-19

Onset: 2021-05-27

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: C-reactive protein normal, Cardiac stress test abnormal, Congenital coronary artery malformation, Dizziness, Echocardiogram abnormal, Ejection fraction decreased, Electrocardiogram ambulatory abnormal, Headache, Left ventricular dysfunction, Magnetic resonance

imaging heart, Red blood cell sedimentation rate normal, Supraventricular extrasystoles, Tachycardia  
SMQs: Cardiac failure (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Congenital, familial and genetic disorders (narrow), Cardiomyopathy (narrow), Other ischaemic heart disease (broad), Vestibular disorders (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations: HPV- arm swelling

Other Medications: Current medications as of 05/28/2021 13:03

Adderall XR 25 mg oral capsule, extended release 25 mg (1 capsule)

DX: ADHD Fill on/after May 1, 2021 by mouth every day aerochamber with medium mask. 1 device use with inhaler as directed Other-

Current Illness: None

Preexisting Conditions: Allergic conjunctivitis Allergic rhinitis

Anomalous coronary artery origin Anxiety NOS Asthma Attention

deficit hyperactivity disorder combined Autistic Disorder

Constipation Contusion of right hand Eczema Pain in right hand Pes

planus Scoliosis Sensory processing disorder Tourette's Disorder

Allergies: None

Diagnostic Lab Data: As described above.

CDC Split Type:

Write-up: 14yo male that was admitted to our hospital's cardiology service prior to after an episode of acute onset tachycardia (possible atrial tachycardia), dizziness, headache at school. He had his first covid vaccine 8 days prior to the event at school. He has a coincidental diagnosis of an anomalous left coronary off the right aortic valve cusps, but his coronary course is unusual where he would be very unlikely to be at risk for sudden cardiac arrest. He had an ECHO in the ED that showed a mild left ventricular dysfunction (EF 45%). He underwent a cardiac MRI on 5/28/2021 was done that was normal without myocardial edema or scarring. His ejection fraction on that study (24 hours later) was 54%. He was discharged home and had a stress test the following week (6/1/2021) that showed blocked PACs at peak exercise (a very usual finding for an otherwise healthy kid) and possible slow atrial tachycardia at baseline. His laboratory evaluation including CRP and ESR was normal. 72 hour Holter monitor showed blocked PACs and no supraventricular or ventricular tachycardia. Mother reports that he is "back to baseline" May 31st. Of note, his father was covid positive with headache in October 2020. The patient also had a headache for 1 week without fever. It was presumed that he had covid as well, but was not tested per PCP recommendation.

VAERS ID: 1392113 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Minnesota

Vaccinated: 2021-06-06

Onset: 2021-06-11

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Aortic valve incompetence, Back pain, Chest pain, Chills, Cough, Echocardiogram abnormal, Electrocardiogram change, Fatigue, Mitral valve incompetence, Pain, Pyrexia, Troponin T increased  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: 6/11/2021 ECHO with no wall motion abnormalities, trivial mitral and aortic valve regurgitation.

6/11/2021 Troponin T 5th Generation 1754 (ref range <15)

CDC Split Type:

Write-up: has had cough, chills, fever, fatigue, body aches since vaccination, 6/11/2021 woke with chest pain into L arm and back. EKG changes were consistent with STEMI, this was ruled out by ECHO.

VAERS ID: 1392607 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Florida

Vaccinated: 2021-06-08  
Onset: 2021-06-09  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 2 - / IM  
Administered by: Other Purchased by: ?  
Symptoms: Chest pain, Echocardiogram abnormal, Myocarditis,  
Pericardial effusion, Pyrexia, Red blood cell sedimentation rate  
increased, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus  
erythematosus (broad), Myocardial infarction (narrow),  
Anticholinergic syndrome (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Haemodynamic oedema,  
effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Elevated Troponin 24.200, ESR 14, ECHO good  
function, trivial pericardial effusion, very bright posterior LV  
wall  
CDC Split Type:  
Write-up: Fever, Chest pain, presented to the ER and now admitted to  
the cardiac stepdown unit with myocarditis

VAERS ID: 1392879 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-08  
Onset: 2021-06-10  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-11  
Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 AR / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Decreased appetite, Echocardiogram,  
Electrocardiogram ST segment elevation, Fatigue, Headache,  
Myocarditis, Pain in extremity, Troponin increased, Vaccination  
complication, Vomiting  
SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad), Tendinopathies and ligament  
disorders (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin: - 6/11 1280 at 0016 - 6/11 959 at  
0748 ECG 12 lead with normal sinus rhythm and mild diffuse ST  
elevations Echo read pending  
CDC Split Type:  
Write-up: June 8th- received vaccine. Fatigue, arm soreness. June  
9th- headache, decreased appetite June 10th- pain of both upper  
arms, substernal chest pain. One episode of emesis. Was admitted to  
our hospital for presumed COVID-19 vaccine related myocarditis.

VAERS ID: 1394698 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-06-09  
Onset: 2021-06-11  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Appendicitis, Blood test, Computerised tomogram abdomen  
abnormal, SARS-CoV-2 test, Urine analysis, White blood cell count

increased

SMQs:, Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/12/21 Elevated white blood cell count Blood work Urine test Rapid COVID test CAT scan

CDC Split Type:

Write-up: Appendicitis

VAERS ID: 1394876 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Kentucky

Vaccinated: 2021-06-10

Onset: 2021-06-12

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest discomfort, Chest pain, Echocardiogram normal, Electrocardiogram abnormal, Electrocardiogram change, Pericarditis, Troponin increased

SMQs:, Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: none  
Preexisting Conditions: none  
Allergies: Shellfish, Shrimp  
Diagnostic Lab Data: 6/12/2021--normal Echocardiogram 6/13/2021--  
elevated highly sensitive troponin at over 1000 ng/L  
CDC Split Type:  
Write-up: Patient presented with "crushing" substernal chest pain.  
Initially with negative troponin and normal ECHO. Admitted for  
observation. Later in day had recurrence of chest pain, along with  
elevated troponin and EKG changes consistent with pericarditis.

VAERS ID: 1395426 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Minnesota

Vaccinated: 2021-06-10  
Onset: 2021-06-12  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Echocardiogram abnormal,  
Electrocardiogram normal, Immunoglobulin therapy, Mitral valve  
incompetence, N-terminal prohormone brain natriuretic peptide  
increased, Pulmonary valve incompetence, Tricuspid valve  
incompetence, Troponin T increased  
SMQs: Cardiac failure (broad), Anaphylactic reaction (broad),  
Myocardial infarction (narrow), Pulmonary hypertension (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:



Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: ECHO trivial regurgitation of mitral, pulmonary, and tricuspid valves all else normal EKG normal, Troponin T 5th gen 191, 208,175 NT-ProNB 659  
CDC Split Type:  
Write-up: Chest pain and heaviness Hospitalized Treated with NSAIDS, colchicine and IVIG

VAERS ID: 1395672 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-04

Onset: 2021-06-06

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest discomfort, Chest pain, Echocardiogram, Echocardiogram normal, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Limb discomfort, Myocarditis, Pain in extremity, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Obesity, autism spectrum disorder

Allergies: No known allergies

Diagnostic Lab Data: See above

CDC Split Type:

Write-up: This patient received their second Pfizer COVID-19 vaccine

on 6/4/2021. The patient began experiencing arm pain which migrated to his chest on 6/6/2021. The pain resolved but returned with increased severity on 6/7/2021, prompting medical evaluation. The pain was described as a pressure sensation in the center of the chest and in bilateral arms. Upon initial evaluation, he was found to have an abnormal EKG with ST segment changes. Troponin was significantly elevated. He was transferred to the hospital. A transthoracic echo was obtained and was normal. He was hospitalized on the pediatric cardiology service, admitted on 6/8/2021. Troponin trended down during his stay. He was started on lisinopril. He was discharged home on 6/9/2021 with plan for outpatient pediatric cardiology follow up. Given the proximity of his second Pfizer COVID-19 vaccine to onset of his symptoms, and given similar reported events, the chief concern is whether his episode of myocarditis is related to administration of the Pfizer COVID-19 vaccine. I was on call as attending physician when this patient was admitted. Physician cared for this patient as the pediatric cardiology inpatient attending during his hospital course.

VAERS ID: 1395967 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-11  
Onset: 2021-06-13  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) EW0178 / 1	AR / IM	PFIZER/BIONTECH
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) EW0191 / 2	LA / IM	PFIZER/BIONTECH

Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain upper, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Headache, Immediate post-injection reaction, Pain in extremity, Troponin

SMQs: Acute pancreatitis (broad), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days

Extended hospital stay? No  
Previous Vaccinations: Rhinorrhea following SARS-CoV-2 vaccine on 5/21/21 and 6/11/21  
Other Medications: Advil taken on 6/11/21 for arm pain and headache  
Current Illness: Rhinorrhea s/p vaccine administration and self-limited rhinorrhea following first dose of Pfizer mRNA vaccine on 5/21/21  
Preexisting Conditions: None  
Allergies: Penicillin -- \$g Hives  
Diagnostic Lab Data: 6/14/21: Troponin 5.99 ng/mL -- \$g 9.37 ng/mL.  
Initial EKG with ST segment elevation in the inferolateral leads and echocardiogram without ventricular dysfunction or pericarditis.  
CDC Split Type:  
Write-up: Immediately following vaccination on 6/11 the patient developed left arm pain which became bilateral and a headache. These symptoms resolved with Advil. On 6/13 he developed self-limited epigastric pain and later that evening he developed acute midline inferior sternal pain, which prompted ED evaluation.

VAERS ID: 1396461 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Tennessee

Vaccinated: 2021-06-11  
Onset: 2021-06-11  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		- / UNK - / -
Administered by: Unknown	Purchased by: ?	

Symptoms: Chest pain, Myocarditis  
SMQs: Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: unknown  
Current Illness: unk  
Preexisting Conditions: unk  
Allergies: amoxicillin, cefdinir, penicillin's,  
Diagnostic Lab Data:

CDC Split Type:  
Write-up: acute chest pain myopericarditis

VAERS ID: 1396660 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-06-10  
Onset: 2021-06-12  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram T wave abnormal,  
Electrocardiogram T wave amplitude decreased, Electrocardiogram T  
wave inversion, Magnetic resonance imaging heart, Magnetic resonance  
imaging normal, Sinus tachycardia, Troponin increased  
SMQs:, Myocardial infarction (narrow), Supraventricular  
tachyarrhythmias (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Other  
ischaemic heart disease (broad), Dehydration (broad), Hypokalaemia  
(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Amoxicillin

Current Illness: Ear infection

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/12/2021: Troponin 0.088; ECG inverted T wave  
III, Flattened T wave V5, V6, abnormal T wave axis, mild sinus  
tachycardia 6/13/2021: Troponin 2.0; ECG flat T wave III, V5, V6, no  
longer see abnormal T wave axis, no longer see sinus tachycardia  
6/14/2021: Troponin 0.519; ECG flat T wave III, V5, V6, no change  
from 6/13/2021; cardiac MRI normal - no evidence of myocarditis

CDC Split Type:

Write-up: Patient developed left sided chest pain with mild T wave  
changes on ECG as well as mildly elevated (and rising troponin).

VAERS ID: 1396779 (history)  
Form: Version 2.0

Age: 14.0  
Sex: Male  
Location: Puerto Rico

Vaccinated: 2021-06-10  
Onset: 2021-06-12  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW 0217 / 2 LA / IM

Administered by: Public Purchased by: ?  
Symptoms: Chest pain, Decreased appetite, Intensive care, Nausea,  
SARS-CoV-2 test negative, Troponin increased  
SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: NKA

Diagnostic Lab Data: Troponin Level 6/12: 6823pcg/ml Troponin Level  
6/13: 7366 and 7218 pcg/ml Troponin Level 6/14: 9041pcg/ml Covid-19  
Ag: (-)

CDC Split Type:

Write-up: On June 12, 2021 patient woke up (10am) and felt chest  
pain, nausea and loss of appetite (poor oral ingestion. He was  
brought to Health Center after evaluation patient was transferred to  
Hospital. On June 12, he was admitted to the Pediatric Intensive Care  
Unit with elevated troponins levels. Patient continue hospitalized  
chest pain and other symptoms has been resolved. Inpatient  
medications: Toradol 30mg IV q6hrs PRN for severe pain (7-10)  
Ibuprofen 40mg PO q8hr PRN Famotidine 20mg IV q12hr Zofran 6mg IV  
q8hr PRN for nausea

VAERS ID: 1399080 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-09

Onset: 2021-06-11  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis, Troponin  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: no  
Current Illness: none  
Preexisting Conditions: adhd  
Allergies: none  
Diagnostic Lab Data: trop 0.91 on 6/11/21 -sg trop 0.61 on 6/12/21  
CDC Split Type:  
Write-up: myopericarditis

VAERS ID: 1399999 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-06-10  
Onset: 2021-06-12  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Other Purchased by: ?  
Symptoms: Chest pain, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No

Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain, elevated troponin, possible myocarditis vs pericarditis

VAERS ID: 1400077 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-11  
Onset: 2021-06-14  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram change, Myocarditis,  
Pyrexia, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: fluticasone (Flonase) 50 mcg/ACT Nasal spray  
acetaminophen 160 mg/5mL Oral suspension  
Current Illness: None  
Preexisting Conditions: Patient had previously been evaluated by

cardiology in the past (2012) for a murmur and had a normal evaluation at that time.

Allergies: Seasonal allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: fever, chest pain, elevated troponin, and EKG changes consistent with myocarditis.

VAERS ID: 1400112 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: California

Vaccinated: 2021-06-12

Onset: 2021-06-14

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Pericarditis, Troponin normal

SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: mild sore throat

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: EKG upon admission at another hospital also demonstrated diffuse ST elevation (6/14 and 6/15/21). Echocardiogram was normal (6/15/2021) Troponin values at the outside hospital and at other hospital were both normal (6/14/21).

CDC Split Type:

Write-up: Patient is a 14 year old male with no past medical history who was transferred from an outside hospital ED for new onset chest pain that started 2 days after he received his second dose of the COVID vaccine, with ST elevation EKG changes concerning for



pericarditis. EKG upon admission at another facility also demonstrated diffuse ST elevation. Echocardiogram was normal. Troponin values at the outside hospital and at other facility were both normal. During his admission he was started on ibuprofen TID and famotidine BID. His chest pain resolved and he was discharged home with specific return precaution and follow-up appointments with cardiology in 2 weeks and his PMD in 1 week.

VAERS ID: 1400165 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-12

Onset: 2021-06-12

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Chills, Echocardiogram normal, Headache, Nausea, Oropharyngeal pain, Pyrexia, Troponin, Viral test, Viral test negative

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin 6/14 10 Troponin 6/15 5 Viral multiplex negative Viral serum testing pending Echo normal  
CDC Split Type:

Write-up: 6/12 vaccine at 3pm, 10pm started shivering 6/13: headache, sore throat, nausea and fever by the evening 6/14 symptoms continued with the addition of chest pain, brought to the ER. Troponin 10, transferred to hospital.

VAERS ID: 1400232 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-12

Onset: 2021-06-14

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Brain natriuretic peptide increased, Chest pain,  
Echocardiogram, Electrocardiogram normal, Myocarditis, Troponin  
increased

SMQs: Cardiac failure (broad), Myocardial infarction (narrow),  
Pulmonary hypertension (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: No known allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: Chest pain two days after receiving vaccine. Labs obtained  
were troponin elevated to 21.8 BNP 230, diagnosis of myocarditis.  
Troponin levels are down trending. Echocardiogram obtained and plan  
for cardiac MRI. EKG obtained overall unremarkable.

VAERS ID: 1400284 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Massachusetts

Vaccinated: 2021-05-24

Onset: 2021-06-07

Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 1 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain upper, Blood fibrinogen increased, Blood lactate dehydrogenase increased, C-reactive protein increased, Computerised tomogram abdomen, Computerised tomogram abnormal, Fibrin D dimer increased, N-terminal prohormone brain natriuretic peptide, Pyrexia, Red blood cell sedimentation rate increased, Splenic infarction, Troponin  
SMQs: Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Amoxicillin  
Diagnostic Lab Data: CT abdomen/pelvis showed multiple splenic infarcts. Labs on 6/14/21: LDH 443 (elevated), ESR 37 (elevated), D-Dimer 2504 (elevated), Fibrinogen 553 (elevated), CRP 114.2 (elevated), NT-proBNP <20 (normal), troponin <6 (normal)  
CDC Split Type:  
Write-up: 9 days of left upper quadrant abdominal pain and fever (starting 6/7/21), and splenic infarctions visualized on CT abdomen/pelvis on 6/14

VAERS ID: 1400402 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-11  
Onset: 2021-06-12  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Blood test, Brain natriuretic peptide normal, Chest X-ray normal, Chest pain, Dizziness, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Enterovirus test, Haemoglobin normal, Headache, Hypophagia, Mycoplasma test, N-terminal prohormone brain natriuretic peptide, Nausea, Oral pain, Oropharyngeal pain, Pain, Pain in extremity, Painful respiration, Parvovirus B19 test, Pericarditis, Platelet count normal, Pyrexia, Red blood cell sedimentation rate normal, SARS-CoV-2 antibody test, Troponin, Viral test, White blood cell count decreased

SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Chronic kidney disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: started on motrin q8h. ECHO was unremarkable. EKG showed evidence of pericarditis. CXR was normal. Troponin here was 2.77, BNP 40. Myocarditis infection panel was sent (parecho, parvo, entero, mycoplasma). COVID IgG negative.

CDC Split Type:

Write-up: a 14 year old male with no significant past medical history who was in his usual state of health until he after his 2nd dose of Pfizer COVID-19 vaccination on Friday afternoon 6/11. On Saturday 6/12 he had headache, fever in the AM and had poor oral intake during the day and in the afternoon had developed mid sternal chest pain that Described as thumping and wrapped around his chest under his arms. He felt that it was worse with inspiration and

continued to worsen despite tylenol. He went to a medical center where his workup on Saturday evening 6/12 was normal (including EKG and blood work). He also had some dizziness at that time but no syncope. He was changed from as needed tylenol to as needed motrin and instructed to take famotidine. On Sunday his chest pain persisted but was stable and he continued on motrin. On Monday 6/14 he had chest pain that felt like pounding this AM, headache, body aches, and pain in his bilateral arms, mouth and throat. He had some nausea but no vomiting or diarrhea. He represented to a medical center where his troponin was 0.25 ng/ml (normal 0-0.03 ng/ml) pro-BNP 324 (normal 0-125 pg/ml); ESR 9; CK 359; CK-MB 20.3; WBC 3.9; Hgb 14.1; plts 181. And he was noted to have ST elevations on EKG. He received toradol at 2:30pm with some improvement in his pain. His pain level has been variable 5-10/10; currently reporting that his chest pain is resolved. He has had no shortness of breath, palpitations, sick contacts, URI symptoms including cough, congestion, runny nose; no travel.

VAERS ID: 1402129 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-12  
Onset: 2021-06-15  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Myocarditis/elevated troponin

VAERS ID: 1402906 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-12

Onset: 2021-06-15

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN0178 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram repolarisation abnormality, Pericarditis, Pyrexia, Troponin

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Ibuprofen PRN, Excedrin (No aspirin) PRN

Current Illness: None

Preexisting Conditions: Migraines, back pain secondary to scoliosis

Allergies: Penicillin

Diagnostic Lab Data: EKG 6/15 Normal sinus rhythm ST elevation, pericarditis (vs early repol) pattern Troponins 6/15 12.22 6/16 0700 4.816 6/16 1000 4.419 BNP 6/15 66.6 6/16 0700 107.9 6/16 1000 102.6 CK MB 6/15 62.11 ECHO 6/15 Normal CRP 6/15 3.66

CDC Split Type:

Write-up: Fever up to 102, on 6/13 and 6/14 ; fever resolved and

on 6/15 AM – chest pain and shortness of breath. Went to ED – EKG with ST elevation, Troponin \$g 3. Transferred to hospital

VAERS ID: 1403634 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-18  
Onset: 2021-06-07  
Days after vaccination: 20  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 1 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood fibrinogen normal, C-reactive protein increased, Chest discomfort, Chest pain, Drug screen negative, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Fibrin D dimer, Mitral valve incompetence, Myocarditis, Prohormone brain natriuretic peptide decreased, Red blood cell sedimentation rate normal, Respiratory symptom, Rhinorrhoea, SARS-CoV-2 antibody test negative, Sinus arrhythmia, Sinus bradycardia, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none reported

Current Illness: mild URI symptoms with rhinorrhea one week after vaccination, lasting 2 days

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Troponin peaked at 16,622 pg/mL on 6/13/2021 , down to 2,301 at time of discharge on 6/16/21 proBNP 68 pg/mL 6/13 Fibrinogen 335 D dimer 0.27 ESR 8 mm/hr CRP 2.05 mg/dL Urine Tox Screen: negative 6/13 SARS CoV-2 Nucleocapsid IgG: negative 6/14 ECG : Sinus bradycardia with sinus arrhythmia with borderline 1st

degree A-V block Extensive ST elevation suggests pericarditis  
Abnormal ECG 6/13 Echocardiogram: Normal cardiac anatomy, good biventricular systolic function, trace mitral regurgitation, no tricuspid regurgitation, no aortic insufficiency, no pulmonary insufficiency. No pericardial effusion. Echobright pericardial reflection at the base of the heart. The origin of both coronary arteries appear normal by 2D imaging but was not well seen by color Doppler.

CDC Split Type:

Write-up: Patient developed chest tightness and pain after exercising for the first time in a while on 6/7/2021. This worsened over the next several days and he presented to the hospital with these symptoms on 6/13/2021. Lab work revealed elevated troponins, EKG showed elevated ST segment elevation and he was diagnosed with an acute perimyocarditis.

VAERS ID: 1404027 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-06-07  
Onset: 2021-06-11  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
ER8736 / 1	LA / SYR	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0178 / 2	LA / SYR	

Administered by: Public Purchased by: ?

Symptoms: Anion gap, Basophil count decreased, Basophil percentage decreased, Blood calcium normal, Blood chloride normal, Blood creatinine increased, Blood glucose normal, Blood osmolarity normal, Blood potassium normal, Blood sodium normal, Blood urea increased, C-reactive protein normal, Carbon dioxide normal, Chest pain, Eosinophil count normal, Eosinophil percentage decreased, Fatigue, Haematocrit normal, Haemoglobin normal, Immature granulocyte count, Lymphocyte count, Lymphocyte percentage decreased, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte count, Monocyte percentage, Neutrophil count increased, Neutrophil percentage increased, Pain, Platelet count normal, Red blood cell count normal, Red blood cell nucleated morphology, Red blood cell sedimentation rate normal, Red cell distribution width, Red cell distribution width normal, Sleep disorder, Troponin I increased, White blood cell count increased

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease



(broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Topical Sabior and clindamycin phosphate occasional magnesium, calcium, Zyrtec, Flonase Teen's multivitamin

Current Illness: None

Preexisting Conditions: Acne

Allergies: No medication allergies

Diagnostic Lab Data: 06/15/2021 17:34 EDT Sodium 139 mmol/L

Potassium 3.7 mmol/L Chloride 105 mmol/L CO<sub>2</sub>, Total 24 mmol/L Anion

Gap 10.0 mmol/L Glucose, Serum 92 mg/dL BUN 19.0 mg/dL Creatinine

1.10 mg/dL HI Calcium 10.2 mg/dL Troponin I 0.04 ng/mL HI Osmolality

(Calculated) 280 mOsm/kg C-Reactive Protein 0.11 mg/dL WBC Count

11.4 x10<sup>3</sup>/mcL RBC 5.01 x10<sup>6</sup>/mcL Hemoglobin 15.3 g/dL Hematocrit

43.7 % Platelet Count 279 x10<sup>3</sup>/mcL Auto NRBC 0.0 /100WBC Auto

Segmented Neutrophils % 75.1 % IG% 0.2 % Auto Lymphocytes % 18.4 %

LOW Auto Monocytes % 5.6 % Auto Eosinophils % 0.5 % Auto Basophils %

0.2 % Auto Neutrophils Absolute # 8.6 x10<sup>3</sup>/mcL HI Immature

Granulocyte Absolute # 0.02 x10<sup>3</sup>/mcL Auto Lymphocytes Absolute #

2.1 x10<sup>3</sup>/mcL Auto Monocytes Absolute # 0.6 x10<sup>3</sup>/mcL Auto

Eosinophils Absolute # 0.06 x10<sup>3</sup>/mcL Auto Basophils Absolute # 0.0

x10<sup>3</sup>/mcL MCV 87.2 fL MCH 30.5 pcg MCHC 35.0 % RDW 12.2 % RDW-SD

38.9 fL MPV 9.7 fL Sedimentation Rate (Westergren) 2 mm/hr

06/15/2021 22:46 EDT Troponin I 0.05 ng/mL HI 06/16/2021 05:27 EDT

Troponin I 0.03 ng/mL

CDC Split Type:

Write-up: He received the second dose of his covid vaccine on 6/7, began to experience sharp chest pain with exertion on 6/11. Pain is central, to the right of the sternum, without radiation. The pain then became more dull, aching, and has been interfering with his sleep. It does seem to be worse when he is thinking about it, better when he is distracted. He went to basketball tryouts 6/15 and the pain has been more frequent since that episode of strenuous exercise. He has not taken anything for the pain. He also notes more frequent fatigue. He denies any prior covid infection. No recent illness or sick contacts. Denies cough, fever, GI upset, diarrhea. He is going to school in-person, they all wear masks.

VAERS ID: 1404242 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Washington

Vaccinated: 2021-06-04  
Onset: 2021-06-13  
Days after vaccination: 9  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Echocardiogram normal,  
Electrocardiogram normal, Palpitations, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Zyrtec, Flonase, albuterol  
Current Illness: none  
Preexisting Conditions: asthma  
Allergies: seasonal allergies  
Diagnostic Lab Data: troponin elevated to 0.13 and down to 0.03 by  
the next day. normal echo and ekg. chest pain and shortness of  
breath resolved, discharge home  
CDC Split Type:  
Write-up: Developed chest pain, shortness of breath, and  
palpitations 8 days after second COVID vaccine, prompting PCP  
evaluation and ultimately hospital admission for concern for post-  
vaccine myocarditis

VAERS ID: 1404807 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Oregon

Vaccinated: 2021-06-09  
Onset: 2021-06-14  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER- /  
1 - / -

Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain upper, Alanine aminotransferase increased, Aspartate aminotransferase increased, Chest X-ray normal, Chest pain, Electrocardiogram normal, Full blood count normal, Lipase increased, Troponin normal  
SMQs:, Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Patient on Accutane and Prozac and birth control pills  
Current Illness: Patient had chest pain and upper abdominal pain approximately 7 days after first COVID vaccine on May 19, 2021  
Patient had chest pain and upper abdominal pain approximately 5 days after second COVID vaccine on June 09, 2021. Seen in emergency room. Patient with elevated lipase to mid 500's, and slightly bumped transaminases. (had been normal on 05/2021 check since on Accutane).  
Preexisting Conditions:  
Allergies: no known allergies  
Diagnostic Lab Data: See above  
CDC Split Type:  
Write-up: See above. Received COVID 2 June 09 at pharmacy. Developed acute onset lower chest pain and abd. pain. Eval at emergency room showed negative troponin, CBC, EKG, CXR. Pt with elevated lipase to mid 500's and slightly bumped AST and ALT. Patient responded well to IVF with lipase decrease to 50. AST and ALT improved, but still slightly above normal. had normal AST and ALT on routine check 05/2021 (On Accutane)

VAERS ID: 1406832 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-09  
Onset: 2021-06-12  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Chest discomfort, Echocardiogram normal, Electrocardiogram ST segment elevation, Fatigue, Feeling abnormal, Heart rate irregular, Magnetic resonance imaging heart, Musculoskeletal stiffness, Nausea, Troponin increased, Vomiting  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiac arrhythmia terms, nonspecific (narrow), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Anxiety

Allergies: None

Diagnostic Lab Data: ECG shows normal sinus rhythm with ST 1 box upsloping elevation V3 through V6 Initial troponin is elevated at 2.6 At Hospital: Echocardiogram – normal Cardiac MRI – some degree of LGE

CDC Split Type:

Write-up: 14-year-old male presents to the emergency department 4 days after his second Covid vaccine. Initially after the vaccine he had some generalized fatigue and nausea but yesterday started experiencing some chest tightness lasting up to 4 minutes. He also feels an irregular heart rate or like his heart is bounding. He also had some generalized bilateral neck stiffness. This is all resolved currently. He did vomit 1 to 2 hours ago. No fevers or chills. No cough or cold symptoms. ECG shows normal sinus rhythm with ST 1 box upsloping elevation V3 through V6. Initial troponin is elevated at 2.6. Attempted to consult cardiologist and they recommended pediatric cardiology consultation. Spoke with Dr. . She recommended admission with trending troponins and Motrin. She says they typically do echocardiogram and if normal then cardiac MRI. Spoke with Dr. in the ER and they graciously accept patient in transfer.

VAERS ID: 1407141 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Virginia

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 RA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain, Abdominal pain lower, Abdominal pain upper, Appendectomy, Appendicitis, C-reactive protein normal, Computerised tomogram head normal, Drooling, Drug screen negative, Dysphagia, Electroencephalogram normal, Full blood count, Headache, Hypoaesthesia, Hypoaesthesia oral, Magnetic resonance imaging normal, Myalgia, Nausea, Photosensitivity reaction, Pregnancy test negative, Procedural pain, Red blood cell sedimentation rate normal, SARS-CoV-2 test negative, Ultrasound abdomen abnormal, Urine analysis normal, White blood cell count increased  
SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Xyzal  
Current Illness: None  
Preexisting Conditions: Learning difficulties, allergic rhinitis, ADHD, lactose intolerance  
Allergies: None  
Diagnostic Lab Data: 6/14: Abdominal Us-could not visualize appendix. Heat CT negative. Urine neg. Esr and CRP were normal. Urine tox and pregnancy were negative. CBC showed elevated wbc count of 12, 900 with 83N. COVID test was negative. 6/15: MRI and EEG were negative. she had repeat abd US that showed appendicitis and went to OR for appendectomy.  
CDC Split Type:  
Write-up: On sunday night, about 36 hours after vaccination, she started to have numbness of her lower jaw and tongue. She started to

have an incredible amount of drooling and could not swallow. She then started to have epigastric cramping and sharp abdominal pain that moved into the right lower quadrant. She had pretty severe headache that started the same time as numbness and drooling with photosensitivity. No fever. No vomiting but she was nauseous. she went to the ER late on 6/13. She was then transferred to the hospital for further care. She had a neurology consult that thought perhaps her headache, numbness and drooling could have been an atypical migraine—this resolved as of 6/14. Her abdominal pain resolved after appendectomy and now she just has muscular pain related to surgery.

VAERS ID: 1407993 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Delaware

Vaccinated: 2021-06-12

Onset: 2021-06-15

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Myocarditis, Troponin I increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: motrin as needed

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: troponin I peak 1.12 with chest pain. No ECG changes. normal echo 6/15/2021 with normal RV and LV systolic function

CDC Split Type:

Write-up: 6/15/2021 started with chest pain after second Pfizer COVID vaccine (given 6/12/2021), elevated troponin. resolution of

symptoms. treated for suspected myocarditis. received toradol at outside hospital and then motrin q6h. No ECG changes, normal echo

VAERS ID: 1408000 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-13  
Onset: 2021-06-17  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Electrocardiogram abnormal, Myocarditis, Troponin I increased  
SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None

Diagnostic Lab Data: Abnormal ECG, Troponin I 6700 ng/dL, CRP 3.4  
CDC Split Type:  
Write-up: Myocarditis

VAERS ID: 1409661 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-05-26  
Onset: 2021-05-27  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0197 / 1 - / OT  
Administered by: School Purchased by: ?  
Symptoms: Brain natriuretic peptide, Brain natriuretic peptide increased, Chest pain, Dyspnoea, Myocarditis, Pericarditis, SARS-CoV-2 antibody test, Troponin, Troponin increased  
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Asthma; Autism; COVID-19  
Allergies:  
Diagnostic Lab Data: Test Date: 20210527; Test Name: BNP; Result Unstructured Data: Test Result:150s; Test Date: 20210529; Test Name: COVID-19 IgM; Result Unstructured Data: Test Result:Negative; Comments: Nasal Swab; Test Date: 20210529; Test Name: COVID-19 IgG; Result Unstructured Data: Test Result:Positive; Comments: Blood test; Test Date: 20210527; Test Name: troponins; Result Unstructured Data: Test Result:25  
CDC Split Type: USPFIZER INC2021642772  
Write-up: myocarditis; pericarditis; SOB; Chest pain; troponins as high as 25; BNP of 150s; This is a spontaneous report from a contactable pharmacist. A 14-year-old male patient received bnt162b2 (BNT162B2), dose 1 intramuscular on 26May2021 (Lot Number: EW0197) at the age of 14-year-old as 1st dose, single dose for covid-19 immunisation. Medical history included Autism, asthma and COVID-19 which was diagnosed prior to vaccination. The patient's concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced pericarditis/myocarditis with "SOB" and Chest pain and troponins as high as 25 and BNP of 150s. All the events occurred on 27May2021 with outcome of not recovered. The patient underwent lab tests and procedures which included COVID-19 IgM (Nasal Swab): negative on 29May2021, COVID-19 IgG (Blood test) positive on 29May2021. The patient received NSAIDS and Opioids as treatment.; Sender's Comments: Based on the available information and known



product profile, the causal relationship between the reported events and the use of BNT162B2 cannot be fully excluded. There is limited information available, which precludes a more meaningful assessment. The case will be assessed further upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate

VAERS ID: 1409702 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Unknown

Vaccinated: 0000-00-00  
Onset: 0000-00-00  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Circulatory collapse, Infection, Loss of consciousness, Pyrexia, Seizure, Tremor

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Convulsions (narrow), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021654821

Write-up: familiar to a seizure; collapsed; unconscious; fever; shaking; they told possible sign of infection; This is a spontaneous report from a Pfizer sponsored program. A non-contactable consumer reported that a 14-year-old female patient (consumer's daughter) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), the second dose via unspecified route of administration on an unspecified date as single dose for COVID-19 immunization. The relevant medical history was not reported. Concomitant medications were not reported. On an unspecified date, after getting the second dose of the Covid Vaccine immediately started experiencing fever, shaking; her eyes were back as she seemed unconscious and collapsed; it was familiar to a seizure; was taken to the hospital, they told possible sign of infection and she was advised to go ahead and just to report what had happened. The outcome of the events was unknown. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

VAERS ID: 1409706 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Georgia

Vaccinated: 2021-06-03

Onset: 2021-06-03

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood pressure measurement, Concussion, Fall, Hypotension, Loss of consciousness, Malaise, Muscle twitching, Nystagmus, Pyrexia, Seizure, Tremor, Vital signs measurement

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: none  
Allergies:  
Diagnostic Lab Data: Test Date: 20210603; Test Name: blood pressure;  
Result Unstructured Data: Test Result:low; Test Date: 20210603; Test  
Name: vital signs; Result Unstructured Data: Test Result:unknown  
results  
CDC Split Type: USPFIZER INC2021658758  
Write-up: Fallen unconscious and collapsed; Fell down and she was  
not conscious/passed out; Had concussion like falling on the ground  
but it appears like a seizure, that was a immediate thing; Fallen  
unconscious and collapsed; Fell down and she was not conscious; Had  
concussion like falling on the ground but it appears like a seizure,  
that was a immediate thing; Low blood pressure; Fever; Shaking/She  
was shaking/still moving; She was not feeling well; She is still  
twitching; Eyes go back; This is a spontaneous report from a Pfizer-  
sponsored program. A contactable consumer (mother) reported that a  
14-years-old female patient received BNT162B2 (PFIZER-BIONTECH  
COVID-19 VACCINE), dose 2 via an unspecified route of  
administration, administered in Arm Left on 03Jun2021 (Batch/Lot  
number was reported as EW ''0 or 0'' 186) at the age of 14-years-old  
as SINGLE DOSE for covid-19 immunisation. The patient medical  
history was none. There were no concomitant medications. No family  
medical history of seizure. The patient previously received the  
first dose of BNT162B2 on an unknown date at Arm Left for covid-19  
immunisation. The reason for the transfer today (03Jun2021) was that  
her 14 year old daughter immediately after getting her second dose  
of the COVID vaccine started shaking, experiencing fever and fallen  
unconscious and collapsed and was taken to the hospital and she  
wanted to go ahead and report those adverse side effects for her.  
She (patient) was 14 year old and she got her second vaccination  
today and few minutes after she got it, she stood up and she said  
she was not feeling well and then the next thing reporter knew like  
her eyes go back, she do not seem conscious and she was shaking as  
if, looks like she was having a seizure and then she fell down and  
she was not conscious, so she fell down, she is still twitching. She  
has no history of like seizures but that is like twisting and now  
she was taken to the hospital. So, the hospital treated her as if  
she had a concussion. Reporter have reported to them that she looks

like it was a seizure before she fell down, into her head. Reporter further stated "That day was her second shot and like I said she stood up, she got up from that, she said that she got funny and that I can see where she just kind of lost consciousness, eyes going back, shaking as if she was having seizures and then she fell down and she was unconscious and she is like still moving as if she is having a seizure and she was taken. Reporter stated, "it was a like a seizure but it is like over and she had concussion like falling on the ground but it appears like a seizure, that was a immediate thing." For treatment, reporter stated that "Any treatment, No. She was taken to the hospital and the hospital needs to write it down and I don't understand that, the hospital wrote down concussion but the hospital they took the vital signs and she had low blood pressure." For the date when patient went to the hospital, reporter stated "That was today, June 3rd and she is discharged. The reason she was taken was potential seizure and it was concussion and it was after she fell, she passed out and had low blood pressure. The outcome of the events was unknown. Information on the lot/batch number has been requested.

VAERS ID: 1410761 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-14  
Onset: 2021-06-16  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 2 RA / IM

Administered by: School Purchased by: ?

Symptoms: Abdominal pain, Chest X-ray abnormal, Chest pain, Echocardiogram abnormal, Ejection fraction, Ejection fraction decreased, Electrocardiogram T wave abnormal, Fibrin D dimer, Headache, Immunoglobulin therapy, Intensive care, Left ventricular dysfunction, Mitral valve incompetence, Myalgia, N-terminal prohormone brain natriuretic peptide increased, Pain, Painful respiration, Pericardial effusion, Tachycardia, Troponin I increased, Vomiting

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (narrow), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Other ischaemic heart disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad),

Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Adderall XL 25mg on school days

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/17 EKG 6/17 echocardiogram result

Subjectively, LV appears mildly dilated however, measurements obtained were normal for BSA. There is mildly depressed left ventricular systolic function with EF ~58%. Trace mitral valve regurgitation. Trivial rim of pericardial fluid noted. 6/17-6/18 Troponin I every 6 hrs = 2.9, 16.9, 54.9, 93.9, 85.3, 79.3 6/17-6/18 D-dimer every 6 hrs = 1257, 841, 1945, 1762, 1858 6/17-6/18 Pro-BNP daily = 444, 1922 6/18 EKG = normal sinus rhythm, nonspecific T-wave changes 6/18 echocardiogram = LVEF has now normalized. This should now be considered a normal echocardiogram for age. 6/18 Chest Xray = Stable mild enlargement of cardiopericardial silhouette.

CDC Split Type:

Write-up: Received 2nd COVID-19 vaccine on 6/14 and developed headache and myalgia that evening. On 6/15, continued to have these symptoms then developed abdominal pain and vomited once. Symptoms persisted on 6/16; then developed chest pain at 11:00PM and reported that pain seemed worse when inhaling and was sharp, shooting pain. Presented to ED at 12:00 AM on 6/17 and subsequently transferred to Pediatric ICU due to elevated troponin and d-dimer. Initial EKG showed tachycardia. Cardiologist consulted. He had an echocardiogram on 6/17 AM that showed mildly depressed LV systolic function with EF ~58%. Troponin was elevated from 2.9 to 16.9. Due to echo and elevation in troponin patient received 100 gm IVIG (max dose based on IBW). Has required one dose of 15 mg ketorolac IV and 650 mg acetaminophen PO x1 for chest pain. At 1:00 PM on 6/17, troponin increased to 54.6 and aspirin 81 mg started. Chest x-ray showed borderline cardiomegaly. On 6/18 repeat echocardiogram with normalized LVEF and considered a normal echocardiogram per cardiologist.

VAERS ID: 1412603 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: New Jersey

Vaccinated: 2021-05-22

Onset: 2021-06-09

Days after vaccination: 18  
Submitted: 0000-00-00  
Entered: 2021-06-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 1 LA / OT  
Administered by: Public Purchased by: ?  
Symptoms: Computerised tomogram, Lymphadenopathy,  
Lymphoproliferative disorder, SARS-CoV-2 antibody test  
SMQs:, Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad), Haematological tumours of unspecified malignancy  
(narrow), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 6 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: CYCLOSPORINE; PREDNISONE; AZATHIOPRINE  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions: Food  
allergy; Heart transplant  
Allergies:  
Diagnostic Lab Data: Test Date: 20210604; Test Name: CT scan; Result  
Unstructured Data: Test Result:00-00-0000; Comments: enlarged lymph  
glands supraclavicular in addition to lymph tissue in chest; Test  
Date: 20210604; Test Name: Covid-19; Test Result: Negative ;  
Comments: Nasal Swab  
CDC Split Type: USPFIZER INC2021714628  
Write-up: lymphoproliferative disorder; Enlarged lymph glands  
supraclavicular; This a spontaneous report from a Pfizer employee  
received from a contactable pharmacist. A 14-year-old female patient  
received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE,  
formulation: solution for injection and Lot Number: ER8735) via  
intramuscularly administered in left arm on 22May2021 15:00 as  
single dose for COVID-19 immunization. Medical history included  
prior heart transplant and patient had known allergies to  
Amoxicillin, tree nuts/peanuts. Concomitant medications within 2  
weeks of vaccination included Cyclosporine, Prednisone, Azathioprine  
and among other supplements. On 09Jun2021, the patient experienced  
lymphoproliferative disorder and enlarged lymph glands  
supraclavicular. The patient was hospitalized for both the events  
for 6 days. The outcome of the events was recovering. The patient  
underwent lab tests and procedures which included sars-cov-2  
antibody test (Nasal Swab) was negative on 04Jun2021. The patient  
had enlarged lymph glands supraclavicular in addition to lymph  
tissue in chest based on CT scan. It was reported that the events  
may have started prior to vaccine administration however reporting  
this as vaccine was administered in the weeks prior to enlarged

lymph being reported by patient. The most recent COVID-19 vaccine was administered at public health clinic. The patient receives no other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, was the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. Patient visited Emergency room/department or urgent care for events. Outcome of events was recovering. Information on batch/lot no. were available. Further information has been requested.; Sender's Comments: Based on temporal relationship, there is reasonable possibility of causal association between the event Lymphoproliferative disease and Lymphadenopathy and the suspect drug BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1412623 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2006-07-11  
Onset: 2021-06-18  
Days after vaccination: 5456  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: chest pain/myocarditis with elevated troponins

VAERS ID: 1412742 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Oregon

Vaccinated: 2021-06-16

Onset: 2021-06-18

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Cold sweat, Dizziness, Dyspnoea,  
Echocardiogram normal, Electrocardiogram normal, Nausea,  
Palpitations, Pyrexia, Troponin I

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Neuroleptic malignant syndrome (broad), Anticholinergic syndrome  
(broad), Arrhythmia related investigations, signs and symptoms  
(broad), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular  
disorders (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: he has prescription for albuterol, but hasn't  
needed it for quite some time chewable vitamin C

Current Illness: no illnesses prior to vaccination The day after  
vaccination 6/17/2021 at 8am he had a fever to 101 F, as above, the  
chest pain started 6/18 at 3am

Preexisting Conditions: history of asthma history of eczema

Allergies: prior seafood allergy causing rash when he was younger.

Per his mother he is no longer allergic.

Diagnostic Lab Data: EKG-normal 6/19 High sensitivity troponin:

8,131 ng/L on 6/19 point of care echocardiogram by ED physician

6/19: normal

CDC Split Type:

Write-up: fever to 101 F on 6/17/2021 at 8am which persisted. Chest



pain started 6/18/2021 at 3am and has been constant. sharp chest pain lower chest midline, worse with laying, better with sitting or walking. Shortness of breath with laying also. Also has palpitations, light headedness, dizziness, nausea, feels clammy. Chest pain worse on 6/19/2021 at 1:30 am and came to the ED for further evaluation and treatment. Just got admitted and full evaluation in progress.

VAERS ID: 1413089 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-15  
Onset: 2021-06-18  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Respiratory viral panel, SARS-CoV-2 test negative, Troponin T increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol PRN for asthma

Current Illness: None

Preexisting Conditions: Mild intermittent asthma

Allergies: none

Diagnostic Lab Data: Troponin T 279 ng/L on 6/18, down to 156 on 6/19. Normal EKF and echocardiogram on 6/18. Respiratory viral panel and SARS-CoV-2 PCR negative on 6/18.

CDC Split Type:

Write-up: Admitted to hospital with one day of chest pain in the setting of elevated troponin T level. Chest pain started three days after receiving second COVID-19 vaccine (Pfizer).

VAERS ID: 1413520 (history)  
Form: Version 2.0

Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Chest X-ray normal, Chest discomfort, Chest pain, Cough, Dyspnoea, Electrocardiogram normal, Headache, Immunoglobulin therapy, Respiratory viral panel, SARS-CoV-2 test negative, Troponin increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: RVP with Sars CoV-2 NEGATIVE EKG: normal sinus rhythm Chest X-ray: normal Echo: normal Chest MRI: normal CRP: 10.6 (6/19), 8.6 (6/20) Troponin: 320 (6/19), 346 (6/20 AM), 255 (6/20 PM) BNP: 184.70 (6/20)

CDC Split Type:

Write-up: Developed headaches the morning after receiving the vaccine (6/16) The evening after the vaccine developed substernal chest pressure and dyspnea Symptoms continued intermittently for 4 days, then presented to emergency department Had a dry cough as well, did not have any fevers, chills, or myalgias On 6/19 chest pain and shortness of breath worsened, pediatrician advised to go to ED Admitted on 6/19 Labs showed elevated CRP, elevated troponin; repeat troponin elevated so patient received chest MRI and echo, both negative (6/20) Patient received IVIG on 6/20 Currently admitted (6/20); clinically improved with improving chest pain, no shortness of breath

VAERS ID: 1413830 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-06-04

Onset: 2021-06-07

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein increased, Cardiac telemetry, Chest pain, Echocardiogram normal, Electrocardiogram normal, Troponin increased, Ventricular extrasystoles

SMQs: Myocardial infarction (narrow), Ventricular tachyarrhythmias (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: His troponin peaked at 7.8, and waxed and waned over his stay. On day three, it steadily decreased to 1.2. CRP was also elevated with a max at 5.3, but was <1 on discharge. He remained on telemetry throughout his stay, and had occasional pvc's but no true ectopy. Two echos and multiple EKGs were normal. His chest pain resolved by HD 2 and he felt well after that. He was started on high dose ibuprofen and pepsid, which he should remain on for a total of 7 days.

VAERS ID: 1415191 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Illinois

Vaccinated: 2021-06-13

Onset: 2021-06-17

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Conduction disorder, Echocardiogram normal, Electrocardiogram abnormal, Myocarditis, QRS axis abnormal, Sinus arrhythmia, Troponin increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Conduction defects (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: No known allergies

Diagnostic Lab Data: ECG demonstrated normal sinus rhythm with sinus arrhythmia, left axis deviation (mild) , and non-specific intraventricular conduction delay. Echocardiogram impression: 1. Normal-size right ventricle; no evidence of right ventricular hypertrophy; qualitatively normal right ventricular systolic function. 2. Normal-size left ventricle; normal left ventricular wall thickness; normal left ventricular systolic function - LV FS (2D) = 36 %, z = 0.4 - LV EF (AL) = 68 % - LV global longitudinal strain (triplane) = -20.4 %. 3. Normal cardiac valve morphology and function. 4. No pericardial effusion.

CDC Split Type:

Write-up: Patient is a 14 year old male without significant past medical history presenting with chest pain and elevated troponin consistent with myocarditis after second COVID vaccine administration. His troponin level peaked at 4.0 mg/mL. Chest pain resolved prior to discharge. ECG and Echocardiogram results below, both overall unremarkable.

VAERS ID: 1415193 (history)

Form: Version 2.0

Age: 14.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-03

Onset: 2021-06-05

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 AR / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Cough, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Pyrexia, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 test negative, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Obesity (BMI 32)

Allergies: None

Diagnostic Lab Data: -ECG on presentation with ST segment elevation, this normalized by hospital day 3 -Troponin level on admission was 10.6 and peaked to 12.9 (hospital day 2) and decreased to 6.5 on day of discharge (6/8) - echocardiogram normal - CRP 4; ESR 18 - Coxsackie virus B PCR 1:8 (repeat labs pending) - Other respiratory viral panel, other viral studies normal; COVID-19 PCR negative

CDC Split Type:

Write-up: 2 days after vaccine, reported to have fever (unsure what temp). 3 days post vaccine, chest pain worse when lying down and dry cough. On that day, seen in ER with abnormal ECG (ST segment elevation) and elevated troponin level. Transferred and admitted to my hospital. Given ibuprofen for chest pain which improved quickly. Reassuring cardiac findings and improved troponin and ECG and discharged to home on hospital day 3. See below for labs

VAERS ID: 1415290 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-16  
Onset: 2021-06-17  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
LOT: EW0183 / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Axillary pain, C-reactive protein increased, Chest pain, Chills, Cytomegalovirus test, Echocardiogram, Electrocardiogram abnormal, Epstein-Barr virus test, Immunoglobulin therapy, Magnetic resonance imaging heart, Myocarditis, Orthopnoea, Pain, Pyrexia, QRS axis abnormal, Red blood cell sedimentation rate increased, Respiratory viral panel, Sinus tachycardia, Troponin increased, Vaccination complication

SMQs: Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: none

Preexisting Conditions: severe allergic reaction to cat and pollen h/o tonsillectomy and adenoidectomy

Allergies: cat, pollen

Diagnostic Lab Data: EKG sinus tachy with left axis deviation.

Troponin 14-\$g13-\$g 16 CRP 1.7 ESR 17 echo and cardiac MRI in process respiratory viral panel and CMV, EBV in process

CDC Split Type:

Write-up: Fever and chills onset 12 hours after shot. Then chest pain radiating to axilla worsening with exertion with associated

orthopnea onset 6/18, aprx two days after shot. Admitted on 6/20/21 with elevated troponin to 16, with suspected covid vaccine related myocarditis. He is getting IVIG and ketorolac. Pt is stable now without any EKG interval changes, EKG sinus tachy with left axis deviation.

VAERS ID: 1416452 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Oregon

Vaccinated: 2021-06-18

Onset: 2021-06-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad),

Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: Latex

Diagnostic Lab Data: Elevated Troponin and CK-MB

CDC Split Type:

Write-up: Myocarditis diagnosis

VAERS ID: 1416898 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Connecticut

Vaccinated: 2021-06-04

Onset: 2021-06-07

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 - / -

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide, C-reactive protein increased, Chest X-ray normal, Chest pain, Cytomegalovirus test negative, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Full blood count normal, Hyperhidrosis, Immunoglobulin therapy, Myocarditis, Respiratory viral panel, SARS-CoV-2 antibody test, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin normal, Troponin T increased, Urine analysis normal  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Patient is a 14 y.o. male with no significant PMHx who presented on 6/7 with substernal chest pain, SOB, and diaphoresis. Chest pain while he was in class and progressively worsened, was substernal and was not affected by position. Rated pain as 7/10. He also had associated diaphoresis and SOB. He reported to his school nurse who sent him to the ED. Denies palpitations, no syncope or LOC. No trauma to his chest. No palpitations. No family history of cardiac disease. Denies fever. He plays basketball, football and baseball but reports he had not participated in any sports after he got the second dose of the vaccine. No similar history of chest pain in the past. No history of syncope. Of note, he received the second dose of the Pfizer COVID vaccine on 6/4. He had received the first dose 3 weeks earlier. In the ED he was noted to be afebrile, PR of 64, RR of 18 and BP of 117/71. His SpO2 was 98% on room air. His Troponin T was 0.04 and BNP was <50. CRP was 10.3, Ferritin, 64 and



had a reassuring CBC. Chest XR with no evidence of a cardiopulmonary process. His EKG showed borderline ST elevation in lead II. Pedi ID consulted for acute myocarditis in the setting of completed Pfizer-BioNTech COVID-19 vaccine. Echo on 6/8 showed normal cardiac anatomy and normal biventricular function. Repeat EKG on 6/8 was normal. Troponin T on 6/8 increased to 0.16. His CRP today is down to 7.3. His COVID-19 nasopharyngeal PCR is negative but SARS-CoV-2 nucleocapsid antibody and SARS-CoV-2 spike protein antibody were both positive. No known history of COVID-19 infection in patient or family members. RVP is negative. CMV serology is negative but other infectious diseases work up are pending. UA without pyuria. He has received IVIG and now on steroid.

VAERS ID: 1416909 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Connecticut

Vaccinated: 2021-06-08  
Onset: 2021-06-11  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0186 / 2	- / -	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0185 / 1	- / -	

Administered by: Private Purchased by: ?  
Symptoms: Asthenia, Chest X-ray normal, Chest pain, Chills, Diarrhoea, Dizziness, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Feeling hot, Haemoglobin normal, Hyperhidrosis, Intensive care, Malaise, Metabolic function test normal, Nausea, Pallor, Palpitations, Pyrexia, SARS-CoV-2 test negative, Sleep disorder, Troponin T increased, Tunnel vision, Urine analysis normal, White blood cell count increased  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Optic nerve disorders (broad), Cardiomyopathy (broad), Retinal disorders (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: erythromycin  
Diagnostic Lab Data: see above  
CDC Split Type:

Write-up: Patient is a 14 yo girl with PMH significant for migraines who presented with one day of chest pain and nausea that woke her from sleep in the setting of multiple days of malaise. She states that after receiving the COVID-19 vaccine three days prior to admission she has not been feeling well. She reports subjective fevers and chills the day after receiving the vaccine, and intermittent feelings of her heart racing. She also has been feeling hot and generally unwell. + shortness of breath. The night of admission, she awoke from sleep with burning central anterior chest pain and nausea. She tried to stand up and felt generally weak, and then had tunnel vision and felt she was going to faint. Per mom, she was pale and diaphoretic at that time. The pre-syncopal symptoms resolved within about 10 minutes and the chest pain persisted for approx one hour. Parents called EMS and she was brought to the ED for evaluation. Of note, she reports a history of pre-syncopal sx however has never lost consciousness before. Also reports a history of intermittent palpitations. No hx chest pain prior to this episode. + fevers/chills as mentioned after receiving COVID vaccine three days PTA but no infectious sx prior to that. No cough/URI sx, no abdominal pain, no nausea. + diarrhea night of admission. No sick contacts. She is active in dance and has good exercise tolerance for that; does not spend much time outdoors. No known insect or tick bites. + FHx of sister with heart murmur as a baby that spontaneously resolved; unclear diagnosis. In the ED BP 94/62, T 97.4, P 84, R 16, SpO2 100% on RA EKG: sinus rhythm, no ST or PR changes CMP: unremarkable CBC: WBC 11.8, Hgb 11.5 Trop T 0.33 Bedside echo w/ reported good function UA wnl COVID neg CXR PA and lat unremarkable On arrival to the PCICU she reported feeling at her baseline and denied chest pain and shortness of breath.

VAERS ID: 1416980 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-18  
Onset: 2021-06-21  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / 2 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Echocardiogram normal,  
Electrocardiogram ST segment abnormal, Fibrin D dimer, Intensive  
care, N-terminal prohormone brain natriuretic peptide, Sinus  
arrhythmia, Sleep disorder, Troponin I increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Disorders of sinus node function (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 6/21/21: EKG - NORMAL SINUS RHYTHM WITH SINUS  
ARRHYTHMIA 6/21/21: Echocardiogram - Normal 6/21-22: Troponin I q6h  
= 3.87, 2.84, 2.14, 1.86, 1.71 6/21/21: Pro BNP = 77 6/21: D-dimer  
<215  
CDC Split Type:  
Write-up: 14 y/ male, admitted from the ED for further evaluation  
and management of chest pain, acute onset. Patient was well until  
6/21/21 at ~ 6 AM when patient was woken up by sharp pain in his  
chest, he describes as intense for about 30 minutes. He was brought  
to the ED where chest pain was more bearable "heaviness". By 10 AM  
patient states that the pain is gone. EKG showed ST segment changes.  
Troponin 3.87 ng/mL. Due to concerns for myocarditis, patient was  
admitted to the ICU. Cardiology consulted. Echocardiogram obtained  
6/21/21 was normal. LR started for maintenance fluids to ensure  
adequate hydration. Patient had no further episodes of chest pain.  
No pain medications administered in ED or PICU. Repeat EKG on 6/22  
with Normal Sinus Rhythm with sinus arrhythmia. Pt discharged on  
6/22/21 AM.

VAERS ID: 1418166 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-22  
Onset: 2021-05-24  
Days after vaccination: 2

Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
023C2A / 1 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Epistaxis, Immunoglobulin therapy, Petechiae, Platelet  
count decreased  
SMQs: Haematopoietic thrombocytopenia (narrow), Haemorrhage terms  
(excl laboratory terms) (narrow), Systemic lupus erythematosus  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: Evan's syndrome, vitiligo, atopic  
dermatitis  
Allergies: None  
Diagnostic Lab Data: 5/25/2021: Platelets 2,000; 6/14/2021:  
platelets 1,000. 6/21/2021: Platelets 5,000. Post IVIG on 6/22/2021:  
platelets 26,000  
CDC Split Type:  
Write-up: 2 days following vaccine, noted petechiae so platelets  
drawn and 2,000. Received 5 day course of Prednisone x2, then  
developed a nosebleed unresponsive to a third round of steroids  
requiring admission for IVIG. There is a possibility that he has  
some prolonged mucosal bleeding 2 days prior to the dose when he  
lost a tooth.

VAERS ID: 1419212 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-18  
Onset: 2021-06-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / IM  
Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: troponin elevated (14.4ng/mL)  
CDC Split Type:  
Write-up: chest pain. myocarditis. elevated troponin

VAERS ID: 1420778 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Missouri

Vaccinated: 2021-06-15  
Onset: 2021-06-19  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain, Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood bilirubin increased, Blood ethanol, Blood fibrinogen increased, Blood sodium decreased, C-reactive protein increased, Computerised tomogram abdomen abnormal, Culture urine positive, Diarrhoea, Discoloured vomit, Echocardiogram abnormal, Enterocolitis, Fibrin D dimer, Haemoglobin decreased, Hypotension, Immunoglobulin therapy, Intensive care, N-terminal prohormone brain natriuretic peptide increased, Pericardial effusion, Platelet count decreased, Pyrexia, Red blood cells urine positive, Right ventricular systolic pressure increased, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin increased, Streptococcus test negative, Tricuspid valve incompetence, Urine analysis abnormal, Urine cannabinoids increased, Vomiting, White blood cell count decreased, White blood cells urine positive

SMQs:, Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (narrow), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Noninfectious diarrhoea (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None reported

Current Illness: None reported

Preexisting Conditions: Depression, anxiety

Allergies: None reported

Diagnostic Lab Data: 6/21/21 ECHO: normal biventricular size and systolic function (LFEF 62%), mild tricuspid regurgitation estimating mildly elevated RV pressure (30-40% systemic), mild flow acceleration across normal appearing trileaflet aortic valve and borderline small aortic root and sinotubular junction, normal ascending aorta, no pericardial effusion, normal right, left main, and LAD coronary artery diameter z-score, and mild outpouching in the left main coronary artery that may represent an early appearance of an aneurysm 6/22/21 ECHO: normal biventricular size and systolic function, mild tricuspid regurgitation estimating RV systolic pressure of 30mmHg, left main coronary artery appears slightly prominent but measures within normal limits. LMCA measurement is similar to previous, normal measurement of the proximal RCA and LAD, and trivial pericardial effusion CRP (mg/dL (date)): 18.8 (6/20), 22.5 (6/22), 8.2 (6/23) WBC (x10(3)/mcL (date)): 7.29 (6/20), 5.55 (6/22), 4.35 (6/22) Hgb (gm/dL (date)): 11.1 (6/20), 9.6 (6/22), 9.8 (6/23) Plt (x10(3)/mcL (date)): 143 (6/20), 137 (6/22), 166 (6/23) ALC (x10(3)/mcL (date)): 0.05 (6/20); 0.45 (6/22); 0.92 (6/23) Na (mmol/L): 133 (6/20) CRP (mg/dL (date)): 18.8 (6/20); 22.5 (6/22);

8.2 (6/23) Bilirubin total (mg/dL (date): 2.5 (6/20); 2.1 (6/22)  
AST/ALT (unit/L (date)): 143/98 (6/20); 40/50 (6/22) NTpro BNP = 309  
(6/20) D-dimer = 0.98 (6/20) Fibrinogen = 408 (6/20) Ferritin = 183  
(6/21) Cannabinoids Urine = 74 ng/mL (6/20) SARS CoV2 Antibody = IgG  
positive; IgM negative (6/21)

CDC Split Type:

Write-up: 6/19/21 patient awoke with non-bloody, bright green emesis and abdominal pain. She endorses several episodes of nonbloody diarrhea with continued abdominal pain. She endorses starting her menstrual period 3 days ago. Mom endorses fever at this time, T-max 102.9. Presented to an urgent care for further evaluation where they obtained a rapid strep test and COVID-19 swab that were both negative. 6/21/21 she presented to an ED for continued and worsening symptoms. She received a dose of antibiotics and saline boluses during transfer to another hospital. In route, she became hypotensive with minimal response to fluid resuscitation. She required vasopressors to maintain blood pressure. A CT of the abdomen showed nonspecific findings for enterocolitis. A urinalysis had 5-15 RBCs and 51-100 WBCs. She was started on antibiotics. She required ICU admission initially, but improved and became hemodynamically stable after about 16 hours in the PICU. Her urine culture grew 3 different organisms with low colony counts so antibiotics were discontinued on 6/22/21. An ECHO demonstrated normal biventricular size and systolic function (LFEF 62%), mild tricuspid regurgitation estimating mildly elevated RV pressure (30-40% systemic), mild flow acceleration across normal appearing trileaflet aortic valve and borderline small aortic root and sinotubular junction, normal ascending aorta, no pericardial effusion, normal right, left main, and LAD coronary artery diameter z-score, and mild outpouching in the left main coronary artery that may represent an early appearance of an aneurysm. A repeat ECHO the following day revealed normal biventricular size and systolic function, mild tricuspid regurgitation estimating RV systolic pressure of 30mmHg, left main coronary artery appears slightly prominent but measures within normal limits. LMCA measurement is similar to previous, normal measurement of the proximal RCA and LAD, and trivial pericardial effusion. The patient also had an elevated CRP of 18.8 mg/dL, fibrinogen of 408 mg/dL, d-dimer of 0.98, and nt-pro BNP of 309. SARS CoV2 IgG was positive and IgM was negative. She received IVIG 100 gm on 6/23/21 and was started on rivaroxaban. CRP decreased to 8.2 mg/dL on 6/23/21.

VAERS ID: 1421413 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Nevada

Vaccinated: 2021-06-17

Onset: 2021-06-18

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: none  
Preexisting Conditions: none  
Allergies: None known  
Diagnostic Lab Data: hs-troponin, 6/19 = 14,672,  
CDC Split Type:  
Write-up: chest pain, myocarditis with elevated troponin

VAERS ID: 1423884 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-11  
Onset: 2021-06-16  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0170 / 2 LA / IM		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0185 / 1 LA / IM		

Administered by: Unknown Purchased by: ?  
Symptoms: Abdominal pain, Cerebral calcification,  
Electroencephalogram abnormal, Foreign travel, Gait disturbance,  
Generalised tonic-clonic seizure, Headache, Intensive care, Magnetic  
resonance imaging head abnormal, Myalgia, Pyrexia, Scan with  
contrast abnormal, Speech disorder, Vomiting  
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad),  
Peripheral neuropathy (broad), Neuroleptic malignant syndrome  
(broad), Systemic lupus erythematosus (broad), Anticholinergic  
syndrome (broad), Retroperitoneal fibrosis (broad), Dementia  
(broad), Convulsions (narrow), Malignancy related therapeutic and



diagnostic procedures (narrow), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Generalised convulsive seizures following immunisation (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Olopatadine 0.1% Opht Drop

Current Illness: None

Preexisting Conditions: None

Allergies: nkda

Diagnostic Lab Data: \*\* TECHNIQUE \*\*: MR images of the brain acquired without and with 8 mL Gadavist intravenous contrast.

COMPARISON: None available. \*\* FINDINGS \*\*: BRAIN PARENCHYMA/EXTRA-AXIAL SPACES: There is diffuse leptomenigeal enhancement within the supratentorial and infratentorial brain. No evidence of abscess. No acute infarct or hemorrhage. No mass effect or herniation.

Parenchymal signal intensities are within normal limits for age.

Normal hippocampi. VENTRICLES: No hydrocephalus. FLOW VOIDS: Intact.

EXTRACRANIAL STRUCTURES: Visualized structures are normal.

CDC Split Type:

Write-up: 14yo M initially presented to the ED with headache, fever, myalgia, abdominal pain, NBNB emesis, unsteady gait and soft/garbled speech, 6 days after returning from a recent trip to Mexico and 4 days after receiving 2nd dose of Covid-19 vaccine. In the ED patient had multiple tonic clonic seizures, total episode lasting about 5 minutes requiring ativan and keppra. Pt was admitted to PICU for management, found to have continued seizures on EEG resolved with fosphenytoin

VAERS ID: 1424231 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Unknown

Vaccinated: 2021-06-03

Onset: 2021-06-17

Days after vaccination: 14

Submitted: 0000-00-00

Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram abnormal, Electrocardiogram T wave abnormal, Electrocardiogram ambulatory, Hypotension, Left ventricular dysfunction, Myocarditis, N-terminal prohormone brain natriuretic peptide increased, Pericardial effusion, Tachycardia, Troponin, Troponin increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none known

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Troponin trends: - 6/18/21 = 0.475 ng/ml - 6/19/21 AM= 0.297 - 6/19/21 PM= 0.050 - 6/20/21 AM = 0.030 - 6/20/21 pm = <0.015 6/21/21 AM = 0.036 6/22 AM = 0.019 Pro BNP trends - 6/18/21 = 2262 - 6/19/21 - 2519 - 6/20/21 827 - 6/21 = 1425 - 6/22 = 701 Echocardiogram 6/18 = underfilling of LV - although wall and thickness, and function normal. small pericardial effusion. Global peak average systolic strain low at -16% echocardiogram 6/19- small pericardial effusion slightly larger than previous. Global peak average systolic strain low at -18.6% echocardiogram 6/20- interval improvement in systolic and diastolic function and no further increase in pericardial effusion which is now likely at the upper limit of normal/physiologic at this time. 6/21/21- 24 hour holter monitor normal for age 6/22 cardiac mri small pericardial effusion, small area of possible myocardial necrosis, no evidence of myocarditis at this time EKG from 6/17- 6/19 t wave abnormalities that started to improve on 6/20-6/22 ekg

CDC Split Type:

Write-up: Patient presented ~2 weeks after 2nd pfizer vaccine with chest pain and tachycardia diagnosed with myopericarditis course complicated by pericardial effusion and hypotension which improved

prior to discharge.

VAERS ID: 1426119 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-16

Onset: 2021-06-17

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
1 / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Immunoglobulin therapy, Myocarditis, Otitis externa  
SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: myocarditis requiring hospitalization and IVIG treatment  
otitis externa

VAERS ID: 1427091 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-06-17

Onset: 2021-06-21

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Blood lactate dehydrogenase increased, C-reactive protein increased, Chest X-ray normal, Chest pain, Echocardiogram normal, Electrocardiogram QT interval, Electrocardiogram normal, Haemoglobin normal, Headache, Magnetic resonance imaging heart, Malaise, Myocardial necrosis marker, Neutrophil percentage, Pyrexia, QRS axis, Respiratory tract congestion, SARS-CoV-2 antibody test negative, Troponin T increased, Viral titre, White blood cell count increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: loratadine 10 mg PO PRN allergy symptoms

Current Illness: None

Preexisting Conditions: None

Allergies: No known allergies

Diagnostic Lab Data: WBC 11.66 LDH 308 Troponin T 0.25 trended down to 0.04 at discharge CRP 2.74 SARS-CoV-2 antibody non-reactive

Relevant Diagnostic Images/Studies: Echo 6/23: ? Normal valvular function. ? Normal left ventricular size and systolic function. Normal indices of diastolic function. ? Qualitatively normal right ventricular systolic function. ? No pericardial effusion. ? Poor acoustic windows; pulmonary venous connections and distal coronary artery branches were not well seen. EKG 6/24: Rate: 81 Axes/P: 52 QRS: 34 T: 46 Intervals/PR : 130 QRS: 88 QT: 383 QTC: 445 Clinical Dx: Chest pain Code Diagnosis 7000 Normal ECG Tests Pending

CDC Split Type:

Write-up: Patient is a previously healthy 15 year-old presenting with chest pain and elevated troponin in the setting of recently receiving his second COVID vaccine. He was in his USOH and received his second COVID vaccine 6/17. He subsequently experienced tactile fevers, headache, and malaise for two days that resolved. Then 6/21 he developed congestion and chest pain. It is in the center of his chest, not pleuritic but worsened with sneezing/coughing. Tylenol/Motrin help, but given persistence of the pain he presented to the hospital ED. Lyme titers were sent, troponin at 1814 was 2.12, then at 1646 2.49 (normal <0.06), chem was normal, CBC had wbc 11.5 with 66% neut and Hgb 12.3. EKG and CXR were reportedly normal. He received Tylenol and Ativan and was transferred for further management. In the ED, he was afebrile with normal VS. Repeat

troponin was 0.25. EKG was normal. Given elevated troponin, he is being admitted for further workup and serial cardiac enzymes and EKG. Hospital Course: Patient was admitted to the cardiology floor for troponin and chest pain monitoring. His troponin levels were trended x4 and showed return to normal. Just prior to discharge, troponin level was 0.04 (normal < 0.09). His EKG was normal throughout, and at discharge showed normal sinus rhythm. He did not have any chest pain prior to leaving the hospital. On discharge, he was tolerating a normal diet. Plan for return was discussed with family for cardiac MR on 6/25. Return precautions were discussed and family expressed understanding.

VAERS ID: 1427461 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Ohio

Vaccinated: 2021-05-22  
Onset: 2021-06-20  
Days after vaccination: 29  
Submitted: 0000-00-00  
Entered: 2021-06-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Cerebral venous thrombosis  
SMQs: Ischaemic central nervous system vascular conditions  
(narrow), Embolic and thrombotic events, venous (narrow),  
Thrombophlebitis (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Oral contraceptive  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Intracranial venous thrombosis

VAERS ID: 1429330 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female

Location: Texas

Vaccinated: 2021-06-25

Onset: 2021-06-25

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 RA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood test, Chest X-ray, Computerised tomogram, Dysarthria, Hallucination, Muscle twitching, Seizure, Urine analysis  
SMQs: Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Psychosis and psychotic disorders (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Asthmatic

Allergies: None

Diagnostic Lab Data: CT scan Chest X-ray Blood work Urine test

CDC Split Type:

Write-up: Convulsions Slurred speech Hallucinations Twitching 4pm

VAERS ID: 1429632 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Illinois

Vaccinated: 2021-06-24

Onset: 2021-06-24

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0179 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Disorientation, Electrocardiogram abnormal, Fall, Hyperhidrosis, Pallor, Seizure

SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: Unknown

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: Asthma

Allergies: N/A

Diagnostic Lab Data: EKG at the site.

CDC Split Type:

Write-up: The patient received the vaccine and 4-5 minutes later he fell out of his chair, facedown. He appeared to be convulsing. He was pale, diaphoretic, and disoriented. His blood pressure was 76/36 and his pulse was 84. Radial pulse was 2+. EMT was called. His EKG appeared to have a slight elevation in his inferior leads. He and his guardian deny any significant history. Upon discharge with EMT, the patient was alert and tolerating liquids well. The patient's guardian states that he has had a similar reaction prior when he was the age of 6. She states that he also felt slightly lightheaded from the first Pfizer vaccination.

VAERS ID: 1430336 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Washington

Vaccinated: 2021-05-24

Onset: 2021-06-11

Days after vaccination: 18

Submitted: 0000-00-00

Entered: 2021-06-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Immune thrombocytopenia, Iron deficiency anaemia  
SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: mild allergy to amoxicillin, hives

Diagnostic Lab Data:

CDC Split Type:

Write-up: Acute idiopathic thrombocytopenic purpura; Iron deficiency anemia due to chronic blood loss

VAERS ID: 1430395 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Indiana

Vaccinated: 2021-06-22

Onset: 2021-06-25

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Dyspnoea, Electrocardiogram ST segment elevation,

Laboratory test abnormal, Myocarditis, Troponin

SMQs: Anaphylactic reaction (broad), Myocardial infarction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No



Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: cetirizine 10mg po daily, vyvanse 50mg PO daily, adderall 10mg PO daily

Current Illness: Mild viral illness- cough, fatigue and diarrhea between vaccine doses one and two- never seen or evaluated, by patient report. Some sinus congestion and HA around 6/25/21.

Preexisting Conditions: Obesity- BMI 51.9kg/m2 ADHD GERD

Allergies: sulfa

Diagnostic Lab Data: EKG 6/27/21- NSR, + ST elevation inferior leads

Troponin 6/27/21- 2.1ng/mL

CDC Split Type:

Write-up: Patient received second dose of covid vaccine on 6/22/21, then developed SOB and CP on 6/25/21. He was seen in the outpatient clinic and had an EKG which did not show significant ST elevation or LVH. His troponin could not be drawn at that time d/t difficult access- he had labs done on 6/27/21 which were significant for troponin of 2.1ng./mL. He had a repeat EKG on 6/27/21 which did show subtle ST elevation in the inferior leads. He was diagnosed with myocarditis- Cardiology was consulted. He is being admitted to the hospital for observation overnight- will get an echocardiogram and serial troponins- results not yet known at the time of this report. He is currently en route to the hospital.

VAERS ID: 1431511 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-06-23

Onset: 2021-06-24

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray normal, Chest pain, Cytomegalovirus test negative, Echocardiogram normal, Electrocardiogram ST segment abnormal, Epstein-Barr virus test negative, Full blood count normal, Myocarditis, Respiratory viral panel, SARS-CoV-2 test negative, Sinus arrhythmia, Troponin increased, Viral test

SMQs: Myocardial infarction (narrow), Disorders of sinus node function (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: ADHD  
Allergies: none  
Diagnostic Lab Data: Troponin: 3.1 (6/26 @ 1830) -\$g 0.06 (6/26 @ 2230) -\$g 5.03 (6/27 @ 0545) -\$g 3.53 (6/27 @ 1030) -\$g 3.14 (6/27 @ 1600) -\$g 2.8 (6/27 @ 2200) -\$g 1.33 (6/28 @ 0400) -\$g 0.87 (6/28 @ 1100) CBC unremarkable COVID negative (6/26), Respiratory viral panel negative (6/27), EBV PCR negative (6/27), CMV PCR negative (6/27), remainder of myocarditis panel pending CXR Normal (6.26) ECG 6/26:Normal sinus rhythm with sinus arrhythmia, Nonspecific ST abnormality Echo 6/26: Normal  
CDC Split Type:

Write-up: 14 yo male presented with a 3 day history of chest pain after COVID-19 vaccine, found to have elevated Troponin level. Dx most likely myocarditis in the setting of recent COVID-19 vaccine. Patient was started on Ibuprofen 600 mg q6 hr scheduled. Troponin trended q6 hours with subsequent downtrending of Troponins. (Highest troponin 5.03; most recent troponin 0.87 prior to discharge)

VAERS ID: 1433418 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM

Administered by: Private Purchased by: ?  
Symptoms: Electrocardiogram ST segment elevation, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions:  
Allergies: none  
Diagnostic Lab Data: elevated troponin, st elevations,  
CDC Split Type:  
Write-up: perimyocarditis

VAERS ID: 1434074 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-13  
Onset: 2021-06-18  
    Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 - / SYR

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Echocardiogram normal,  
Electrocardiogram PR prolongation, Electrocardiogram ST segment  
elevation, Electrocardiogram abnormal, Electrocardiogram ambulatory,  
Fatigue, Malaise, Pyrexia, Troponin increased  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome  
(broad), Myocardial infarction (narrow), Anticholinergic syndrome  
(broad), Arrhythmia related investigations, signs and symptoms  
(broad), Conduction defects (narrow), Acute central respiratory  
depression (broad), Pulmonary hypertension (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

    Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin (6/28) 0.073-- \$g (6/29) 0.03-- \$g (6/29) 0.022 EKGs (6/28-6/29): nonspecific ST elevation sinus rhythm, borderline prolonged PR interval Echocardiogram (6/29): normal  
CDC Split Type:  
Write-up: Patient had fevers and malaise the day after the vaccine, recovered, but then developed chest pain with exertion and fatigue approx 4-5 days after the vaccine. Symptoms persisted with worsening shortness of breath and he then presented to the ED on 6/28/21. He was found to have mildly elevated troponin and ST segment elevation. He was admitted, monitored, and had normalization of troponin levels over the next 24 hours as well as resolution of symptoms. Echocardiogram was normal. He was discharged on 6/29/21 with a Holter monitor and outpatient Cardiology follow up.

VAERS ID: 1434516 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-19  
Onset: 2021-06-20  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Dyspnoea, Electrocardiogram abnormal, Pyrexia, Red blood cell sedimentation rate increased, Sinus tachycardia, Troponin I increased  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: atopic dermatitis allergic rhinitis  
Allergies: peanut shellfish  
Diagnostic Lab Data: 2 days after covid vaccine #2 given, EKG showed: Sinus tachycardia Low voltage QRS Nonspecific intraventricular conduction delay ;Borderline ECG ; CRP 1.8, ESR 16. On following day, troponin I = 0.80.  
CDC Split Type:  
Write-up: fever of 102.5F the morning after covid vaccine #2 given. Also had chest pain and shortness of breath. Tylenol given which helped with symptoms. The following day, all symptoms had resolved.

VAERS ID: 1434532 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-18  
Onset: 2021-06-26  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH  
1827289-04136 / 1 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: Bacterial test negative, Coma, Headache, Lumbar puncture normal, Muscular weakness, Protein total, SARS-CoV-2 antibody test positive, Vomiting, White blood cell count  
SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None.  
Current Illness: None at the time of vaccination. He did have fever

and cough 4 weeks ago.

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: SARS-Cov2 Antibody- reactive on 6/27/2021.

Lumbar puncture showed 89 WBC and 115 protein, negative for bacteria.

CDC Split Type:

Write-up: He had vomiting, headache on 6/26/2021 and became comatose that night and got better after steroids. He is still weak in the right arm.

VAERS ID: 1436995 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Connecticut

Vaccinated: 2021-06-04

Onset: 2021-06-01

Submitted: 0000-00-00

Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 RA / -

Administered by: Other Purchased by: ?

Symptoms: Adverse reaction, Electrocardiogram, Heart rate irregular, Inflammation, Magnetic resonance imaging, Myocarditis

SMQs: Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 202106; Test Name: EKG; Result

Unstructured Data: Test Result:showed some irregular heartbeats;

Test Date: 202106; Test Name: MRI; Result Unstructured Data: Test

Result:inflammation had increased around muscle

CDC Split Type: USPFIZER INC2021702576

Write-up: myocarditis; inflammation around the muscle; it showed some irregular heartbeats; My son had a reaction; This is

spontaneous report from contactable consumer (patient's mother).

This consumer reported for a 14-year-old male patient (reporter's

son) received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number and expiration date were not reported), dose 2 via an unspecified route of administration, administered in arm right on 04Jun2021 18:00 (at the age of 14-year-old) as dose 2, single for COVID-19 immunisation. The vaccine was not administered in a military facility. No medical history and concomitant medications not reported. The patient never required a medication or had hospitalized before. The patient did not receive any additional vaccines administered on same date of the suspect drug. Family medical history relevant to events was reported as none. Historical vaccine included bnt162b2 (BNT162B2), dose 1 via an unspecified route of administration, on an unspecified date (Batch/Lot Number: unknown) as single for COVID-19 immunisation. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to the vaccination, the patient had no adverse event. The reporter reported that her son received his 2nd Pfizer vaccination shot on 04Jun2021 and was subsequently rushed to the hospital via ambulance from school on 07Jun2021. The patient remained inpatient in the hospital in ICU (intensive care unit) unit for (three days and two overnights) until discharge on 09Jun2021. It was confirmed that he developed myocarditis on 07Jun2021 at 13:00 and was linked to the second vaccination shot. The patient was on medications with a series of appointments. On an unknown date Jun2021, the patient lab test included MRI (magnetic resonance imaging), EKG (electrocardiogram), and they drew blood from him several times. All pointed to inflammation around the muscle. Reporter stated they said for the MRI, the inflammation had increased but not surprising, it was what they had saw with this situation. For the EKG, reporter said unknown results, in terms. It was told it showed some irregular heartbeats. Patient was wearing a cardiac heart monitor. Started wearing on it on 09Jun2021, they discharged him with it. The doctor at the hospital gave the patient prednisone, which he was still on for eight weeks he said, Motrin and Pepcid, which he was still on. Prednisone did changes to wean him off, 30mg. Six tablets twice a day, 08:00 and 20:00. Eventually would go to three tablets twice a day and keep going down. Right known it was six tablets. The pepcid she knew he takes once a day, and motrin 600mg three times a day. The patient visited (emergency room and physician office). The pediatrician required him to follow up with her as well for the event myocarditis. On an unknown date Jun2021, reporter stated that my son had reaction because of vaccination. The reporter clarified that her son was on medicines now with a series of appointments over the next several months, he had a series of appointments. The outcome of the events was myocarditis not resolved and the outcome for other events were unknown. Information on Lot/Batch number has been requested.

VAERS ID: 1437332 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Puerto Rico  
  
Vaccinated: 2021-06-10

Onset: 2021-06-27

Days after vaccination: 17

Submitted: 0000-00-00

Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 1 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Acute kidney injury, Asthenia, Chills, Diarrhoea, Headache, Hyperbilirubinaemia, Hypotension, Lymphadenopathy, Malaise, Pyrexia, Rash, Sepsis, Tachycardia, Urinary tract infection, Vomiting

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Pseudomembranous colitis (broad), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: N/A

Allergies: N/A

Diagnostic Lab Data: Upon admission the patient is diagnosed with UTI, SEPSIS, ACUTE KIDNEY FAILURE, HYPERBILIRUBINEMIA, HYPOTENSION, TACHYCARDIA

CDC Split Type:

Write-up: Generalized rash, weakness, swollen lymph nodes, general malaise, fever, chills, one episode of diarrhea and vomiting and headache.



VAERS ID: 1437388 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-06-23  
Onset: 2021-06-25  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0187 / 1	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0181 / 2	LA / IM	

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time, Asthenia, Base excess, Blood creatine phosphokinase increased, Blood fibrinogen increased, Blood lactate dehydrogenase increased, Blood lactic acid normal, Blood pH normal, Body temperature increased, Brain natriuretic peptide normal, C-reactive protein increased, Chest X-ray normal, Chest pain, Chills, Decreased appetite, Echocardiogram normal, Electrocardiogram ST segment elevation, Fibrin D dimer, Inflammatory marker increased, Interleukin-2 receptor assay, Neck pain, PCO2 increased, PO2 decreased, Pain, Painful respiration, Palpitations, Procalcitonin, Prothrombin time normal, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test, Serum ferritin normal, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: Cognitive developmental delay SHORT STATURE

Preexisting Conditions: Cognitive developmental delay SHORT STATURE

Splenic cyst

Allergies: none known

Diagnostic Lab Data: ECG : ST elevations of the lateral leads. Troponin was elevated, 16.2. Chest x-ray reportedly showed no acute processes. At hospital, repeat EKG with reportedly similar findings of ST elevation in the lateral leads. Troponin was downtrending to 9.59. Inflammatory markers were elevated, CRP 6.0, ESR 17, D-Dimer 0.71, Fibrinogen 515.2, LDH 814. CPK was elevated, 9.34. He had a normal PT, PTT, lactate, ferritin, and procalcitonin. BNP was normal, 30. Venous blood was showed pH 7.35, pCO2 50.1, pO2 19, BE 2. IL2 and qual SARS-COV-2 IgG pending. RP2-PCR was negative. Echo was performed and reportedly normal. Cardiology attending, recommended admission to the cardiology service.

CDC Split Type:

Write-up: Pfizer COVID vaccine (6/23 dose 2). That evening he developed chills. . He developed body aches, decreased energy level, and decreased appetite. He woke up with extreme chest pain that radiated to the lower portion of his neck. He felt his heart racing and found it hard to take deep breaths secondary to pain. Brought to ED for further evaluation. He was afebrile, 99.4. Cardiologist on-call, was contacted and recommended transfer to another facility. In the hospital ED

VAERS ID: 1437818 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-24  
Onset: 2021-06-27  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0187 / 2	RA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0186 / 1	RA / IM	

Administered by: Public Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Electrocardiogram ST segment elevation, Pericarditis, Troponin normal  
SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Aripiprazole 10mg daily Dymista 1 spray to each nostril twice daily Guafacine 1mg twice daily at 1145 and 1630, 2mg daily at 2200 Hydroxyzine 75mg every bedtime melatonin 3mg every bedtime  
Current Illness: none  
Preexisting Conditions: Autism  
Allergies: No known allergies  
Diagnostic Lab Data: troponin <0.02 on 6/30/21. ECHO results pending 6/30/21 EKG Order: 1378499770 Status: Final result 0 Result Notes Ref Range & Units 6/30/21 0923 Ventricular Rate BPM 80 Atrial Rate BPM 80 P-R Interval ms 158 QRS Duration ms 86 Q-T Interval ms 356 QTC Calculation(Bezet) ms 410 P Axis degrees 63 R Axis degrees 46 T Axis degrees 19 Diagnosis \*\* \*\* \* Pediatric ECG Analysis \* \*\* \*\* \*\* Diagnosis Normal sinus rhythm Diagnosis Diffuse ST elevation consistent with pericarditis. Diagnosis When compared with ECG of 29-JUN-2021 15:44, no significant change was found. Diagnosis Confirmed by MD (605) on 6/30/2021 12:14:48 PM Resulting Agency Specimen Collected: 06/30/21 09:23 Last Resulted: 06/30/21 12:14  
CDC Split Type:  
Write-up: 14 year old male with autism who has chest pain and ECG showing diffuse ST elevation (normal troponin) consistent with pericarditis. He also received his second dose of the Pfizer vaccine 5 days prior to onset of chest pain. Although it is difficult to know for sure if this is vaccine mediated, the timing makes it suspicious. Now hospitalized with observation and pending ECHO results. Symptomatic management with NSAIDS.

VAERS ID: 1438233 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-25  
Onset: 2021-06-29  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Brain stem stroke  
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Acute medullary stroke. Patient admitted to the hospital  
for initiation of aspirin and stroke work-up.

VAERS ID: 1440502 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Louisiana

Vaccinated: 2021-06-28  
Onset: 2021-06-29  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN6202 / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Condition aggravated, Pain, Pain in extremity,  
Reticulocyte count increased, Sickle cell anaemia with crisis  
SMQs:, Haemolytic disorders (broad), Haemorrhage laboratory terms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Tendinopathies and  
ligament disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Sickle Cell Disease  
Allergies: OXYCODONE-ACETAMINOPHEN; VOXELOTOR  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: 14 y/o female with a history of HgSS and asthma who presents 1 day post 2nd Covid vaccination with chest pain and general body aches. Some of the patients pain and aches may be associated with post-vaccination symptoms, but does have elevated retic count and right leg pain consistent with previous sickle cell pain crisis. Low concern for acute chest syndrome.

VAERS ID: 1443239 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-09  
Onset: 2021-06-28  
Days after vaccination: 19  
Submitted: 0000-00-00  
Entered: 2021-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
BNT162B2 / 2 - / IM		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH - / 1 - / -		

Administered by: Private Purchased by: ?  
Symptoms: Arrhythmia, Chest pain, Myocarditis, Nausea, Troponin increased

SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: n/a  
Current Illness: n/a  
Preexisting Conditions: remote asthma history  
Allergies: n/a

Diagnostic Lab Data: troponin 3.44 (ref range <0.045 ng/ml) at ED  
troponin 6.94 (ref range 0.00-0.09 ng/ml) troponin 5.36 (ref range 0.00-0.09 ng/ml)

CDC Split Type:

Write-up: myocarditis with troponin elevation and arrhythmias diagnosed 7/1/21 after episode of chest pain and nausea

VAERS ID: 1446169 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Oklahoma

Vaccinated: 2021-06-27  
Onset: 2021-06-27

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8729 / 1 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Myocarditis, Pericarditis, Troponin increased  
SMQs: Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Chronic kidney disease  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin - initial level at 937 ng/L to max of  
1189 after 48 hours then decreased to 331 on day of hospital  
discharge 6/30: 937 7/1: 1189 7/2: 953 7/3: 331

CDC Split Type:

Write-up: post vaccination pericarditis and myocarditis from chest  
pain that developed within minutes of vaccination.

VAERS ID: 1446181 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-29  
Onset: 2021-07-02

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Cardiac function test, Chest pain, Echocardiogram,  
Electrocardiogram, Laboratory test, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Echocardiogram, EKG, Serial troponin levels  
(admission Troponin 1.27) from 7/2/21-7/3/21 while in hospital  
CDC Split Type:  
Write-up: Chest pain onset 3 days post second dose of pfizer vaccine  
resulting in 2 day hospitalization, cardiac workup and serial lab  
draws.

VAERS ID: 1446848 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-06-29  
Onset: 2021-07-03  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-07-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Intensive care,  
Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 7/3 Troponin: 8 7/4 Troponin: 5.3 / 3.7 7/5  
Troponin: 2.7 7/4 ECHO: showed normal cardiac function  
CDC Split Type:  
Write-up: Developed acute onset chest pain, and found to have  
elevate troponin. His acute chest pain resolved almost immediately  
upon admission to the hospital, and his troponin started to  
downtrend over 48h.

VAERS ID: 1446851 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-06-15  
Onset: 2021-06-17  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-05  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Fatigue, Mastitis, Pyrexia, Ultrasound scan  
SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Functional lactation disorders (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Zoloft  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Ultrasound  
CDC Split Type:



Write-up: Fever and fatigue with a severe breast infection to follow

VAERS ID: 1450054 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Guam

Vaccinated: 2021-07-01

Onset: 2021-07-03

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Military Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Inflammatory marker increased, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None reported

Current Illness: None reported

Preexisting Conditions: None reported

Allergies: Azithromycin (rash), as per medical record

Diagnostic Lab Data: Elevated troponins and inflammatory markers,  
EKG with ST elevation, and clinical picture c/w myo/pericarditis.

Remote engagement of Pediatric Cardiologist

CDC Split Type:

Write-up: Presented to Emergency Dept with acute chest pain,  
somewhat positional, on 03 July -- two days after reported receipt  
of 2nd dose Pfizer vaccine.

VAERS ID: 1450537 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Michigan

Vaccinated: 2021-06-29

Onset: 2021-07-01

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Anion gap decreased, Aspartate aminotransferase normal, Basophil count decreased, Basophil percentage decreased, Blood albumin decreased, Blood alkaline phosphatase normal, Blood bicarbonate normal, Blood bilirubin normal, Blood calcium normal, Blood chloride normal, Blood creatinine increased, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood urea normal, C-reactive protein increased, Chest pain, Chills, Condition aggravated, Cytomegalovirus test, Cytomegalovirus test negative, DNA antibody negative, Electrocardiogram ST-T change, Enterovirus test negative, Eosinophil count decreased, Eosinophil percentage decreased, Epstein-Barr virus antibody negative, Glomerular filtration rate normal, HIV antigen negative, Haematocrit increased, Haemoglobin normal, Human herpes virus 6 serology negative, Immature granulocyte count, Lymphocyte count normal, Lymphocyte percentage decreased, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte count normal, Monocyte percentage increased, Myocarditis, Neutrophil count increased, Neutrophil percentage increased, Painful respiration, Parvovirus B19 test negative, Platelet count normal, Protein total increased, Pyrexia, Red blood cell count normal, Red blood cell nucleated morphology, Red blood cell sedimentation rate normal, Red cell distribution width normal, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin increased, Streptococcus test, Troponin increased, Vomiting, White blood cell count increased

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: allergy serum 1 dose Q28 days

Current Illness:

Preexisting Conditions: Allergic rhinitis

Allergies: no known allergies

Diagnostic Lab Data: Chem profile 7/1/2021 07:57 Sodium Level: 138 Potassium Level: 4.4 Chloride: 104 Bicarbonate Level: 26 Anion Gap: 8 (L) BUN: 11 Creatinine: 0.95 (H) Modified Schwartz eGFR:  $\$g=60$  Glucose: 129 (H) Calcium: 9.4 Alkaline Phosphatase: 168 Albumin: 3.9 Protein, Total: 8.1 (H) AST: 20 ALT: 29 Bilirubin, Total: 1.0

7/2/2021 06:35 Sodium Level: 139 Potassium Level: 4.5 Chloride: 106 Bicarbonate Level: 24 Anion Gap: 9 BUN: 10 Creatinine: 0.68 Modified Schwartz eGFR:  $\$g=60$  Glucose: 106 (H) Calcium: 9.6 cardiac profile

7/3/2021 11:49 hsTnT: 1,367 (HP) hsTnT Interpretation: Critical (P)

7/3/2021 18:26 hsTnT: 1,474 (HP) hsTnT Interpretation: Critical (P)

7/4/2021 00:05 hsTnT: 1,457 (HP) hsTnT Interpretation: Critical (P)

7/4/2021 06:03 hsTnT: 1,070 (HP) hsTnT Interpretation: Critical (P)

7/5/2021 07:57 hsTnT: 206 (HP) hsTnT Interpretation: Critical (P)

Hematology 7/1/2021 07:57 WBC: 14.13 (H) RBC: 5.29 Hemoglobin: 15.2

Hematocrit: 44.8 MCV: 84.7 MCH: 28.7 MCHC: 33.9 RDW: 13.6 Platelet:

217 MPV: 10.3 Neut Auto: 80.0 Immature Granulocyte Automated: 0.5

Lymph Auto: 9.1 (L) Monocytes Automated: 10.0 Eos Auto: 0.2 Basophil

Auto: 0.2 NRBC Auto: 0.0 Neutrophil Absolute Count: 11.30 (H)

Immature Granulocyte Absolute Count: 0.07 (H) Lymph Absolute: 1.28

Mono Absolute: 1.42 (H) Eos Absolute: 0.03 Baso Absolute: 0.03 NRBC

Absolute: 0.00 Sed Rate: 9 anemia profile 7/1/2021 14:47 Ferritin:

202 (H) Infectious Disease 7/1/2021 07:42 COVID-19 PCR: Not Detected

7/1/2021 14:14 RESPIRATORY PATHOGENS BY FILM ARRAY: Rpt COVID-19

PCR: Not Detected 7/1/2021 14:47 Anti-DNase B Titer, S: 147 CMV IgG

Ab: Negative CMV IgM Ab: Negative EBV VCA IgM: Negative EBV DNA

QUANT: Rpt EBV VCA IgG: Negative EBV Nuclear Ab: Negative Parvo B19

IgG: Negative COVID-19 Anti-Spike Antibody: Positive (A) COVID-19

Anti-Nucleocapsid Antibody: Positive (A) COVID-19 Antibody

Interpretation: See Comment Interpretation: SEE COMMENTS ADENOVIRUS

PCR QUANTITATIVE: Rpt Adenovirus DNA Quant: 0 CMV DNA QUANT BY PCR:

Rpt CMV DNA, Quant: 0 Enterovirus qRT-PCR (serum): Not Detected EBV

DNA Quant: 0 Parvovirus B19 qPCR (serum): Not Detected HHV6 qPCR

(Serum): Not Detected Parvovirus B19 IgM Ab: Negative HIV 1/2 Ab Ag

Screen: Nonreactive

CDC Split Type:

Write-up: Pt mother called and stated that pt is vomiting and has a

fever of 101.9 pt mother state that pt received the second dose of

COVID vaccine on 6/29/21 and now he is having these symptoms. Pt

mother state that pt had these symptoms before with the first dose

however they resolved on there own. Pt is now complaining of chest

pain is unable to take a deep breath because it causes him pain.

Patient Has not attempted treatment at home. CHIEF COMPLAINT:

VOMITING (one episode of vomiting this morning) and FEVER (fever

started on Wednesday) Assessment/Plan DIAGNOSIS at time of

disposition: 1. Acute myocarditis, unspecified myocarditis type 2.

Acute chest pain 3. COVID-19 virus not detected Patient presents

with chest pain 2 days after 2nd COVID-19 vaccine. Labs were

obtained and his troponin is elevated to 122 and his CRP is also

elevated. I discussed case with ID, recommended admitting to

Cardiology for workup for myocarditis. 14 y/o previously healthy

male who presented to hospital after onset of chest pain, fever, chills, and vomiting this morning. Found to have elevated troponin and mild ST changes on EKG. Patient recently received 2nd Pfizer-BioNTech COVID vaccine on 6/29. Admitted for close monitoring and further work up of suspected myopericarditis following COVID vaccination.

VAERS ID: 1456709 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-19  
Onset: 2021-06-01  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / -

Administered by: Other Purchased by: ?

Symptoms: Inflammation, Myocarditis

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021807456

Write-up: Myocarditis; Her son still has some inflammation; This is a spontaneous report from a contactable other hcp (Patients mother). A 14-years-old male patient received bnt162b2 (BNT162B2, Batch/Lot Number: EW0180 and Expiry Date: 19Jun2021), dose 2 via an unspecified route of administration, administered in Arm Left on 19Jun2021 as single dose for covid-19 immunisation. Patient previously received dose 1 of bnt162b2 (BNT162B2, Lot number: EW0178 and Expiration Date : Unknown to caller ) via an unspecified route of administration on 29May2021 as single dose for covid-19

immunization. The patient's medical history was not reported. There were no concomitant medications. On 21Jun2021, The patient experienced myocarditis, About 2 days later, he was taken by ambulance to the ER, diagnosed with Myocarditis and admitted to the hospital, discharged on 23Jun2021. Caller states that she believes her son still has some inflammation, it is better but still ongoing, as he is still unable to exert himself at all. The claims are not in yet but it looks like they will be spending 5000 to 6000 dollar out of pocket. She is looking for some type of compensation for their expenses. Patient had no other vaccines on the same day as the suspect product. Myocarditis lead to Emergency Room. The outcome of the event myocarditis was recovering and inflammation was not recovered.; Sender's Comments: As per the information provided in the narrative, the causal association between the suspect drug and the event cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1458474 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Washington

Vaccinated: 2021-05-24  
Onset: 2021-05-30  
Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Cerebral ischaemia, Headache, Magnetic resonance imaging head abnormal

SMQs:, Ischaemic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown estrogen-containing OCP

Current Illness:

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: Extensive workup, MR Brain with Acute ischemic injury of left cerebellar hemisphere in distribution of left posterior inferior cerebellar artery, as well as late subacute ischemic injury in the superior right cerebellar hemisphere in distribution of right superior cerebellar artery

CDC Split Type:

Write-up: Headache for 5 weeks, found to have acute ischemic injury of L cerebellar hemisphere that likely precipitated symptoms, all starting after first dose of Pfizer COVID vaccine.

VAERS ID: 1459818 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Florida

Vaccinated: 2021-06-25

Onset: 2021-06-26

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate aminotransferase increased, Blood creatinine increased, Blood urea normal, Brain natriuretic peptide increased, Chest X-ray, Chest pain, Differential white blood cell count, Electrocardiogram, Full blood count, Immunoglobulin therapy, Respiratory viral panel, SARS-CoV-2 test negative, Troponin T increased, Viral test negative  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Kawasaki disease at 1 years old

Allergies: NKMA

Diagnostic Lab Data: Pertinent Labs 6/28 CBCd: 3.25\$g14.8/45.9<187  
6/28 BUN: 11 Cr: 0.80 6/28 ALT: 19 AST: 56 6/28 BNP:355 6/29 (1159)  
Troponin T: 0.49, positive 6/29 (0343) Troponin T: 0.34, positiv  
6/28 (2000) Troponin T: 0.37, positive 6/28 (1600) Troponin T: 0.53,  
positive 6/28 RVP: Not detected, including SARS-CoV-2 PCR

CDC Split Type:

Write-up: 6/29: usual state of health until Saturday 6/26/21 when he  
began to experience chest pain. Due to the pain persisting for 2  
days, parents brought him to the ED. He describes the pain as  
"pounding" and lasting for up to "half an hour". He reports no  
recent illnesses or fevers, but does note that he received the  
second dose of the Pfizer vaccine 4 days ago (6/25/2021). In the ED  
he had a CXR, EKG and screening labs which showed elevated troponin.  
Secondary to this the decision was made to admit patient for  
continued evaluation and management of possible myocarditis.  
troponin up to 0.6 at 2100. SARS-CoV-2 PCR is negative. 6/30: IVIG  
administered overnight due to increasing troponin. troponin now  
0.36. chest pain resolved. 7/1: troponin trending down to 0.06. No  
complaints of chest pain. discharged home.

VAERS ID: 1459898 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-06-29

Onset: 2021-07-02

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, C-reactive protein  
increased, Chest X-ray normal, Chest pain, Decreased appetite,  
Echocardiogram abnormal, Ejection fraction decreased,  
Electrocardiogram ST segment elevation, Enterovirus test negative,  
Fibrin D dimer increased, Full blood count normal, Headache, Human  
rhinovirus test, Hypophagia, Immunoglobulin therapy, Immunology  
test, Influenza virus test negative, Insomnia, Left ventricular  
dysfunction, Magnetic resonance imaging heart, Malaise, Metabolic  
function test, Myocardial oedema, Nausea, Pain, Pleuritic pain,  
Respiratory syncytial virus test negative, SARS-CoV-2 test negative,  
Troponin T increased, Troponin increased, Ultrasound chest,  
Ventricular extrasystoles

SMQs: Cardiac failure (narrow), Acute pancreatitis (broad),  
Haemorrhage laboratory terms (broad), Myocardial infarction  
(narrow), Ventricular tachyarrhythmias (narrow), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow),

Haemodynamic oedema, effusions and fluid overload (narrow),  
Cardiomyopathy (narrow), Infective pneumonia (broad), Hypokalaemia  
(broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: D-Dimer 1.82, 1.01 mcg/mL Troponin T - peaked at 1.7 ng/mL Adenovirus PCR and culture - negative SARS-CoV-2 POCT - negative Influenza A/B POCT - negative hMPV PCR - negative RSV PCR and PCOT - negative Rhinovirus PCR - negative Enterovirus PCR - not detected Lyme Ab Total - 0.16 negative Cardiac MRI: ? Normal biventricular size and systolic function. No regional wall motion abnormalities. ? Myocardial late gadolinium enhancement of the left ventricle. ? Evidence for left ventricular myocardial edema. ? No significant valvular dysfunction. ? No coronary artery aneurysms. ? Small pericardial effusion. 'ECHO No structural abnormalities identified. ? No coronary artery aneurysms detected. ? Normal valvular function. ? Normal left ventricular size. Borderline depressed left ventricular systolic function. ? Qualitatively normal right ventricular size and systolic function. ? No pericardial effusion.

CDC Split Type:

Write-up: Patient reports onset of chest pain three days after his second Pfizer COVID vaccine. In the following three days after his vaccine, he had headache, decreased appetite, and mild nausea. However was still taking in fluids, decreased solid food intake. He also experienced insomnia and generalized malaise. At midnight on 07/02 he began to experience 9/10 substernal chest pain that was sharp, burning in sensation and located in the middle of the chest, non-radiating, pleuritic which lasted for several hours. Patient has had no fevers, vomiting, diarrhea, congestion, sore throat or cough. Denies any SOB, dizziness, syncope, palpitations, edema, orthopnea. There has been no trauma to the chest. No recent URIs. He was seen at a hospital where he was found to have a trop of 1251 ng/L (converting to ~1.5 in our system) then one hour later up to 1500mg/L. His EKG at the hospital demonstrated lateral ST elevations. Had a normal CXR. He was given Maalox which was not helpful. He was transferred to another medical facility after 3 hours at the hospital. Upon presentation to the emergency department, his vitals were stable. He had elevated CRP to 7.69, troponin was 1.0. CBC and Chem were normal. BNP normal at 15. Bedside ultrasound showed no pericardial effusion. Cardiology was consulted and ECHO showed mild



left ventricular dysfunction with EF 47%. Repeat EKG here showed ongoing ST elevations in lateral leads, though mild. His pain has since improved to a 2/10. He has not required any medication for his pain. He is COVID/flu/RSV negative. On arrival to the floor, his chest pain had completely resolved. Patient reports the pain was pleuritic, worse with exertion and improving on rest. PMH: idiopathic urticaria Allergies: NKDA Family history: none reported, no cardiac disease or sudden cardiac death Hospital Course: Patient was admitted to the cardiology floor for continued monitoring of his troponin levels and EKG. He was then treated with IVIG 2g/kg and started on methylprednisolone IV x 2 doses. He initially had some very mild chest discomfort that improved by day 2 of admission. An echocardiogram was performed which showed improvement in his EF to 54%. Given his dysfunction, he was started on Enalapril 2.5mg twice daily. He was transitioned over to PO steroids which he tolerated well. On day of discharge, his troponin levels were trending down, and EKG was WNL. Cardiac MRI was performed and showed late gadolinium enhancement in the left ventricle. He had occasional PVCs but no arrhythmias. Viral myocarditis studies were sent and all negative. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake. Prescriptions sent to preferred pharmacy. Follow up with cardiology in place. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Patient will follow up in cardiology clinic next week with a repeat MRI 3-6 months.

VAERS ID: 1460300 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-07-05  
Onset: 2021-07-07  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FA6780 / 2 - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood creatine phosphokinase MB, Blood culture, Brain natriuretic peptide, Chest discomfort, Chills, Culture stool, Cytomegalovirus test negative, Decreased appetite, Electrocardiogram ST-T segment abnormal, Enterovirus test negative, Fatigue, HIV test negative, Myalgia, Oropharyngeal discomfort, Pyrexia, Respiratory viral panel, Throat tightness, Treponema test negative, Troponin increased, Varicella virus test negative

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Eosinophilic pneumonia (broad), Other ischaemic heart

disease (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Fluticasone 50mcg/inh nasal spray Montelukast 5mg chewable tablets once daily ReliOn Ventolin HFA PRN Triamcinolone 0.1% topical ointment Zyrtec 10mg PO daily

Current Illness: None

Preexisting Conditions: Asthma, eczema, allergic rhinitis, mild mast cell activation syndrome

Allergies: Dairy allergies. Seasonal allergies

Diagnostic Lab Data: EKG 7/8 with non-specific ST and T wave abnormality 7/8 notable labs: CKMB 23.5, troponin 5.69, BNP 11.

Troponins over the next several days have been 5.26 \$g 5.5 \$g 7.76 \$g 4.85 Myocarditis work-up includes the following tests which have been negative: viral respiratory panel, CMV, enterovirus serum PCR, HIV, RPR/syphilis, VZV. Enterovirus stool culture is in process as are blood cultures. For additional medical records/results of pending labs please contact the Hospital Release of Information Department

CDC Split Type:

Write-up: Pt. reports that a few hours after the vaccine, he felt that his throat and chest were tight and uncomfortable and then he developed fever, chills, myalgias after vaccination that resolved after about 48 hours. Last documented fever was Tuesday (7/6) morning. In general, he has been feeling tired with decreased appetite but maintained adequate hydration and has had normal urine output. Over the past 24 hours, he has developed chest discomfort that has progressed to chest pain; it peaked this morning (7/8) when he woke up and he woke his parents up because the pain was so bad. Due to chest pain, he presented to the ED for evaluation where he was found to have non-specific ST segment changes on his EKG, elevated troponin to 5.69. He was admitted to the hospital and treated with NSAIDs where he has been improving.

VAERS ID: 1462151 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Washington

Vaccinated: 2021-06-18

Onset: 2021-07-01

Days after vaccination: 13

Submitted: 0000-00-00

Entered: 2021-07-10

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW01818/21 / 2 LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Anxiety, Dyskinesia, Insomnia, Loss of personal independence in daily activities, Panic attack, SARS-CoV-2 antibody test negative, Self-injurious ideation, Soliloquy, Suicidal ideation, Tachyphrenia

SMQs: Suicide/self-injury (narrow), Neuroleptic malignant syndrome (broad), Dementia (broad), Dyskinesia (narrow), Psychosis and psychotic disorders (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Teen girl vitamins - 1 a day

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: On July 4th, Hospital gave her COVID antibody test. They reported it came back negative. What happened? Is it all attacking her brain?

CDC Split Type:

Write-up: 3 days after dose 1, which was given on 05/28/21, PT reported feeling not herself. She was experiencing brain fog and not able to focus on her school work. She was worried about not being able to finish up the school year. We figured it was just "burnout", but knew this was strange behavior for PT who is usually very focused and has no problem getting good grades. We let her get the 2nd vaccine on June 18th. About 10 days later, PT reported feeling like her mind was racing and she could not sleep for 5 nights. She was very anxious and having panic attacks. On July 4th, PT came to us and told us, "the only way to stop the thoughts is to hurt myself." We immediately took PT to the Hospital ER. We have NEVER seen PT like this and she has NEVER had thoughts like this. She was talking to herself, making strange body movements and this frightening behavior came out of nowhere. They kept her overnight and sent her home with referrals to other doctors. She is still having suicidal thoughts and cannot function. We have had to cancel all trips, summer camps and check her out of soccer for the next month. There is no way she is going to be able to go to anything.

VAERS ID: 1463306 (history)

Form: Version 2.0

Age: 14.0  
Sex: Unknown  
Location: California

Vaccinated: 2021-06-03

Onset: 2021-06-04

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / 2 - / OT

Administered by: Unknown Purchased by: ?

Symptoms: Body temperature, Headache, Lethargy, Pyrexia

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: ZYRTEC [CETIRIZINE HYDROCHLORIDE]

Current Illness: Anaphylactic reaction to food (Peritinent Details : removed tonsil, Adenoids at age 8 . carries an epinephrine injector always.); Food allergy (Peritinent Details : Uses anti histamines 6 months per year); Rhinitis

Preexisting Conditions: Medical History/Concurrent Conditions:

Adenoidectomy (Removed tonsil, Adenoids at age 8 . carries an epinephrine injector always.); Fruit allergy; Pollen allergy;

Tonsillectomy (Removed tonsil, Adenoids at age 8 . carries an epinephrine injector always.)

Allergies:

Diagnostic Lab Data: Test Name: Body; Result Unstructured Data: Test

Result:101.4 Fahrenheit; Test Name: Body; Result Unstructured Data:

Test Result:101.5 Fahrenheit

CDC Split Type: USPFIZER INC2021800151

Write-up: Headache; fever 101.5; fever of 101.4 for 2 day; lethargy;

This is a spontaneous report from a contactable consumer (patient).

This consumer reported similar events for two doses. This is the first of two reports regarding dose 2. A 14 -year-old patient of unspecified gender received the second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number EW0186) via intramuscular in left upper arm on 03Jun2021 at 11:15 AM, at patient age of 14-year-old, as a single dose for COVID-19 immunisation. The patient medical history included ongoing oral food allergy (anti histamines 6 months per year), ongoing tree nut anaphylaxis (removed tonsil, Adenoids at

age 8. carries an epinephrine injector always). The family medical history included Food allergy to Tree Nut: cashew/pistachio; Pollen allergy- ongoing rhinitis. The patient concomitant medications included ongoing oral antihistamine cetirizine hydrochloride (ZYRTEC) from March (unspecified year) for allergy to pollen. The patient previously received the first dose of BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number ER8735) via intramuscular in left upper arm on 13May2021 at 11:30 AM, at patient age of 14 -year-old as a single dose for COVID-19 immunisation and experienced headache. The patient had none prior vaccinations within 4 weeks. On 04Jun2021, the patient experienced headache with seriousness criteria: persistent/significant disability/incapacity. The patient had 3 days fever 101.5. The event required to visit physical office call. The patient received Ibuprophen for treatment. The patient experienced fever of 101.4 for 2 day and lethargy after the second vaccine. The outcome of the events was resolved. Follow-up attempts are completed. No further information is expected. ; Sender's Comments: Linked Report(s) : US-PFIZER INC-2021579117 same reporter/patient, different dose/event

VAERS ID: 1463451 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-07-08  
Onset: 2021-07-08  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FA6780 / 2 AR / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood creatine phosphokinase increased, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Chills, Echocardiogram normal, Electrocardiogram abnormal, Eye pain, Headache, Myalgia, Pyrexia, Red blood cell sedimentation rate increased, Right ventricular hypertrophy, Troponin SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Glaucoma (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: About 3 weeks prior to 7/8 vaccination the patient had 1 day of fever and a self-limited sore throat after being around friends who had "allergies"  
Preexisting Conditions: None  
Allergies: Sesame seed -- \$g throat itching. Clindamycin and penicillin -- \$g rash without shortness of breath.  
Diagnostic Lab Data: All done on 7/11/21: Troponin 8.08 ng/mL. BNP 402 pg/mL, CK 402 U/L. CRP 2.9 mg/dL. ESR 17. EKG with right ventricular hypertrophy. Echocardiogram with normal structure and function.  
CDC Split Type:  
Write-up: The day of the 7/8 vaccination the patient developed chills. On 7/9 the patient then developed a retro-orbital headache with fevers, chills, and myalgias. These symptoms persisted and on 7/10 the patient then developed chest pain, prompting presentation to the ED with subsequent admission.

VAERS ID: 1464224 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-07-09  
Onset: 2021-07-11  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8729 / 2 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: Cardiac dysfunction, Dyspnoea, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Myocarditis, Troponin I increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Vit D3 Zinc echinacea Tumeric Biotin Lutein  
Occasionally vit C  
Current Illness: none  
Preexisting Conditions: headaches occasionally  
Allergies: fish, tree nuts  
Diagnostic Lab Data: 7/11/2021 16:15 Troponin I: 24.76 7/12/2021  
01:12 Troponin I: 18.22 7/12/2021 06:44 Troponin I: 20.23 7/12/2021  
10:28 7/12/2021 12:01 Troponin I: 17.79 7/12 Echo final read pending  
CDC Split Type:  
Write-up: myopericarditis with SOB 2 days after vaccine. diffuse ST  
elevation EKG. troponins 8-20. echo with mild function decrease.

VAERS ID: 1474362 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-12  
Onset: 2021-07-13  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / IM  
Administered by: Public Purchased by: ?  
Symptoms: Intensive care, Oxygen saturation decreased, Pyrexia,  
Respiratory failure  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (broad), Shock-associated  
circulatory or cardiac conditions (excl torsade de pointes) (broad),  
Torsade de pointes, shock-associated conditions (broad),  
Hypovolaemic shock conditions (broad), Toxic-septic shock conditions  
(broad), Anaphylactic/anaphylactoid shock conditions (broad),  
Hypoglycaemic and neurogenic shock conditions (broad), Acute central  
respiratory depression (narrow), Guillain-Barre syndrome (broad),  
Hypersensitivity (broad), Respiratory failure (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Infective pneumonia (broad), Hypokalaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: Calcium Carbonate Onfi Depakene Pulmicort  
Proventil Albuterol Atroprine Atrovent PhosMak Packets Miralax  
Sodium Chloride via nebs Melatonin

Current Illness: 12P Partial Trisomy Syndrome Generalized Convulsive  
Epilepsy Restrictive Lung Disease Scoliosis Hypotonic cerebral palsy  
Spastic Quadriplegia History of aspiration events Global  
Developmental delay

Preexisting Conditions: See above

Allergies: Chlorhexidine gluconate-wipes cause skin rash

Diagnostic Lab Data: Admission to PICU

CDC Split Type:

Write-up: Approximately 22 hours after receiving Pfizer vaccine #1,  
he became febrile to 100 degrees Fahrenheit, and desaturated down to  
mid 80% on RA requiring O2 via NC at 2L. Was taken and admitted with  
impending respiratory failure.

VAERS ID: 1478153 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Alabama

Vaccinated: 2021-07-09

Onset: 2021-07-10

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8732 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Condition aggravated, Full blood count, Haemoglobin,  
Metabolic function test, Pain in extremity, Reticulocyte count,  
SARS-CoV-2 test, Sick cell anaemia with crisis, Vomiting

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Tendinopathies and  
ligament disorders (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Sick Cell Disease

Allergies: Peanuts, Fish, Strawberries, Tylenol with Codeine

Diagnostic Lab Data: CBC Retic Count CMP Covid 19 ID now Hemoglobin



A1C

CDC Split Type:

Write-up: Left arm pain, vomiting, Sickle Cell Crisis. Was admitted 7/10 thru 7/12 to hospital for pain management and IV fluids and bloodwork.

VAERS ID: 1481448 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: New York

Vaccinated: 2021-06-16

Onset: 2021-06-19

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

ER8734 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Blood culture negative, C-reactive protein increased, Culture, Culture urine negative, Echocardiogram abnormal, Endotracheal intubation, Human metapneumovirus test, Human rhinovirus test, Influenza A virus test negative, Influenza B virus test, Liver function test increased, Pericardial drainage, Pericardial effusion, Pleural effusion, Procalcitonin, Respiratory rate decreased, Respiratory syncytial virus test negative, Respiratory viral panel, SARS-CoV-2 test negative, Somnolence, Tracheal aspirate culture, Viral test negative

SMQs:, Liver related investigations, signs and symptoms (narrow), Angioedema (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Onfi, Prazosin, Pepcid, Keppra, Albuterol (PRN), FLeet enema (PRN), Cholecalciferol, nitrofurantoin, fluorometholone eye drops,

Current Illness: Sepsis secondary to Pseudomonas aeruginosa UTI.  
Increase in seizures, possible new epilepsy diagnosis  
Preexisting Conditions: Chromosome 7 deletion, right eye rhabdomyosarcoma s/p chemotherapy and radiation, global developmental delay, new diagnosis epilepsy (further refinement of seizure disorder pending), tethered cord s/p release.  
Allergies: Reglan, Vancomycin, suture material  
Diagnostic Lab Data: 6/19/2021 Echocardiogram: Moderate pericardial effusion without echocardiographic evidence of tamponade physiology. normal biventricular function. 7/14/2021: moderate circumferential pericardial effusion. no tamponade physiology. normal biventricular function. 7/15/2021: large pericardial effusion with tamponade physiology. Multiple other studies and labs taken. notably had elevated CRP (47), normal procalcitonin (0.08) on admission. All cultures (blood, urine, trach, pericardial, pleural) negative or negative to date over the 1 month admission (still admitted). Admission Respiratory viral panel negative for Rhinovirus, Influenza A/B, RSV, Para1-4, Adenovirus, HMPV, SARS-CoV-2. LFTs were also elevated on admission (6/19) but now normal.  
CDC Split Type:  
Write-up: Pericardial effusion on 6/19 s/p pericardiocentesis.  
Ongoing hospitalization, associated complications including pleural effusion and new pericardial effusion on 7/16. Initial presentation also with somnolence, decreased respiratory drive thought to be due to Onfi overdose. Was intubated now on room air.

VAERS ID: 1482812 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-13  
Onset: 2021-05-17  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-07-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 1 RA / OT

Administered by: Private Purchased by: ?

Symptoms: Dysmenorrhoea, Vomiting

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021563719

Write-up: Monday night was up all night with severe cramps & began vomiting; Monday night was up all night with severe cramps & began vomiting; This is spontaneous report from a contactable consumer. A 14-years-old (Adolescent 12-17 Years) non pregnant female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation: Solution for Injection, Batch/Lot number: EW0173) intramuscularly, administered in right arm, on 13May2021 (Thursday) at 16:00 (at the age of 14-year-old), as single dose for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. The patient had no known allergies. It was reported that, patient started period on 15May2021, Friday night on schedule. On 17May2021, at 10:00 AM, the patient had started experiencing severe cramps on Monday at school. It was reported that patient never had cramps before and has been having periods for 14 months. It was reported that Monday night was up all night with severe cramps and began vomiting. And still experienced cramping on Tuesday morning with vomiting. No treatment was received. The outcome of the menstrual cramps severe was resolved on 18May2021. The outcome of the event vomiting was not recovered. Follow-up attempts are completed. No further information is expected.

VAERS ID: 1486296 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Texas

Vaccinated: 2021-05-15

Onset: 2021-05-17

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0876 / 1 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Confusional state, Fine motor skill dysfunction, Gait inability, Generalised tonic-clonic seizure, Headache, Nausea, Neurological symptom, Pain, Speech disorder, Tic, Tremor, Vomiting  
SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/

delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: No, Comment: other\_medical\_history: none  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: USPFIZER INC2021841283  
Write-up: Tonic-Clonic seizures; Nausea; Vomiting; Severe body aches; Headache; Moderate - severe neurological events; Tics; Tremors; Confusion; Inability to speak or walk or use restroom on own; Inability to speak or walk or use restroom on own; Fine motor skills deficit; This is a spontaneous report from a contactable consumer (patient). A 14-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Formulation: Solution for injection, Lot number: EW0876, Expiration Date: not reported), via an unspecified route of administration in left arm on 15May2021 at 15:00(Age at the of 14-years old)as dose 1, single for COVID-19 immunization at Pharmacy or Drug Store. The patient was not pregnant at time of Vaccination. Medical history was none. Known allergies was Nka. The patient received unspecified medications within 2 weeks of vaccination. The patient did not received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19.On 17May2021,the patient experienced nausea, vomiting, severe body aches, headache, moderate - severe neurological events, tics, tremors, confusion, inability to speak or walk or use restroom on own, fine motor skills deficit and tonic-clonic seizures. Adverse events resulted in Emergency room/department or urgent care. The patient was hospitalized for 4 days. Hospitalization was not prolonged. The patient received treatment and stopped suspected interacting medicine. The patient also received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; Formulation: Solution for injection, Lot number: EW0191, Expiration Date: not reported), via an unspecified route of administration in left arm on 06Jun202114:00 as dose 2, single for COVID-19 immunization. The outcome of the events was recovering. ~ No follow-up attempts are possible. No further information is expected.

VAERS ID: 1497550 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-05-15  
Onset: 2021-06-16  
Days after vaccination: 32  
Submitted: 0000-00-00  
Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 LA / OT

Administered by: Private Purchased by: ?

Symptoms: Blood test, Dyschezia, Dysuria, Gait disturbance,  
Guillain-Barre syndrome, Lumbar puncture, Magnetic resonance  
imaging, Movement disorder

SMQs: Peripheral neuropathy (narrow), Anticholinergic syndrome  
(broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad),  
Parkinson-like events (broad), Guillain-Barre syndrome (narrow),  
Gastrointestinal nonspecific dysfunction (broad), Demyelination  
(narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune  
disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: MIRALAX

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Bowel  
movement irregularity; Human papilloma virus infection

Allergies:

Diagnostic Lab Data: Test Date: 2021; Test Name: Blood work; Result

Unstructured Data: Test Result:Unknown; Test Date: 2021; Test Name:

Spinal tap; Result Unstructured Data: Test Result:Unknown; Test

Date: 2021; Test Name: MRI; Result Unstructured Data: Test

Result:Unknown; Test Date: 2021; Test Name: MRI; Result Unstructured  
Data: Test Result:Unknown

CDC Split Type: USPFIZER INC2021883395

Write-up: typical Guillain-Barre syndrome; he could not walk; he  
cannot play any sport because he cant run/ no control from his waist  
down; he needed a catheter ,he was not able to pee or poop; he  
needed a catheter ,he was not able to pee or poop; This is a  
spontaneous report from a contactable consumer (parent). A 14-years-  
old male patient received first dose of BNT162B2 (PFIZER-BIONTECH

COVID-19 VACCINE, solution for injection; Batch/Lot Number: EW0179; Expiration Date: 31Aug2021; NDC number and UPC number: unknown) via intramuscular on 15May2021 (at the age of 14-years-old) in left arm (shoulder) as a DOSE 1, SINGLE for covid-19 immunization and second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection; Batch/Lot Number: EW0182; Expiration Date: 31Aug2021; NDC number and UPC number: unknown) via intramuscular on 05Jun2021 (at the age of 14-years-old) in left arm (shoulder) as DOSE 2, SINGLE for covid-19 immunization. Medical history included papilloma viral infection from 06May2021 to 06May2021 and bowel movement irregularity from an unknown date and unknown if ongoing. The report was not related to a study or programme. Prior vaccinations (within 4 weeks) included HPV (human papilloma virus) vaccine on 06May2021. Concomitant medication included macrogol 3350 (MIRALAX) as he had trouble going to the bathroom because he didn't had control and had trouble with bowel movement, he started when he left the hospital, so he can get back to his bowel, but he stopped using it couple of days ago as he started to go to the bathroom on his own again. The patient received both doses of Pfizer covid vaccine. He had a serious reaction to the vaccine, he couldn't go to the bathroom on his own, he had no control from his waist down, he needed a catheter as he was not able to pee or poop. He was admitted to the emergency room on 16Jun2021 and spent 3 days in the ICU because he could not walk and move, spent 3 days in out the down rated version, total 6 days in the hospital. He was diagnosed with Guillain-Barre syndrome and he was in the hospital on his birthday in Jun2021 and was doing physical therapy to walk and run again. His mother was trying to deal with the covid compensation because they had work. She and her husband were alone in the hospital. She reported that their medical bills were going to be crazy because they had to go by ambulance from one hospital to other because they were afraid of Guillain-Barre syndrome. The patient didn't have any movement in his legs all the way up to his heart. He was not able to play any sport because he can't run. The patient was discharged from the hospital and was on physical therapy (water therapy). The patient underwent lab tests and procedures which included two MRI, spinal test, and blood work with unknown results in the emergency room as they weren't sure what was going on with him. The patient was treated with IVIG and blood thinner everyday two times a day. The outcome of all the events were unknown. Information on Lot/Batch number was available. Additional information has been requested. Follow-up attempts are completed. No further information is expected.

VAERS ID: 1500847 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-07-16  
Onset: 2021-07-21  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / IM  
Administered by: Military Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Echocardiogram, Left ventricular  
dysfunction, Magnetic resonance imaging heart, Myocarditis  
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute  
central respiratory depression (broad), Pulmonary hypertension  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: Cardiac MRI 7/22 Cardiac echo 7/23  
CDC Split Type:  
Write-up: Myocarditis. Patient presented with chest pain and SOB 5-6  
days after receiving vaccine #1. Found to have myocarditis with  
depressed LV function

VAERS ID: 1502309 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-06-11  
Onset: 2021-07-11  
Days after vaccination: 30  
Submitted: 0000-00-00  
Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0169 / 2 AR / IM  
Administered by: Public Purchased by: ?  
Symptoms: Angiotensin converting enzyme, Anti-ganglioside antibody  
negative, Bacterial test negative, Blood creatine phosphokinase  
increased, Blood glucose decreased, C-reactive protein increased,  
CSF test abnormal, Cytomegalovirus test negative, Electromyogram  
abnormal, Enterovirus test negative, Epstein-Barr virus test  
negative, Facial paresis, Gait disturbance, Guillain-Barre syndrome,

Immunoglobulin therapy, Movement disorder, Muscular weakness, Nerve conduction studies abnormal, Protein total increased, Radiculopathy, Red blood cell sedimentation rate increased, Varicella virus test negative, White blood cell count decreased

SMQs:, Rhabdomyolysis/myopathy (broad), Haematopoietic leukopenia (narrow), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Demyelination (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (narrow), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CK 535, ESR 35, CRP 12.6 EMG/NCS: evidence of a severe, generalized polyradiculoneuropathy most consistent with AIDP. R Tib motor n with prolonged latency. R ulnar m nerve with reduced amplitude with abs F-wave. Sensory responses normal. EMG with decr recruitment CSF studies: WBC 4, Protein 165, Glu 71, Enterovirus Neg, CMV Neg, VZV neg, EBV neg, Pending: ACE, Lyme Serum: EBV positive (likely false positive as it was obtained after IVIg was given), Lyme (negative), Ganglioside pending

CDC Split Type:

Write-up: Presented with bilateral facial weakness on 7/11.

Prescribed 3 day course of steroids (7/14-7/16) without improvement.

Presented again on 7/18 with worsening facial weakness in addition to bilateral upper and lower extremity weakness and difficulty walking. Admitted to hospital on 7/19. On the second day of his hospitalization he was no longer ambulatory. Diagnosed with likely AIDP based on CSF studies (albuminocytologic dissociation, negative infectious work-up). Treated with 3-day course of IVIG (7/21-7/23), after which he showed significant improvement in his upper/lower extremity and facial strength and ambulation. He is being discharged with ongoing outpatient physical therapy.

VAERS ID: 1508668 (history)

Form: Version 2.0

Age: 14.0



Sex: Female  
Location: California

Vaccinated: 2021-05-13  
Onset: 2021-05-16  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 1 LA / OT

Administered by: Other Purchased by: ?  
Symptoms: Body temperature, Headache, Pyrexia  
SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: ZYRTEC [CETIRIZINE HYDROCHLORIDE]

Current Illness: Allergy to nuts (Food allergy to tree nuts: Cashew,  
pistachio); Allergy to nuts; Food allergy; Pollen allergy (Pollen  
allergy -Rhinitis ongoing -pollen); Seasonal allergy

Preexisting Conditions: Medical History/Concurrent Conditions:

Anaphylactic shock due to tree nuts and seeds (carries an  
epinephrine injector always); Rhinitis; Tonsillectomy &  
Adenoidectomy (Removed tonsil adenoids at age 8)

Allergies:

Diagnostic Lab Data: Test Date: 20210520; Test Name: Body  
temperature; Result Unstructured Data: Test Result:99.4; Test Date:  
20210604; Test Name: Body temperature; Result Unstructured Data:  
Test Result:101.5

CDC Split Type: USPFIZER INC2021579117

Write-up: fever of 99.4 developed day 7; Headaches/strong recurring  
headaches past three nights/headaches always around temple areas;  
This is a spontaneous report from a contactable consumer (mother). A  
14-year-old non-pregnant female patient received BNT162B2 (PFIZER-  
BIONTECH COVID-19 VACCINE), dose 1 intramuscular, administered in  
Arm Left on 13May2021 11:30 (Batch/Lot Number: ER8735) as DOSE 1,  
SINGLE (at the age of 14 years) for covid-19 immunisation. Medical  
history included seasonal pollen allergies from an unknown date,  
ongoing food allergy, ongoing Allergy to tree nuts, Cashew,  
pistachio, ongoing oral food allergy from an unknown date, ongoing  
seasonal allergy Pollen allergy -Rhinitis ongoing -pollen,  
adenotonsillectomy from an unknown date, removed tonsil adenoids at  
age 8 , anaphylactic shock from an unknown date, carries an  
epinephrine injector always, rhinitis from an unknown date and

unknown if ongoing. Concomitant medication included cetirizine hydrochloride (ZYRTEC [CETIRIZINE HYDROCHLORIDE]) taken for seasonal allergy from an unspecified start date and ongoing. The patient experienced headaches/strong recurring headaches past three nights/headaches always around temple areas (reported as disability, medically significant) on 16May2021 20:00 with outcome of recovered, fever of 99.4 developed day 7 on 20May2021 with outcome of unknown. The patient underwent lab tests and procedures which included body temperature: 99.4 on 20May2021, body temperature: 101.5 on 04Jun2021. Therapeutic measures were taken as a result of headaches/strong recurring headaches past three nights/headaches always around temple area. Headaches are nightly and require Tylenol and ibuprofen at night to sleep, strong recurring headaches past three nights which seem to subside in the morning. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, patient has not been tested for COVID-19. No follow-up attempts possible. No further information expected.

VAERS ID: 1510244 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: New York

Vaccinated: 2021-07-09  
Onset: 2021-07-19  
Days after vaccination: 10  
Submitted: 0000-00-00  
Entered: 2021-07-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood culture negative, Blood lactate dehydrogenase increased, Brain natriuretic peptide, C-reactive protein increased, Chest X-ray normal, Conjunctivitis, Echocardiogram normal, Electrocardiogram normal, Fibrin D dimer increased, Lip erythema, Procalcitonin normal, Pyrexia, Rash, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test negative, Serum ferritin increased, Transaminases increased, Troponin, Urticaria, White blood cell count decreased  
SMQs: Liver related investigations, signs and symptoms (narrow), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haematopoietic leukopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Conjunctival disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: 7/23 (day of presentation) COVID anti-nucleocapsid antibody test negative Blood culture negative Labs remarkable for mild transaminitis (AST/ALT 70/45), CRP 11.17, ESR 80, WBC 2.6, Ferritin 571, D-dimer 539, LDH 775; BNP, troponin, procalcitonin within normal limits. Extensive work-up completed including further labs and imaging. Echo, EKG, chest x ray all normal.  
CDC Split Type:  
Write-up: Concern for a possible post-vaccine MIS-C-like inflammatory reaction Symptoms at presentation included intermittent fever and hives-like rash x 5 days, conjunctivitis x 1 day, and lip erythema x 1 day.

VAERS ID: 1513156 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Female  
Location: California

Vaccinated: 2021-07-23  
Onset: 2021-07-24  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Back pain, Bartonella test, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Cytomegalovirus test, Echocardiogram abnormal, Ejection fraction normal, Enterovirus test, Epstein-Barr virus antibody negative, Epstein-Barr virus antibody positive, Epstein-Barr virus test, Herpes virus test, Immunoglobulin therapy, Left ventricular dysfunction, Myocarditis, Nausea, Pain, Pain in extremity, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Troponin increased, Vomiting  
SMQs: Cardiac failure (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Learning disability

Allergies: None

Diagnostic Lab Data: Initial Echo demonstrated mild LV systolic dysfunction (EF 57%). Cardiac markers were trended, with a max troponin of 896 on 7/26, BNP of 453 7/26, ESR of 69 7/29, and CRP of 51.33 7/26. Troponin, BNP, and CRP downtrended throughout admission with final values on 7/29 of 181, 267, and 6.6, respectively. Follow up ECHO was performed on 7/29 and was normal. 7/26 RVP, EBV panel, Enterovirus PCR (NP), COVID IgG returned normal except +EBV IgG (IgM negative), and Bartonella, CMV PCR, and HHV6 PCR pending on day of discharge.

CDC Split Type:

Write-up: Myocarditis Presented to ED with 2 days of chest pain, back pain, and nausea and vomiting 1 day after receiving Pfizer vaccine. Patient initially had back pain starting the night of 7/24, sudden onset. The next day she began to complain of stabbing chest pain that radiated into her left arm. Outside ED found elevated troponin of 2.93 and transferred to the hospital. Patient was COVID negative on admission and remained afebrile throughout her hospital stay. Patient was given IVIG on 7/27 which was well-tolerated, did not require steroid treatment. Cardiac markers downtrended over course of admission and was discharged 7/29 after normal Echo with Cardiology follow up.

VAERS ID: 1514223 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-06

Onset: 2021-06-18

Days after vaccination: 12

Submitted: 0000-00-00

Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0191 / UNK LA / -

Administered by: Pharmacy Purchased by: ?  
Symptoms: Neutropenia, Neutrophil count decreased, Platelet count decreased, Pyrexia, White blood cell count decreased  
SMQs: Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: Had ITP at age of 11, but platelets count is over 100K+ for last 18 months and ITP is in remission  
Allergies: Peanut and pollen  
Diagnostic Lab Data: On 12/18/2020, platelets = 133K, wbc = 5.76, anc = 2.79 On 06/18/2021 (two weeks after first Pfizer shot), platelets = 137K, wbc = 3.24, anc = 0.62 On 07/02/2021 (four weeks after first Pfizer shot), platelets = 177K, wbc = 2.65, anc = 0.49  
CDC Split Type:  
Write-up: Two weeks after the first Pfizer COVID vaccine shot, developed severe neutropenia (ANC = 0.62 and WBC = 3.24). Follow up with hematologist four weeks after first shot and neutropenia were worsened (ANC = 0.49 and WBC = 2.65). No treatment was admitted and follow fever protocol and visit the hematologist after 6 more weeks. Hematologist also called off second Pfizer shot.

VAERS ID: 1515221 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Alabama

Vaccinated: 2021-06-11  
Onset: 2021-06-19  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8732 / 2 LA / UN

Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain, Bartonella test negative, Biopsy lymph gland abnormal, Blood culture negative, Blood fibrinogen increased, Brucella test negative, C-reactive protein increased, Chest pain, Chronic rhinosinusitis with nasal polyps, Culture urine negative,

Cytomegalovirus test negative, Decreased appetite, Echocardiogram normal, Electrocardiogram normal, Epstein-Barr virus test negative, Flow cytometry, Hyperplasia, Immunoglobulin therapy, Laboratory test, Lipase increased, Liver function test increased, Lymphadenopathy, Mycobacterium tuberculosis complex test negative, Mycoplasma test negative, Myocardial necrosis marker normal, Parvovirus B19 test negative, Pyrexia, Red blood cell sedimentation rate increased, Serum ferritin increased, Toxoplasma serology negative, Tuberculin test negative, Vomiting

SMQs:, Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Malignant lymphomas (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 23 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: pepcid  
Current Illness: none  
Preexisting Conditions: Asthma, migraines  
Allergies: Trees, pollen, dust  
Diagnostic Lab Data: please see above. Too many laboratory results to add here. Can forward lab print out if fax/email provided  
CDC Split Type:  
Write-up: One week following vaccine began complaining of Chest pain, loss of appetite, abdominal pain. Seen in an ED, sent home on pepcid. 3 weeks after his second dose came to another ED labs done- cardiac enzymes were normal. EKG and echo WNL. Lipase and LFTs mildly elevated. Coming weeks his symptoms progressed with addition of vomiting. Lipase and LFTs worsening. Elevation of ferritin (but less than 500), fibrinogen, CRP, ESR. Also noted to have generalized lymphadenopathy (axillary L, supraclavicular, mesenteric, mediastinal, peri-pancreatic. Began spiking fevers one month following his second dose. Received IVIg with no improvement. Continued to have fevers, abdominal pain, chest pain, vomiting and new lymphadenopathy (submental, post auricular, mandibular). LN biopsy of inguinal area showed paracortical hyperplasia with reactive sinus histiocytic hyperplasia. Flow cytometry negative. ID work up including - endemic mycoses, Quantiferon TB gold, PPD, toxo, brucella, bartonella, CMV, EBV, Parvo, mycoplasma unremarkable. Blood and urine culture negative.

VAERS ID: 1517351 (history)  
Form: Version 2.0

Age: 14.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-07-16

Onset: 2021-07-16

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-31

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 RA / SYR

Administered by: Private Purchased by: ?

Symptoms: Abdominal discomfort, Blood test, Cardiac monitoring, Fatigue, Headache, Heart rate decreased, Injection site swelling, Memory impairment, Migraine, Pain, Pain in extremity, Somnolence, Urine analysis

SMQs: Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Guanfacine, Concerta, Abilify, Hydroxyzine.

Current Illness:

Preexisting Conditions: ADHD, Autism spectrum.

Allergies:

Diagnostic Lab Data: Heart monitor. IV fluids. Blood testing . Urine test. Pending heart results from cardiologist.

CDC Split Type:

Write-up: Arm pain. Swelling of injection site. Headache. Body ache. Heartrate dropped to 56. Was placed on a heart monitor for almost a week, waiting results of tests. Cardiologist said no sports, no heavy exercise, etc. Heartrate abnormally low. Constant headaches turned into migraines. Stomach upset 3 days. Body aches. Sleepy and tired throughout the day. Forgetful.

VAERS ID: 1518894 (history)

Form: Version 2.0

Age: 14.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-06-16  
Onset: 2021-06-27  
Days after vaccination: 11  
Submitted: 0000-00-00  
Entered: 2021-08-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Hypophagia, Laboratory test, Nausea, Pancreatitis acute,  
Vomiting  
SMQs: Acute pancreatitis (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Acute pancreatitis causing nausea, vomiting and decreased  
oral intake for 3-4 days starting 10 days after the 2nd dose of  
COVID vaccine. Patient was hospitalized for IV hydration and anti-  
emetics. Variety of tests were done to exclude other causes of  
pancreatitis in the patient, which were negative. Most logical  
explanation at that point was vaccine induced pancreatitis.

VAERS ID: 1523315 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-07-26  
Onset: 2021-07-28  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-08-03  
Vaccination / Manufacturer Lot / Dose Site / Route



COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0198 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac telemetry normal, Chest pain, Echocardiogram,  
Ejection fraction normal, Immunoglobulin therapy, Intensive care,  
Myocarditis, Pain, Pericarditis, Troponin

SMQs:, Systemic lupus erythematosus (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Chronic kidney disease (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Tylenol PRN taken for body aches and chest pain  
that developed after vaccine.

Current Illness: none

Preexisting Conditions: none

Allergies: Blue dye - causes vomiting

Diagnostic Lab Data: See faxed/attached documents.

CDC Split Type:

Write-up: The pt received dose 2 of the Pfizer Covid-19 vaccine on  
7/26/21. The pt developed diffuse body aches the day after the  
vaccine which included chest pain. The second day after the vaccine  
his body aches were improving except for the chest pain which was  
progressively worsening which prompted presentation to medical care.  
Hospital course from discharge summary: Patient was admitted for  
management of myocarditis/pericarditis, presumed to be secondary to  
Covid immunization. On presentation, his troponin was 21.98 ng/mL  
with a low normal EF of 52% on formal echo at presentation on 7/29.  
Troponin peaked at 46.10 ng/mL on the evening of 7/29. Cardiology  
was consulted who provided recommendations throughout admission. He  
received 2 g/kg of IVIG, divided over 2 days 7/29-7/30. He was put  
on scheduled Toradol and received IV methylprednisolone while  
admitted. Echo normalized on 7/30. He was monitored on telemetry  
without any significant pain or abnormal rhythm changes in the 1-2  
days prior to discharge. He was discharged home on oral steroids and  
scheduled ibuprofen until follow up with pediatric cardiology on  
8/5. Patient and his mother received strict return precautions for  
return to care and were in agreement with the plan."

VAERS ID: 1526767 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Michigan

Vaccinated: 2021-07-28

Onset: 2021-07-31

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 2 RA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation, Fatigue, Myalgia, Myocarditis, Pyrexia, Troponin increased  
SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: buPROPion (WELLBUTRIN XL) 150 MG 24 hr tablet  
cetirizine (ZYRTEC) 10 MG tablet colchicine (COLCRYS) 0.6 MG tablet  
methylphenidate ER (CONCERTA) 54 MG controlled release tablet  
naproxen (NAPROSYN) 500 MG tablet

Current Illness: NA

Preexisting Conditions: Attention deficit hyperactivity disorder (ADHD), predominantly inattentive type Generalized anxiety disorder  
Current mild episode of major depressive disorder without prior episode (HCC) Acne vulgaris

Allergies: NKDA

Diagnostic Lab Data: Note Discussed with Dr. Troponin lab from today still pending as of 1:15pm. Hospital to call with STAT results as soon as it is processed. In the meantime, to stop Ibuprofen, start Naproxen 500mg BID x 14 days, and start Colchicine 1.2 mg BID for one day then 0.6mg BID x 6 days. OP echocardiogram to be completed on the first business day after they return from vacation. Should patient be experiencing any symptoms of chest pain or shortness of breath, to be direct admitted. Per Mom, patient is denying any shortness of breath, chest pain, or other cardiac symptoms. They return on Thursday, so OP echo to be scheduled for Friday (order placed). Reviewed the medication changes with Mom, who verbalized understanding. Thee prescriptions were sent to pharmacy per her

request.

CDC Split Type:

Write-up: Myocarditis Patient is a 14 y.o. male with no past medical history who presented to the ED today due to acute chest pain. He received his second mRNA COVID vaccine on 7/28, that night he developed a fever and over the next two days had some muscle aches, fatigue and continued fevers. This morning he woke up with left sided chest pain, not reproducible and unaffected by his breathing. He denies any palpitations, shortness of breath or syncope. He was seen in urgent care which found ST elevation on EKG and sent him to HDVCH ED. EKG here confirmed ST elevation, troponin found to be elevated at 147. His chest pain improved with ibuprofen. He was admitted to cardiology service for continued monitoring. HOSPITAL COURSE: Patient is a 14 y.o. male with no past medical history who presented after 2nd mRNA COVID vaccine with chest pain, ST changes on EKG and elevated troponin. He was admitted to the cardiology service for ongoing evaluation of myocarditis. He was started on ibuprofen every 6 hours for inflammation with resolution of his pain. His ECHO demonstrated normal cardiac structure and function. EKG at time of discharge showed improvement in ST elevation. Serial troponin levels continue to be elevated, but not rapidly increasing (147, 229, 243, 267), he will get a repeat troponin tomorrow as outpatient. ID was consulted this admission and myocarditis labs are still pending. He will continue 600mg Motrin TID until troponin level improves. He will have scheduled follow up with Dr in 3 weeks.

VAERS ID: 1431995 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-18

Onset: 2021-06-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 LA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood creatine phosphokinase increased, Bundle branch block right, Cardiac imaging procedure abnormal, Chest pain, Dyspnoea, Echocardiogram abnormal, Headache, Myocarditis, Pericardial effusion, Pyrexia, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Troponin I increased

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Conduction defects (narrow), Acute central respiratory depression (broad), Pulmonary hypertension

(broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: NO

Current Illness: NO

Preexisting Conditions: NO

Allergies: NO

Diagnostic Lab Data: TROPONINE I CK

CDC Split Type:

Write-up: 24 hours after vaccination starts with frontotemporal headache , precordial pain that arise with postural changes. 48 hours after begin fever of 102.2 Fahrenheit and dissapear with Acetaminophen, intensifying the precordial pain and dyspnea . At urgency room was hemodinamically stable, but it was identify incomplete right bundle branch block and ecocardiogram findings suggestive of pericardial effusion and myocarditis , high levels of I Troponine and Cretinkinase was detected; it was excluded COVID-19 by PCR and we request IgG antibodies as negative and IgG anti-Spike detected due to previous vaccination ( patient recieving first dose at 06.01.2021). We started therapy and steroid at immuno-suppressive and ant inflammatory dosage (methyl prednisone). It was indicated the realization of cardiac MRI with Gadolinium to confirm inflammatory process of myocardial and pericardium tissue. Reporting Myopericarditis, without coronary involvement. The evolution has been successful, with remission of fever and precordial pain. The patient now has ambulatory treatment with a daily dose of acetylsalicylic acid 100 mg per 4 weeks, it?s not possible to give follow-up assessment given that he came back to his country. This is the first Myopericarditis attributed to mRNA vaccines reported in our center.

VAERS ID: 1477935 (history)

Form: Version 2.0

Age: 14.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-01

Onset: 2021-06-22

Days after vaccination: 21

Submitted: 0000-00-00

Entered: 2021-07-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 2 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Chest pain, Electrocardiogram, Myocarditis, Palpitations,  
SARS-CoV-2 test, Troponin, Troponin increased

SMQs: Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: EKG; Result Unstructured Data: Test  
Result:no changes; Test Date: 20210703; Test Name: PCR; Result  
Unstructured Data: Test Result:unknown results; Comments: Nasal  
Swab; Test Name: troponins; Result Unstructured Data: Test  
Result:increased

CDC Split Type: COPFIZER INC2021830701

Write-up: palpitations; thoracic pain; troponins increased; post-  
vaccine myocarditis; This is a spontaneous report from a contactable  
physician from the COVAES Portal. A 14-years-old male patient  
received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), dose 2  
intramuscular, administered in Arm Left on 01Jun2021 08:00 (Batch/  
Lot Number: EW0173) age at vaccination of 14-years-old, as single  
dose, for covid-19 immunisation. The patient medical history and  
concomitant medications were not reported. The patient did not have  
known allergies and no other medical history. The patient received  
BNT162B2, dose 1 intramuscular, administered in Arm Left on  
11May2021 08:00 (Batch/Lot Number: ER8731) age at vaccination of 14-  
years-old, as single dose, for covid-19 immunisation; the vaccine  
was administered at a ZOO (as reported). The patient experienced  
palpitations, thoracic pain, troponins increased on 22Jun2021 10:00,  
it was reported that the patient had a myocarditis and did not do a  
ST elevation, did not have changes in the electrocardiogram, did not  
have fever but did increase troponins. It was reported that the  
events resulted in Doctor or other healthcare professional office/  
clinic visit as well as Emergency room/department or urgent care,  
and also was reported that the patient was hospitalized for 2 days

as results of the events. It was reported that the patient did not received treatment for the events. The patient underwent lab tests and procedures which included electrocardiogram: no changes on an unspecified date, sars-cov-2 test: unknown results on 03Jul2021 (PCR test Nasal Swab), troponin: increased on an unspecified date. The patient has not been diagnosed with COVID-19 prior to vaccination. The outcome of the events palpitations, thoracic pain, troponins increased was recovered on an unspecified date while outcome of myocarditis was unknown.; Sender's Comments: As there is limited information in the case provided, the causal association between the event and the suspect drug cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1520303 (history)  
Form: Version 2.0  
Age: 14.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-07-02

Onset: 2021-07-02

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-02

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FD6840 / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Loss of consciousness

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: CZPFIZER INC202100916083

Write-up: blackout/fainted; This is a spontaneous report from a contactable physician downloaded from the WEB, regulatory authority number is CZ-CZSUKL-21008107. A 14-year-old male patient received BNT162B2 (COMIRNATY, solution for injection), intramuscular on 02Jul2021 (Batch/Lot Number: FD6840) (at the age of 14-years-old) as dose 1, single for COVID-19 immunisation. The patient's medical history was not reported. Concomitant medications were reported as none. On 02Jul2021, the patient fainted (also reported as blackout). The reaction lasted approximately 2 minutes. Outcome of event was recovered on 02Jul2021. The reporter assessed the event as serious (hospitalization). No follow-up attempts are possible. No further information is expected.

VAERS ID: 1526408 (history)

Form: Version 2.0

Age: 14.0

Sex: Female

Location: Foreign

Vaccinated: 2021-07-03

Onset: 2021-07-03

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: General physical health deterioration, Lung disorder, Pyrexia

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEPFIZER INC202100932894

Write-up: pulmonary disorder; fever; General physical health deterioration; This is a spontaneous report based on information received by Pfizer from BioNTech [manufacturer control number: 74705], license party for Comirnaty. A contactable physician reported that a 14-year-old female patient received bnt162b2 (COMIRNATY), dose 1 via an unspecified route of administration on 03Jul2021 (at the age of 14-year-old)(Batch/Lot number was not reported) as dose 1, single for covid-19 immunisation. The patient's medical history and concomitant medications were not reported. On 03Jul2021, 2 hours later after vaccination, the patient experienced fever and general physical health deterioration. The patient got worse in 3 days with involvement of pulmonary disease on an unspecified date. She was currently away from oxygen. On 07Jul2021, the patient was admitted to the hospital seriously ill due to the event. The patient was treated by a healthcare professional. It was reported that the patient was still experiencing side effects and was not doing well and clearly ill. Outcome of events was not recovered. The lot number for the vaccine, bnt162b2, was not provided and will be requested during follow up.; Sender's Comments: Based on available information, a possible contributory role of BNT162B2 vaccine can not be excluded for the reported events of short fever, general physical health deterioration, and pulmonary disease due to temporal relationship. Case will be re-assessed upon the additional information provided. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1187918 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: New Hampshire

Vaccinated: 0000-00-00

Onset: 2021-04-05

Submitted: 0000-00-00

Entered: 2021-04-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Cardiac arrest, Intensive care

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure



(broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-04-06

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: levothyroxine

Current Illness:

Preexisting Conditions: Trisomey 21, Atrioventricular canal s/p repair, hypothyroidism, asthma, obstructive sleep apnea, cervical spine instability, hypotonia, scoliosis, feeding difficulties, renal dysplasia, autism, chronic constipation, bronchopulmonary dysplasia, mixed conductive and sensorineural hearing loss, binocular vision disorder, gastroesophageal reflux,

Allergies: Cefdinir, Sulfa, Ex-Lax, NSAIDS

Diagnostic Lab Data:

CDC Split Type:

Write-up: I do not know the exact date of the first or second Moderna Vaccine. I am the PICU attending who cared for the patient after her cardiac arrest which we believe was about 3-4 days after her second Moderna Vaccine

VAERS ID: 1242573 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Colorado

Vaccinated: 2021-04-18

Onset: 2021-04-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 RA / IM

Administered by: Public Purchased by: ?

Symptoms: Cardiac failure, Death

SMQs: Cardiac failure (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-04-20

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Vaccinated with Pfizer/Biontech, died 04/20/2021,  
2 days after vaccination  
Current Illness: No  
Preexisting Conditions: No  
Allergies: Nothing  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Heart failure

VAERS ID: 1327004 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-05-16  
Onset: 2021-05-16  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH  
EW0187 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blindness, Dyspnoea, Skin discolouration, Throat  
tightness, Visual impairment

SMQs:, Anaphylactic reaction (broad), Angioedema (broad),  
Anticholinergic syndrome (broad), Oropharyngeal conditions (excl  
neoplasms, infections and allergies) (narrow), Acute central  
respiratory depression (broad), Pulmonary hypertension (broad),  
Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy  
(broad), Lens disorders (broad), Retinal disorders (broad),  
Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad),  
Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Birth control

Current Illness: none

Preexisting Conditions: none

Allergies: Amoxicillin

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient experienced difficulty breathing and felt throat was closing within 3 minutes after administration of vaccine. Also complained of change in vision ( temporary loss of vision) and skin tone changed in tone ( face turned pale). Epi-pen was administered and 10 ml of liquid Benadryl.

VAERS ID: 1334563 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-14  
Onset: 2021-05-15  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		002C21A / 2
LA / IM		

HPV9: HPV (GARDASIL 9) / MERCK & CO. INC. 1691180 / 2 RA / IM  
Administered by: Pharmacy Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Chills, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Fatigue, Intensive care, Myocarditis, Respiratory viral panel, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Tachycardia, Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: past history of Wolff-Parkinson-White (WPW) sp ablation 2019

Allergies: none

Diagnostic Lab Data: Troponin 16.72 (5/19), CRP 10.6 (5/19), COVID-19 IgG Ab positive (5/17), SARS-CoV2 NP swab not detected

(5/17), Viral Respiratory PCR negative (5/18)

CDC Split Type:

Write-up: Received vaccine on 5/14 around 6 pm. Started noticing chest pain, chills and fatigue on 5/15 around 6 pm. Evaluated by ED on 5/17 subsequently admitted to PICU with intermittent chest pain and elevated troponin in the setting of recent Covid vaccination as well as a history of WPW status post ablation with recent onset of intermittent tachycardia. EKG demonstrates nonspecific ST segment changes and has elevated troponin which likely points to myocarditis as a diagnosis. Continues with elevated troponin level, no medication intervention at this time, no longer having chest pain

VAERS ID: 1338096 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: California

Vaccinated: 2021-05-21

Onset: 2021-05-21

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0187 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal discomfort, Adverse reaction, Anaphylactic reaction, Angioedema, Headache, Hypersensitivity, Immediate post-injection reaction, Oropharyngeal discomfort, Oropharyngeal swelling, Respiratory distress, Stridor, Urticaria, Wheezing  
SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Zyrtec 30 mg daily Prozac 20 Mg Daily

Current Illness: ADHD, COMBINED PRESENTATION SOCIAL ANXIETY DISORDER

(SOCIAL PHOBIA) GENERALIZED ANXIETY DISORDER FOOD ADDITIVE ALLERGY  
DISRUPTIVE BEHAVIOR DISORDER PARENT CHILD RELATIONAL PROBLEM  
Preexisting Conditions: ADHD, COMBINED PRESENTATION SOCIAL ANXIETY  
DISORDER (SOCIAL PHOBIA) GENERALIZED ANXIETY DISORDER FOOD ADDITIVE  
ALLERGY DISRUPTIVE BEHAVIOR DISORDER PARENT CHILD RELATIONAL PROBLEM  
Allergies: Mother reports history "doe additive allergy."  
Diagnostic Lab Data: VS Stable, Please see patient''s chart. Final  
set of VS, O2 99%, HR-89, BP- 101/69, Resp-22  
CDC Split Type:

Write-up: Per Dr. 1. Did the patient have an immediate allergic  
reaction of any severity such as urticaria, angioedema, respiratory  
distress, or anaphylaxis (<4 hours following administration of the  
COVID vaccine)? Yes. 2, Did the patient previously have an immediate  
allergic reaction of any severity to polysorbate or polyethylene  
glycol? No. 3, Has the patient had prior anaphylactic reactions from  
another vaccine, medication or any other cause? Yes. 4, Did the  
patient have an allergic reaction \$g4 hours after administration? OR  
have an expected side effect of the COVID vaccine? No. Pt received  
COVID vaccine, Pfizer 1st dose. Approximate 5 minutes in the  
observation area pt complained of headache, throat discomfort, and  
stomach upset. She has a history of food additive allergy (dough  
additive), has an epi pen but has never needed to use it per mother  
at bedside. Initial VS: T 98.2 P 84 BP 119/70 RR 20 SpO2 99% on room  
air. She was monitored in the adverse reactions area. She was given  
Benadryl 25 mg oral x 2, and cetirizine 10 mg oral x 1. During  
observation period she had observed worsening oropharynx swelling,  
and stridor/inspiratory wheezing. VS prior to transfer was P 78 BP  
102/69 RR 18 SpO2 100% on room air. EMS was called and pt  
transferred to ER for further monitoring, Tryptase level, and  
epinephrine if needed. Pt was recommended to see her pediatrician or  
allergist to discuss 2nd dose options prior to scheduling  
appointment. Signed: DO, 5/21/2021 2:59 PM".

VAERS ID: 1340832 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Puerto Rico

Vaccinated: 2021-05-13  
Onset: 2021-05-20  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-05-22

Vaccin-ation / Manu-facturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW 0179 / 1 LA / IM

Administered by: Public Purchased by: ?

Symptoms: Abdominal pain, Appendicectomy, Appendicitis, Computerised  
tomogram abdomen, Vomiting

SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow)

Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: CT Scan abdominal -05/20/2021  
CDC Split Type:  
Write-up: Abdominal pain and vomiting, It turned out to be  
appendicitis and he underwent surgery to remove it.

VAERS ID: 1342106 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-05-18  
Onset: 2021-05-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Acoustic stimulation tests abnormal, Deafness unilateral  
SMQs:, Hearing impairment (narrow)  
Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: None  
Preexisting Conditions: None known  
Allergies: Mold, Cat Dander, Pollen  
Diagnostic Lab Data: 5/20/2021 ENT Care - Hearing test 5/21/2021 ENT  
Care - Hearing test  
CDC Split Type:  
Write-up: Sudden hearing loss in Left Ear -15 db to -55 db depending

on frequency. Most loss in 500Hz to 1000Hz range. Visited 2 ENT Dr for audiology tests. Recommendation/prescription 60mg daily Prednisone tablets for 7 days, 40mg daily for next 3 days, 20mg for 3 days followed by 10mg for 3 days.

VAERS ID: 1344161 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Utah

Vaccinated: 2021-05-19

Onset: 2021-05-19

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 1 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Alanine aminotransferase increased, Amphetamines negative, Amylase normal, Analgesic drug level, Analgesic drug level therapeutic, Anion gap, Antidepressant drug level, Aspartate aminotransferase normal, Bacterial test, Barbiturates negative, Basophil count decreased, Basophil percentage, Bilirubin urine, Blood albumin normal, Blood alcohol normal, Blood alkaline phosphatase normal, Blood bicarbonate normal, Blood bilirubin decreased, Blood calcium normal, Blood chloride normal, Blood creatine phosphokinase normal, Blood creatinine normal, Blood glucose normal, Blood lactic acid decreased, Blood magnesium normal, Blood osmolarity decreased, Blood pH normal, Blood potassium normal, Blood sodium normal, Blood thyroid stimulating hormone decreased, Blood urea decreased, Blood urine, Chromaturia, Computerised tomogram head normal, Conversion disorder, Crystal urine absent, Drug screen, Emotional distress, Eosinophil count normal, Eosinophil percentage, Fear of injection, Fungal test negative, Glucose urine, Haematocrit normal, Haemoglobin normal, Human chorionic gonadotropin negative, Immature granulocyte count, Laboratory test, Lipase normal, Lymphocyte count normal, Lymphocyte percentage, Mean cell haemoglobin concentration normal, Mean cell haemoglobin increased, Mean cell volume abnormal, Mean platelet volume normal, Monocyte count normal, Monocyte percentage, Neutrophil count normal, Neutrophil percentage, Nitrite urine, Platelet count normal, Protein total normal, Protein urine absent, Psychogenic movement disorder, Red blood cell count normal, Red blood cells urine negative, Red cell distribution width normal, Specific gravity body fluid normal, Speech disorder, Stress, Tachycardia, Tremor, Urinary sediment present, Urine abnormality, Urine ketone body, Urine leukocyte esterase, Urobilinogen urine, White blood cell count normal, White blood cells urine negative, pH urine

SMQs: Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Haematopoietic leukopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (narrow), Neuroleptic

malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Parkinson-like events (broad), Drug abuse and dependence (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hyponatraemia/SIADH (broad), Hypothyroidism (broad), Hyperthyroidism (broad), Depression (excl suicide and self injury) (broad), Proteinuria (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness:

Preexisting Conditions: Chronic Anxiety History of "fainting" with ALL needles per family

Allergies: NKDA

Diagnostic Lab Data: Procedure: CT BRAIN W/O Date of Exam: 5/19/2021

PROCEDURE: CT brain without contrast CLINICAL HISTORY: agitation

COMPARISON: None. TECHNIQUE: Routine head CT was performed using

helical computed tomography without intravenous contrast. Dose

modulation was employed for ALARA by means of automated exposure

control. FINDINGS: No acute intracranial ischemia or hemorrhage. No

midline shift. The parenchymal volume is normal. The gray-white

matter differentiation is maintained. The ventricles are normal in

size. Exam Date: 05/19/2021 15:06 Exam: CT BRAIN W/O Reason for

Exam: agitation Radiology Report - Final Printed on : 05/24/2021

10:44 No calvarial fractures or sinus disease. IMPRESSION: No acute

intracranial abnormality. Normal noncontrast CT of the brain. Lab

Results: Last Week Test Results Units Reference Range Ordered

Collected Status Specific Gravity Normal N 05/19/2021 14:20 Final pH

Normal N 05/19/2021 14:20 Final Oxidant Normal N 05/19/2021 14:20

Final 5/24/2021 3/9 Lab Results: Last Week Test Results Units

Reference Range Ordered Collected Status Creatinine Normal N

05/19/2021 14:20 Final Nitrite Normal N 05/19/2021 14:20 Final

Glutaraldehyde Normal N 05/19/2021 14:20 Final Temperature Not

Tested - Not rec'd within 3 minutes AB 05/19/2021 14:20 Final

Amphetamine Negative N 05/19/2021 14:20 Final Barbiturates Negative

N 05/19/2021 14:20 Final Buprenorphine Negative N 05/19/2021 14:20

Final Benzodiazepines Negative N 05/19/2021 14:20 Final Cocaine

Negative N 05/19/2021 14:20 Final Methadone Metabolite Negative N

05/19/2021 14:20 Final Methamphetamine Negative N 05/19/2021 14:20

Final Ecstasy Negative N 05/19/2021 14:20 Final Methadone Negative N

05/19/2021 14:20 Final Morphine Negative N 05/19/2021 14:20 Final

Phencyclidine Negative N 05/19/2021 14:20 Final Oxycodone Negative N



05/19/2021 14:20 Final Tricyclic Antidepressants Negative N  
05/19/2021 14:20 Final Marijuana Negative N 05/19/2021 14:20 Final  
URINE COLOR Light yellow None Y(None)ellow 05/19/2021 12:33  
05/19/2021 13:51 Final5/24/2021 4/9 Lab Results: Last Week Test  
Results Units Reference Range Ordered Collected Status APPEARANCE OF  
URINE Clear N 05/19/2021 12:33 05/19/2021 13:51 Final GLUCOSE, URINE  
Negative N mg/dL Negative (mg/dL) 05/19/2021 12:33 05/19/2021 13:51  
Final BILIRUBIN, URINE Negative N mg/dL Negative (mg/dL) 05/19/2021  
12:33 05/19/2021 13:51 Final KETONE, URINE Negative N mg/dL  
Negative, <=5 (mg/dL) 05/19/2021 12:33 05/19/2021 13:51 Final  
SPECIFIC GRAVITY, URINE 1.015 N 05/19/2021 12:33 05/19/2021 13:51  
Final BLOOD, URINE Negative N 05/19/2021 12:33 05/19/2021 13:51  
Final PH, URINE 6.5 N 05/19/2021 12:33 05/19/2021 13:51 Final  
PROTEIN, URINE Negative N mg/dL Negative (mg/dL) 05/19/2021 12:33  
05/19/2021 13:51 Final UROBILINOGEN, URINE 0.2 N E.U./dL (E.U./dL)  
0.2,1 05/19/2021 12:33 05/19/2021 13:51 Final NITRITE, URINE  
Negative N 05/19/2021 12:33 05/19/2021 13:51 Final LEUKOCYTE  
ESTERASE, URINE Negative N None Negative (None) 05/19/2021 12:33  
05/19/2021 13:51 Final EPITHELIAL CELLS <=5 N 05/19/2021 12:33  
05/19/2021 13:51 Final RED BLOOD CELLS None Seen N 05/19/2021 12:33  
05/19/2021 13:51 Final WHITE BLOOD CELLS None Seen N 05/19/2021  
12:33 05/19/2021 13:51 Final UBACTERIA Few AB 05/19/2021 12:33  
05/19/2021 13:51 Final CRYSTALS None Seen N 05/19/2021 12:33  
05/19/2021 13:51 Final MUCOUS Negative N 05/19/2021 12:33 05/19/2021  
13:51 Final FUNGUS None Seen N 05/19/2021 12:33 05/19/2021 13:51  
Final Urine Set up for Culture No N 05/19/2021 12:33 05/19/2021  
13:51 Final Specific Gravity Normal N 05/19/2021 12:33 05/19/2021  
13:51 Final pH Normal N 05/19/2021 12:33 05/19/2021 13:51 Final  
Oxidant Normal N 05/19/2021 12:33 05/19/2021 13:51 Final5/24/2021  
5/9 Lab Results: Last Week Test Results Units Reference Range  
Ordered Collected Status Creatinine Normal N 05/19/2021 12:33  
05/19/2021 13:51 Final Nitrite Normal N 05/19/2021 12:33 05/19/2021  
13:51 Final Glutaraldehyde Normal N 05/19/2021 12:33 05/19/2021  
13:51 Final Temperature Not Tested - Not rec'd within 3 minutes AB  
05/19/2021 12:33 05/19/2021 13:51 Final Amphetamine Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Barbiturates Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Buprenorphine Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Benzodiazepines Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Cocaine Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Methadone Metabolite  
Negative N 05/19/2021 12:33 05/19/2021 13:51 Final Methamphetamine  
Negative N 05/19/2021 12:33 05/19/2021 13:51 Final Ecstasy Negative  
N 05/19/2021 12:33 05/19/2021 13:51 Final Methadone Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Morphine Positive AB  
05/19/2021 12:33 05/19/2021 13:51 Final Phencyclidine Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Oxycodone Negative N  
05/19/2021 12:33 05/19/2021 13:51 Final Tricyclic Antidepressants  
Negative N 05/19/2021 12:33 05/19/2021 13:51 Final Marijuana  
Negative N 05/19/2021 12:33 05/19/2021 13:51 Final WHITE BLOOD COUNT  
5.89 N 10^3/ul 4.00 - 10.50 (10^3/ul) 05/19/2021 12:33 05/19/2021  
12:37 Final5/24/2021 6/9 Lab Results: Last Week Test Results Units  
Reference Range Ordered Collected Status %NEUT 66.3 N % 40.0 - 75.0  
(%) 05/19/2021 12:33 05/19/2021 12:37 Final %LYMPH 25.0 N % 20.5 -  
45.5 (%) 05/19/2021 12:33 05/19/2021 12:37 Final %MONO 6.1 N % 0.0 -

10.0 (%) 05/19/2021 12:33 05/19/2021 12:37 Final %EOSIN 1.9 N % 0.9  
- 2.9 (%) 05/19/2021 12:33 05/19/2021 12:37 Final %BASO 0.5 N % 0.2  
- 1.0 (%) 05/19/2021 12:33 05/19/2021 12:37 Final % IMMATURE GRAN  
0.2 N % 0.0 - 1.0 (%) 05/19/2021 12:33 05/19/2021 12:37 Final #NEUT  
3.9 N  $10^3$ /ul 1.5 - 7.5 ( $10^3$ /ul) 05/19/2021 12:33 05/19/2021 12:37  
Final #LYMPH 1.5 N  $10^3$ /ul 1.1 - 4.4 ( $10^3$ /ul) 05/19/2021 12:33  
05/19/2021 12:37 Final #MONO 0.4 N  $10^3$ /ul 0.3 - 0.8 ( $10^3$ /ul)  
05/19/2021 12:33 05/19/2021 12:37 Final #EOSIN 0.1 N  $10^3$ /ul 0.00 -  
0.20 ( $10^3$ /ul) 05/19/2021 12:33 05/19/2021 12:37 Final #BASO 0.0 N  
 $10^3$ /ul 0.00 - 0.10 ( $10^3$ /ul) 05/19/2021 12:33 05/19/2021 12:37  
Final # IMMATURE GRAN 0.01 N  $10^3$ /ul 0.00 - 0.10 ( $10^3$ /ul)  
05/19/2021 12:33 05/19/2021 12:37 Final RED BLOOD COUNT 4.45 N  $10^6$ /  
ul 3.50 - 5.80 ( $10^6$ /ul) 05/19/2021 12:33 05/19/2021 12:37 Final  
HEMOGLOBIN 14.1 N gm/dL 11.5 - 16.0 (gm/dL) 05/19/2021 12:33  
05/19/2021 12:37 Final HEMATOCRIT 43.4 N % 37.0 - 47.0 (%)  
05/19/2021 12:33 05/19/2021 12:37 Final MCV 97.5 H fl 80.0 - 96.0  
(fl) 05/19/2021 12:33 05/19/2021 12:37 Final MCH 31.7 N PG 28.0 -  
36.0 (PG) 05/19/2021 12:33 05/19/2021 12:37 Final MCHC 32.5 L % 33.0  
- 39.0 (%) 05/19/2021 12:33 05/19/2021 12:37 Final RDW 12.7 N % 11.5  
- 14.5 (%) 05/19/2021 12:33 05/19/2021 12:37 Final PLATELET COUNT  
196 N  $10^3$ /ul 150-450 ( $10^3$ /ul) 05/19/2021 12:33 05/19/2021 12:37  
Final MPV 10.3 H fl 6.1 - 9.2 (fl) 05/19/2021 12:33 05/19/2021 12:37  
Final5/24/2021 7/9 Lab Results: Last Week Test Results Units  
Reference Range Ordered Collected Status MAGNESIUM 1.8 N mg/dL 1.8 -  
2.4 (mg/dL) 05/19/2021 12:33 05/19/2021 12:37 Final ACETAMINOPHEN  
0.0 L mcg/mL 10 - 30 (mcg/mL) 05/19/2021 12:33 05/19/2021 12:37  
Final CK 132 N U/L 26 - 192 (U/L) 05/19/2021 12:33 05/19/2021 12:37  
Final ALCOHOL <3 N mg/dL 0 - 50 (mg/dL) 05/19/2021 12:33 05/19/2021  
12:37 Final AMYLASE 65 N U/L 25 - 115 (U/L) 05/19/2021 12:33  
05/19/2021 12:37 Final LIPASE 69 L U/L 73 - 393 (U/L) 05/19/2021  
12:33 05/19/2021 12:37 Final SODIUM 139 N mmol/L 136 - 145 (mmol/L)  
05/19/2021 12:33 05/19/2021 12:37 Final POTASSIUM 4.1 N mmol/L 3.5 -  
5.1 (mmol/L) 05/19/2021 12:33 05/19/2021 12:37 Final CHLORIDE 103 N  
mmol/L 98 - 107 (mmol/L) 05/19/2021 12:33 05/19/2021 12:37 Final  
BICARBONATE 23.9 N mmol/L 21 - 32 (mmol/L) 05/19/2021 12:33  
05/19/2021 12:37 Final ANION GAP 16.2 N mmol/L 5.0 - 20.0 (mmol/L)  
05/19/2021 12:33 05/19/2021 12:37 Final GLUCOSE 90 N mg/dL 74 - 106  
(mg/dL) 05/19/2021 12:33 05/19/2021 12:37 Final BUN 9 N mg/dL 7 - 18  
(mg/dL) 05/19/2021 12:33 05/19/2021 12:37 Final CREATININE 0.8 N mg/  
dL 0.6 - 1.3 (mg/dL) 05/19/2021 12:33 05/19/2021 12:37 Final ALBUMIN  
4.2 N gm/dL 3.4 - 5.0 (gm/dL) 05/19/2021 12:33 05/19/2021 12:37  
Final BILIRUBIN, TOTAL 0.50 N mg/dL 0.10 - 1.00 (mg/dL) 05/19/2021  
12:33 05/19/2021 12:37 Final CALCIUM 9.2 N mg/dL 8.5 - 10.1 (mg/dL)  
05/19/2021 12:33 05/19/2021 12:37 Final TOTAL PROTEIN 7.7 N gm/dL  
6.4 - 8.2 (gm/dL) 05/19/2021 12:33 05/19/2021 12:37 Final ALK PHOS  
64 N U/L 46 - 116 (U/L) 05/19/2021 12:33 05/19/2021 12:37 Final AST  
31 N U/L 15 - 37 (U/L) 05/19/2021 12:33 05/19/2021 12:37 Final ALT  
41 N U/L 12 - 78 (U/L) 05/19/2021 12:33 05/19/2021 12:37  
Final5/24/2021 8/9 Lab Results: Last Week Test Results Units  
Reference Range Ordered Collected Status OSMOLALITY 276 N mOsm/kg  
275 - 295 (mOsm/kg) 05/19/2021 12:33 05/19/2021 12:37 Final ASPIRIN  
(Salicylate) 0.4 L mg/dL 2.8-20.0 (mg/dL) 05/19/2021 12:33  
05/19/2021 12:37 Final HCG, SERUM Negative N 05/19/2021 12:33  
05/19/2021 12:37 Final TSH 0.981 N uIU/ml 0.358 - 3.740 (uIU/ml)

05/19/2021 12:33 05/19/2021 12:37 Final LACTIC ACID, PLASMA 2.3 H  
mmol/L (mmol/L) 0.4 - 2.0 05/19/2021 12:33 05/19/2021 12:37 Final  
CDC Split Type:

Write-up: Patient is a 15 yo female with a history of anxiety,  
recent ankle sprain, and no other known medical history who presents  
to ED today after she developed persistent shaking movements after  
her COVID 19 vaccination today. Medical work up has been thorough  
and has resulted negatively, including blood work, UDS, CT Head. She  
has remained slightly tachycardic, though she has also been moving  
continuously for several hours. Her physical exam is notable for  
several indicators of psychogenic origin, including demonstrating  
variability in tremor frequency (head, legs and arms vacillating at  
variable rates over time), distractibility from motor tasks (head or  
arms stop shaking when asked to focus on moving her legs, for  
example). Her speech has also been affected, but this is also  
variable and she is at times using only 1 word sentences and other  
times responding more completely. Certainly she may have suffered a  
psychological stress today as she is fearful of needles and has a  
history of vasovagal response and her mother notes recent overwhelm  
with school performance, though this is not unusual for her. If  
medical work up continues to be negative, it may be reasonable to  
conclude she is suffering a conversion disorder "FINAL DIAGNOSIS:  
Conversion reaction after a Covid 19 vaccine. Patient To be  
transferred via ground ambulance."

VAERS ID: 1345026 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Hawaii

Vaccinated: 2021-05-18

Onset: 2021-05-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Blood test,  
Chest pain, Chills, Cough, Echocardiogram abnormal,  
Electrocardiogram ST segment elevation, Enterovirus test, Headache,  
N-terminal prohormone brain natriuretic peptide increased,  
Pericardial disease, Pyrexia, Troponin increased  
SMQs: Cardiac failure (broad), Anaphylactic reaction (broad),  
Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: EKG, Echocardiograms, blood tests , Enterocirus panel.  
CDC Split Type:  
Write-up: 5/19/2021: Fever, Chills, headache, cough. 5/20/2001: Chills persist, fever & headache resolve 5/21 /2021 at 0300: Severe Chest pain, fever recurs, admitted to hospital where ST elevation seen on EKG, Echocardiogram shows pericardial enhancement, normal function , no abnormalities. troponin high at 832, proBNP high at 308, CKMB 54.6

VAERS ID: 1346428 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-05-22  
Onset: 2021-05-23  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest discomfort, Chest pain, Echocardiogram normal, Ejection fraction normal, Electrocardiogram ST segment elevation, Fatigue, Hepatitis A antibody negative, Hepatitis B core antibody negative, Hepatitis B surface antigen negative, Hepatitis C antibody negative, Myocarditis, Palpitations, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 antibody test positive, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Albuterol PRN  
Current Illness: None  
Preexisting Conditions: Asthma  
Allergies: No known allergies  
Diagnostic Lab Data: Troponin: 5/24 13:20- 5.43, 5/24 21:35 4.62,  
5/25 05:02 2.73 Covid Antibodies reactive 5/24 21:35 Respiratory  
Viral Panel Negative 5/24 Hepatitis B core antibodies non reactive  
Hepatitis C antibodies non reactive Hepatitis B surface antigen  
negative Hepatitis A antibody IgM non reactive ECHO: normal  
structure, low normal function (EF 55-60) ECG: ST segment elevations  
consistent with pericarditis CRP: 9.1 ESR: 58  
CDC Split Type:

Write-up: Patient began to have chest pain 12-24 hours after  
administration of vaccine. Chest pain worsened over 48 hours. Pain  
described as constant pressing sternal chest pain. He also had  
associated fatigue. Initial work up consistent with peri/  
myocarditis. Chest pain has no longer been persistent during  
admission. No chest pain at rest any longer. Patient describing  
some ?throbbing? heart pressure with walking.

VAERS ID: 1349581 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-04-10  
Onset: 2021-04-10  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 1 - / OT

Administered by: Unknown Purchased by: ?

Symptoms: Product administered to patient of inappropriate age,  
SARS-CoV-2 test, Thrombotic thrombocytopenic purpura  
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Embolic  
and thrombotic events, arterial (narrow), Renovascular disorders  
(broad), Medication errors (narrow), Immune-mediated/autoimmune  
disorders (narrow), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 8 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210429; Test Name: Nasal Swab;  
Test Result: Negative  
CDC Split Type: USPFIZER INC2021527032

Write-up: acquired TTP (thrombotic thrombocytopenic purpura); This is a spontaneous report from a contactable physician. A 15-years-old male patient received the first dose of BNT162B2 Pfizer-BioNTech COVID-19 mRNA Vaccine via intramuscular route on 10Apr2021, at the age of 15 years, (Batch/Lot Number: Unknown) as single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient was not diagnosed with COVID-19 prior vaccination. On 20Apr2021 the patient experienced acquired thrombotic thrombocytopenic purpura (TTP) which required the patient's hospitalization for 8 days, moreover the BNT162B2 Pfizer-BioNTech COVID-19 mRNA Vaccine was administered to patient of inappropriate age. The acquired TTP was formally diagnosed on 29Apr2021 but symptoms started on 20Apr2021, approximately 10 days after first vaccine dose. On 29Apr2021 the patient underwent lab tests and procedures which included SARS-CoV-2 test via nasal swab which was negative. As a result of acquired TTP the patient was treated with plasmapheresis, corticosteroids and rituximab. The event acquired TTP was resolving at the time of the report. Information on the lot/batch number has been requested.; Sender's Comments: Based on the information currently available a causal relationship between event "acquired thrombotic thrombocytopenic purpura" occurred approximately 10 days after first vaccine dose and BNT162B2 Pfizer-BioNTech COVID-19 mRNA Vaccine cannot be completely excluded. The case will be reevaluated should additional information become available. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to investigators, as appropriate.

VAERS ID: 1350709 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-05-22  
Onset: 2021-05-23  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 1 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Fibrin D dimer normal, Haemoglobin increased, Pain in jaw, Palpitations, Platelet count normal, Red blood cell sedimentation rate normal, Tachycardia, Troponin increased, White blood cell count normal

SMQs: Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Osteonecrosis (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None, took two baby aspirin after onset of symptoms

Current Illness: None, otherwise healthy

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: At the ED (5/25), he was found to be intermittently tachycardic, his EKG had diffuse ST elevation, and his troponin was found to be 15.5. He was then transferred to Hospital the morning of 5/26 for concern for peri/myocarditis. At ED he was still found to have intermittent tachycardia, which he felt as heart racing, though without chest pain. His troponin was increasing to 17 on admission. EKG with diffuse ST elevation. Initial ECHO with normal function. WBC normal at 6.76 kcl/mL. Hb high 16.4 gm/dL, platelets low at 163 k/mcl. ESR normal 6, D-Dimer normal < 0.27. CRP elevated at 3.14 mg/dL. BNP normal 581. Troponin 17. He is now being admitted to the hospital today for further monitoring.

CDC Split Type:

Write-up: Patient developed racing heart rate ~18 hours after his vaccine at 5 am the next morning. The racing heart rate was associated with L sided jaw pain. His family gave him 81 mg aspirin x 2 but later that day his heart racing was continuing and he developed mild chest pain, prompting him to go to ED.

VAERS ID: 1358712 (history)

Form: Version 2.0

Age: 15.0

Sex: Female  
Location: Michigan

Vaccinated: 2021-05-13  
Onset: 2021-05-20  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-05-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 1 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain, Angiogram cerebral normal, Bacterial test negative, Blood culture negative, Blood lactate dehydrogenase increased, C-reactive protein increased, CSF culture negative, CSF pressure increased, Cytomegalovirus test negative, Diarrhoea, Epstein-Barr virus test negative, HIV test negative, Haemophagocytic lymphohistiocytosis, Hepatitis viral test negative, Herpes simplex test negative, Hypotension, Intensive care, Magnetic resonance imaging head normal, Mental status changes, Papilloedema, Pyrexia, Retching, SARS-CoV-2 antibody test, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin increased, Systemic inflammatory response syndrome, Toxicity to various agents, Venogram normal

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Pseudomembranous colitis (broad), Drug abuse and dependence (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Optic nerve disorders (narrow), Cardiomyopathy (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: YAZ, Lamictal, Invega, Atarax, Benadryl, and melatonin.

Current Illness: None

Preexisting Conditions: Bipolar disorder, anxiety disorder, polycystic ovary disease



Allergies: None. Celiac disease but not proven by biopsy.  
Diagnostic Lab Data: (Labs are from 5/24/2021 to present) This individual developed high grade inflammatory syndrome that most resembled HLH. She had high ferritin levels to 11,600 mcg/L, CRP to 64 mg/L, LDH to 1,200 u/L. COVIC PCR was negative. COVID IgG was positive for spike protein antibody and negative for nucleocapsid antibody. Viral studies for CMV, HSV, EBV, viral hepatitis panel and HIV were all negative. Head MRI/MRA/MRV negative except for nonspecific toxic reaction in corpus callosum. CSF opening pressure was elevated and patient has papilledema. CSF bacterial culture, blood cultures negative. Started to improve after psychiatric medications were discontinued so also entertaining diagnosis of Lamictal induced HLH.

CDC Split Type:

Write-up: This 15 year and 11 month old female developed fevers, abdominal pain, diarrhea and constant wrenching. She was seen in the ED and noted to be hypotensive and meeting SIRS criteria so was admitted to the PICU and started on norepinephrine pressor support. She had fevers to 39 degrees C and about a day into hospitalization developed acute mental status changes.

VAERS ID: 1358844 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-05-22  
Onset: 2021-05-26  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 1 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal pain, Chest pain, Echocardiogram, Magnetic resonance imaging heart, Myocarditis, Troponin  
SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Flonase, Claritin, Singulair  
Current Illness: None  
Preexisting Conditions: Asthma  
Allergies: Augmentin, Cephalosporins, Grass, Penicillins, pollen, rondec  
Diagnostic Lab Data: Troponin, echocardiography and cardiac MRI  
CDC Split Type:  
Write-up: Abdominal pain, chest pain and myopericarditis

VAERS ID: 1360627 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-05-17  
Onset: 2021-05-21  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW1077 / 1 - / OT

Administered by: Pharmacy Purchased by: ?

Symptoms: Myocarditis, SARS-CoV-2 test

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 20210522; Test Name: covid-19 test;

Test Result: Negative ; Comments: Nasal Swab

CDC Split Type: USPFIZER INC2021594817

Write-up: Myocarditis; This is a spontaneous report from a contactable pharmacist. A 15-year-old male patient received the first dose of BNT162B2 (PFIZER COVID-19 VACCINE, lot number: EW1077), at the age of 15 years old, intramuscularly on 17May2021 at single dose for covid-19 immunisation. The patient medical history was reported as none. The patient had no known allergies. The patient was not diagnosed with covid-19 prior to vaccination. The

patient did not receive any other vaccines within 4 weeks prior to vaccination. The patient experienced myocarditis on 21May2021. The event resulted in hospitalization for 2 days. The patient was currently still in hospital. The patient had been tested for covid-19 since the vaccination. The patient underwent lab tests and procedures, which included covid-19 test: negative on 22May2021 by nasal swab. Therapeutic measures were taken as a result of myocarditis and included treatment with analgesic. The outcome of event was not recovered. No follow-up attempts are possible. No further information is expected.; Sender's Comments: As an individual case report there is not enough evidence to establish a causal relationship with the suspect vaccine. Currently there is no clear biological plausibility between the vaccine use and the even onset. More information such as complete medical history and concomitant medications are needed for fully medical assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1361357 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: New Mexico

Vaccinated: 2021-05-28  
Onset: 2021-05-28  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / IM

Administered by: Other Purchased by: ?

Symptoms: Anxiety, Dyspnoea, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: None  
CDC Split Type:  
Write-up: Started having hives on chest, shoulders, then on my face and waist. Then at 1:00AM on 5/29/21 I started to have a hard time breathing and feels Ng anxious.

VAERS ID: 1361792 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-05-13  
Onset: 2021-05-20  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 1 LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal discomfort, Diarrhoea, Dizziness, Fatigue, Headache, Heart rate increased, Myalgia, Nausea, Postural orthostatic tachycardia syndrome

SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Claritin, Lexapro 5mg

Current Illness: None

Preexisting Conditions: None

Allergies: Allergic to penicillin

Diagnostic Lab Data: Patient has been seen multiple times since the onset of the symptoms. He has been to the ER. We were advised by his pediatrician to have him be seen by a pediatric cardiologist

immediately for suspected PoTS. patient was 100% healthy with NO chronic conditions prior to the first dose of the COVID vaccine (Pfizer).

CDC Split Type:

Write-up: Six days (evening of 5/20) after the first dose of the COVID vaccine (Pfizer), Patient started to experience severe dizziness and nausea. Since that evening he has experienced the following: - Significant increase in heart rate when transitioning from laying down to sitting and/or standing. - Severe dizziness - Excessive fatigue - Headaches - Gastrointestinal issues (constant nausea. Nausea increases in severity when standing. Diarrhea.) - Muscle pain in his upper arms and upper legs The above symptoms have continued 24/7 since their onset.

VAERS ID: 1361812 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Utah

Vaccinated: 2021-05-29

Onset: 2021-05-29

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNK / UNK LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain, Anaphylactic reaction, Chest discomfort, Dyspnoea, Hypotension, Nausea, Urticaria, Vomiting

SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad),

Angioedema (narrow), Neuroleptic malignant syndrome (broad),

Retroperitoneal fibrosis (broad), Anaphylactic/anaphylactoid shock

conditions (narrow), Acute central respiratory depression (broad),

Pulmonary hypertension (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (narrow), Cardiomyopathy

(broad), Hypersensitivity (narrow), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad), Dehydration (broad),

Hypokalaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Seasonal Allergies

Allergies: NKDA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Developed anaphylaxis with abdominal pain, nausea, vomiting, shortness of breath, chest pressure, hypotension and urticaria. Required IM epinephrine - \$g epinephrine drip as well as steroids and antihistamines.

VAERS ID: 1361879 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-05-17

Onset: 2021-05-27

Days after vaccination: 10

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Asthenia, Blood bilirubin increased, Dizziness, Mobility decreased, Nausea

SMQs: Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Anticholinergic syndrome (broad), Parkinson-like events (broad), Biliary system related investigations, signs and symptoms (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations: Flu

Other Medications: Allegra, Flonase, vitamin c, vitamin d

Current Illness:

Preexisting Conditions:

Allergies: Augmentin and environmental allergies as pollen

Diagnostic Lab Data: Slightly raised bilirubin

CDC Split Type:

Write-up: My son is very lightheaded and dizzy. Can't get out of bed for 3 days. Nauseas and feels week. This comes in waves. Went to ER 2x and they can't find anything causing it

VAERS ID: 1362634 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-27  
Onset: 2021-05-30  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-31

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 1 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain,  
Electrocardiogram normal, Pleuritic pain, Red blood cell  
sedimentation rate increased, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Asthma, Migraine with aura

Allergies: None

Diagnostic Lab Data: 5/31/21 - EKG: WNL, pending official read by  
cardiologist. 5/31/21 - Troponin: 13,317 (elevated) 5/31/21 - ESR:  
67 (elevated) 5/31/21 - CRP: 59.9 (elevated)

CDC Split Type:

Write-up: 5/30/21 - Patient woke up feeling chest pain that was  
localized to the left side of his chest, pleuritic in nature. The  
problems persistent despite trying medications like tums for  
heartburn. Pain improved at night but never fully resolved. 5/31/21:  
Patient continued to have chest pain and mother became worried and  
brought the patient to the urgent care

VAERS ID: 1365067 (history)

Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: New Hampshire

Vaccinated: 2021-05-22

Onset: 2021-05-29

Days after vaccination: 7

Submitted: 0000-00-00

Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / 1 LA / IM

Administered by: School Purchased by: ?

Symptoms: Alanine aminotransferase increased, Angiogram normal, Aspartate aminotransferase normal, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood chloride increased, Blood creatinine normal, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood urea decreased, C-reactive protein increased, Carbon dioxide decreased, Chills, Computerised tomogram normal, Diarrhoea, Electrocardiogram normal, Eosinophil percentage decreased, Fibrin D dimer increased, Full blood count abnormal, Haematocrit normal, Haemoglobin normal, Lymphocyte percentage decreased, Metabolic function test normal, N-terminal prohormone brain natriuretic peptide, Nausea, Neutrophil percentage increased, Pain in extremity, Peripheral swelling, Platelet count normal, Postural orthostatic tachycardia syndrome, Pregnancy test negative, Presyncope, Protein total normal, Pruritus, Pyrexia, Rash, Red blood cell sedimentation rate normal, SARS-CoV-2 test negative, Swelling, Troponin, Urticaria, Vomiting, White blood cell count increased

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Haematopoietic leukopenia (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Tubulointerstitial diseases (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Food/environmental allergies



Allergies: Pineapple, Tide brand detergent, spider bites  
Diagnostic Lab Data: Labs/tests from 5/31: CRP 44 mg/L (elevated), D-Dimer 4.5 mg/L (elevated), Troponin <3ng/L (normal), ProBNP <15pg/mL (normal), Complete metabolic panel (Normal): Na 136/K4.3/Cl 108/CO2 22/BUN 9/Creatinine 0.89/Glucose 108, Albumin 4.5, Total Protein 6.8, ALT 44, AST 24, Bili total 0.7, Alk Phos 59 ESR <1mm/hr (normal), Pregnancy test negative, Covid Binax negative, CBC (very slightly elevated throughout): WBC 14.2, Hgb 15.2, Hct 43.9, Plt 330, 77% Neutrophils, 13% lymphocytes, 0.1% eosinophils EKG Normal, CT CTA Negative

CDC Split Type:

Write-up: Received vaccine 5/22/21 - had some local arm swelling & pain which resolved that night. 5/23 had fever, chills, nausea, diarrhea x2 days with complete resolution. On 5/29, developed urticarial rash on legs & arms - no improvement with OTC Benadryl. No new foods/obvious exposure to other allergens other than family had tried a new scent of their brand of fabric softener. 5/31, developed nausea, vomiting, hand/feet swelling, & had a pre-syncopal episode. Presented to ER; tachycardic with symptomatic orthostatics though vitals otherwise normal. Received IV fluids, Pepcid, Decadron with improvement in HR/symptoms. Continued to be orthostatic with some extremity swelling so received IM Epinephrine - subsequent improvement in rash, nausea. Hospitalized for monitoring. Orthostatis/nausea resolved, vitals remained stable. Some intermittent itchiness/hives present that came & went still present at the time of discharge from hospital.

VAERS ID: 1367141 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2001-04-04  
Onset: 2021-04-05  
Days after vaccination: 7306  
Submitted: 0000-00-00  
Entered: 2021-06-02

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8737 / 1 RA / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood pressure measurement, Blood test, Electric shock sensation, Heart rate, Heart rate increased, Hypoaesthesia, Paraesthesia, Physical examination

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: none  
Allergies:  
Diagnostic Lab Data: Test Name: Blood pressure; Result Unstructured  
Data: Test Result:Unknown result; Test Name: Blood test; Result  
Unstructured Data: Test Result:Unknown result; Test Name: heart-  
rate; Result Unstructured Data: Test Result:often goes up before the  
''''electrical'''' feeling; Comments: often goes up before the  
''''electrical'''' feeling onset; Test Name: Physical examination;  
Result Unstructured Data: Test Result:Unknown result  
CDC Split Type: USPFIZER INC202155422  
Write-up: Tips of my fingers will suddenly feel like I'm touching a  
low-voltage battery receiving an electric shock; then turns into  
numbness in my hands and arms, and sometimes face; Sometimes  
continued numbness accompanied by light sensations of electrical  
shock; my heart-rate often goes up before the ''''electrical''''  
feeling onset.; This is a spontaneous report from a contactable  
consumer or other non hcp. A male patient of an unspecified age  
received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an  
unspecified route of administration, administered in right arm on  
04Apr2001 15:45 (Batch/Lot Number: ER8737) as 1st dose, single, dose  
2 via an unspecified route of administration, administered in right  
arm on 04Apr2021 (Batch/Lot Number: EW0171) as 2nd dose, single for  
covid-19 immunisation. Medical history were none. Prior to  
vaccination, the patient was not diagnosed with COVID-19. Since the  
vaccination, the patient has not been tested for COVID-19. The  
patient's concomitant medications were none. No other vaccines  
within 4 weeks prior to the COVID vaccine. No other medications the  
patient received within 2 weeks of vaccination. Patient stated "The  
tips of my fingers will suddenly feel like I'm touching a low-  
voltage battery receiving an electric shock, which then turns to  
pins and needles, which then turns into numbness in my hands and  
arms, and sometimes face. Sometimes continued numbness accompanied  
by light sensations of electrical shock. This lasts from 20mins-4+  
hours, and happens at least once almost every day since receiving  
1st dose (3 weeks past 2nd dose now) I have noticed recently that my  
heart-rate often goes up before the ''''electrical'''' feeling  
onset." Adverse event start date was on 05Apr2021, 06:00 AM. Events  
resulted in doctor or other healthcare professional office/clinic  
visit, emergency room/department or urgent care, disability or  
permanent damage. Treatment received as blood test, physical  
examination, blood pressure. Outcome was not recovered. No follow up  
attempts are needed. No further information expected.

VAERS ID: 1368775 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male

Location: California

Vaccinated: 2021-05-21

Onset: 2021-05-22

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH

EW0177 / 1 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Epididymal enlargement, Heterogeneous testis, Hyperaemia, Orchidectomy, Orchidopexy, Scrotal exploration, Testicular disorder, Testicular pain, Testicular torsion, Ultrasound testes abnormal  
SMQs: Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Fertility disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol Ciclesonide

Current Illness: 5/16/21 had appointment for LLQ abdominal pain but no testicular pain reported. KUB showed significant constipation. Began using stool softener. Also sensation of something in his throat/intermittent throat pain.

Preexisting Conditions: Asthma and seasonal allergies

Allergies: Hazelnuts

Diagnostic Lab Data: U/S 5/23: "Relative enlargement of a diffusely heterogeneous and relatively hypoechoic left testicle. As there is no significant flow in the testicle, this is more consistent with testicular torsion than a mass. The left epididymis is enlarged and hyperemic."

CDC Split Type:

Write-up: Patient had had abdominal pain for ~1 week but 1 day after vaccination (5/22) developed new pain in left testicle. Was seen in early hours of 5/23 where U/S showed likely torsion. Patient underwent scrotal exploration and right orchidopexy and left simple orchiectomy.

VAERS ID: 1371815 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Florida

Vaccinated: 2021-05-21

Onset: 2021-05-22

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain upper, Alanine aminotransferase normal, Aspartate aminotransferase normal, Blood creatine phosphokinase increased, Blood creatinine normal, Cardiac imaging procedure abnormal, Chest X-ray normal, Chest pain, Decreased appetite, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Fibrin D dimer normal, Haemoglobin decreased, Headache, Inflammation, Laboratory test, Left ventricular dysfunction, Lymphocyte count normal, Magnetic resonance imaging heart, Mitral valve incompetence, Mitral valve prolapse, Myocarditis, Neutrophil count normal, Pain, Pericardial effusion, Platelet count normal, Troponin increased, Urine analysis, Urine leukocyte esterase, Vomiting, White blood cell count normal  
SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Acute pancreatitis (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: fluoxetine

Current Illness: None

Preexisting Conditions: Marfan syndrome aortic root dilation ADHS

Allergies: None

Diagnostic Lab Data: Labs at Doctor 5/24/2021 WBC of 6.6 Hemoglobin of 12.7 Platelets of 182 Absolute neutrophils of 3.28 Absolute lymphocytes of 2.06 ALT of 12 AST of 23 D-dimer less than 0.19 UA negative for leukocytes, and nitrates Creatinine of 0.62 Troponin of 7.26 Troponin of 11.8 CPK 312. No cultures Radiology results: ECG at Doctor 5/24/2021 Normal sinus rhythm with ST elevation, Chest x-ray at Doctor 5/24/2021 Negative for cardiopulmonary disease. XR Portable Chest 1 View Event Date: 05/24/2021 17:18:26 The cardiothymic silhouette is normal in size and configuration. The

lungs are clear. No pleural effusions are identified. A mild dextrocurvature of the thoracic spine is present. CONCLUSION: No evidence of acute cardiopulmonary process. Echocardiogram Complete Congenital Event Date: 05/25/2021 12:54:00 CONCLUSIONS: - Marfan syndrome. Myocarditis s/p COVID-19 immunization. Patent foramen ovale seen previously. Mitral valve prolapse with mild-to-moderate mitral regurgitation. Mildly dilated aortic root. Qualitatively low-normal left ventricular systolic function. New trivial pericardial effusion. 5/26 Cardiac MRI - findings consistent with acute nonischemic inflammation such as that seen in myocarditis  
CDC Split Type:

Write-up: 15 year old male with a passed medical history significant for Marfan syndrome, aortic root dilation, and ADHS transferred to our facility for further evaluation and management of chest pain with elevated troponin. Father reports patient received the first dose of the COVID-19 Pfizer vaccine on 5/21/2021. On 5/22 patient developed a mild headache as per father that self resolved with rest. On 5/23 as per patient he was feeling back to baseline with some mild body aches. On the night of 5/23 patient felt some mild chest pain prior to going to bed that had self resolved. This morning patient refused to eat breakfast, and complained of stomach pain. Patient took Tylenol, however began to complain of severe chest pain and asked father to take him to the hospital. Patient was taken to his Doctor where his labs were significant for a WBC of 6.6, creatinine of 0.62, normal LFTs, troponin of 7.26, CPK of 312, D-dimer less than 0.19. EKG at Doctor was significant for normal sinus rhythm with an ST elevation, and chest x-ray was negative for cardiopulmonary disease. Patient had an episode of emesis at Doctor. A troponin was repeated prior to transferring to our facility and it had increased to 11.8. Father/patient denies chills, fever, diarrhea, sore throat, nasal congestion, and cough. ID consulted for further recommendations on management of myocarditis in the setting of recent Pfizer COVID-19 vaccination. Troponin repeated upon arrival to our facility, and has improved with no interventions. Interval History 5/27/21 No acute events overnight. Denies chest pain, SOB, cough, or palpitations. Cardiac MRI yesterday describing inflammation related to possible myocarditis, along with stable findings of MVP and aortic root dilation. Troponin this morning downtrending to 0.28. No fever. He received a Mg Sulfate bolus yesterday due to low Mag on BMP

VAERS ID: 1376656 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: West Virginia

Vaccinated: 2021-05-20  
Onset: 2021-06-05  
Days after vaccination: 16  
Submitted: 0000-00-00  
Entered: 2021-06-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: chest pain elevated troponin, trended down within 24 hours  
of inpatient hospitalization and discharged 1 day after being  
admitted. normal biventricular function on echocardiogram

VAERS ID: 1376873 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Kentucky

Vaccinated: 2021-06-03

Onset: 2021-06-05

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Echocardiogram normal, Electrocardiogram normal,  
Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: Obesity  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis as evidence by elevated troponins. Normal EKG and Echo. Treated with NSAIDS and troponins downtrended.

VAERS ID: 1376917 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram normal, Pericarditis, Red blood cell sedimentation rate normal  
SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: CLonidine 0.1mg PO QHS Risperidone 2mg P QHS

Current Illness: None

Preexisting Conditions: Attention deficit hyperactivity disorder

Allergies: No known drug or food allergies

Diagnostic Lab Data: Diffuse ST segment elevation on EKG. Echo with normal biventricular function, normal coronary arteries, no pericardial effusion. ESR 11, CRP 2.3.

CDC Split Type:

Write-up: Chest pain that started the evening after he received his second dose of the COVID-19 vaccine (5/3) and persisted for 36 hours. Went to the ER (5/4) where EKG demonstrated ST segment elevation, concerning for pericarditis. He was transferred to our facility and admitted (5/5). Symptoms and EKG consistent with pericarditis, unclear etiology however presumed to be related to COVID vaccine. He was started on treatment for pericarditis with ibuprofen 600mg by mouth three times per day. Chest pain resolved on day of discharge.

VAERS ID: 1377797 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-04

Onset: 2021-06-04

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Brain natriuretic peptide normal, C-reactive protein increased, Chest X-ray normal, Chest pain, Computerised tomogram head, Computerised tomogram normal, Computerised tomogram thorax, Dyspnoea, Electrocardiogram normal, Headache, Intensive care, Seizure, Troponin normal, Unresponsive to stimuli

SMQs: Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None



Allergies: None

Diagnostic Lab Data: Dx studies: troponin, BNP, EKG, chest XR, spiral chest CT, head CT (all negative), CRP (elevated). EEG ordered. MRI likely.

CDC Split Type:

Write-up: Chest pain, headache, shortness of breath. Now with convulsive movements and periods of unresponsiveness. Work up for seizures and encephalopathy in progress. Dx studies: troponin, BNP, EKG, chest CT, head CT (all negative), CRP (elevated). Currently in Pediatric ICU and work up in progress (6/7)

VAERS ID: 1377961 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: New York

Vaccinated: 2021-06-05

Onset: 2021-06-06

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chills, Condition aggravated, Dyspnoea, Endotracheal intubation, Haemoglobin decreased, Haemoptysis, Pulmonary haemorrhage, Pyrexia, Vomiting

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Haematopoietic erythropenia (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lasix 5 mg

Current Illness: none

Preexisting Conditions: History of hypoplastic left heart, multiple cardiac surgeries, history of pulmonary hemorrhage (last in August

2018)

Allergies: None

Diagnostic Lab Data: Hemoglobin downtrending 9.4 (6/6) to 6/1 (6/7)

CDC Split Type:

Write-up: One day after vaccine (6/6) patient had fever, chills, vomiting and developed hemoptysis and shortness of breath. He was found to have pulmonary hemorrhage and was intubated on 6/6.

VAERS ID: 1377991 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Texas

Vaccinated: 2021-05-25

Onset: 2021-05-28

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Contusion, Cough, Epistaxis, Full blood count, Heavy menstrual bleeding, Menstrual disorder, Pain, Petechiae, Platelet count decreased, Respiratory tract congestion, Sick relative

SMQs: Anaphylactic reaction (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Accidents and injuries (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Accutane, oral contraceptives

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: 5/25 vaccine; 5/27 menstrual cycle began; 5/28 much heavier menstrual bleeding, 5/29 mild epistaxis noted, sister sick with viral URI symptoms, 5/31 patient began to have cough, congestion, body aches; later noted bruising to right upper arm and right hip with no known trauma; 6/1 petechia to lower extremities; 6/2 started new oral contraceptive pack; 6/3 continue w/ menorrhagia

& noticed many clots (very atypical, usually menstruation ceases at this point) 6/4 seen by PCR, CBC w/ platelet count 2,000, sent to hospital

VAERS ID: 1378001 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-04

Onset: 2021-06-06

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW1077 / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram abnormal, Electrocardiogram ST segment abnormal, Intensive care, Left ventricular dysfunction, Troponin increased

SMQs: Cardiac failure (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness:

Preexisting Conditions: Bicuspid aortic valve

Allergies: None

Diagnostic Lab Data: Elevated troponin (now improving), EKG with ST changes, echocardiogram with mildly diminished left ventricular function.

CDC Split Type:

Write-up: Patient developed chest pain and was found to have elevated troponins with ST changes on EKG, concerning for perimyocarditis. Currently in the cardiac ICU at hospital with improving values at this time.

VAERS ID: 1378081 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-03

Onset: 2021-06-06

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Chills, Echocardiogram abnormal, Electrocardiogram normal, Headache, Left ventricular dysfunction, Mitral valve incompetence, N-terminal prohormone brain natriuretic peptide increased, Painful respiration, Tricuspid valve incompetence, Troponin I increased, Ventricular internal diameter abnormal, Vomiting

SMQs: Cardiac failure (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Per parent report: Gummy vitamins, fish oil vitamin, "cream for acne on back", soap for psoriasis, Zyrtec, occasional ibuprofen for headache

Current Illness: None

Preexisting Conditions: Acne, seasonal allergies

Allergies: Hives with sulfa medications

Diagnostic Lab Data: Echo 6/6/21: 1. Low normal left ventricular systolic function (biplane EF = 58.9 % and 3D EF = 55.37 %). 2. Trivial tricuspid valve regurgitation. 3. Trivial mitral valve regurgitation. 4. Left main coronary artery is normal in size and course, right coronary artery is normal in size and course, left anterior descending coronary artery is normal in size and course and left circumflex coronary artery is normal in size and course. 5. Global LV longitudinal peak systolic strain is -18.0 % from the A4C view, abnormal for age. 5th percentile for this age is -19.9%.. Triplane global longitudinal peak systolic strain is -17.6 %. 6. No pericardial effusion. Troponin I: 6/6/21 at 1355- 6.65, downtrending last on 6/7 at 0732 1.84 Pro-BNP 6/6/21 at 0730- elevated to 1,349  
CDC Split Type:

Write-up: Initially had headache and chills after vaccine, on day 3 after vaccine developed chest pain (midsternal and worse with inspiration), had one episode of emesis. On admission to hospital had elevated troponin, pro-BNP, Crp, normal EKG but echo consistent

with Low normal left ventricular systolic function (biplane EF = 58.9 % and 3D EF = 55.37 %).

VAERS ID: 1378459 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-03

Onset: 2021-06-06

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Myocarditis, Pericarditis

SMQs: Systemic lupus erythematosus (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Myocarditis and pericarditis

VAERS ID: 1378464 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Michigan

Vaccinated: 2021-06-04

Onset: 2021-06-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram  
normal, Myocarditis, Sinus tachycardia, Troponin increased  
SMQs:, Myocardial infarction (narrow), Supraventricular  
tachyarrhythmias (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Dehydration (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Tylenol  
Current Illness: none  
Preexisting Conditions: asthma  
Allergies: NKDA  
Diagnostic Lab Data: Elevated Troponin: 0.09 (6/06) and 3.58 (6/07)  
Echo on 06/06 showed normal ventricular function and no effusion ECG  
on 06/06 showed normal sinus rhythm and no evidence of ST elevation.  
CDC Split Type:  
Write-up: Admitted to the hospital because of chest pain and  
persistent sinus tachycardia and diagnosed with mild Myocarditis.  
Visit ER earlier that morning because of severe chest pain.

VAERS ID: 1378996 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Ejection fraction, Ejection  
fraction normal, Electrocardiogram ST segment depression, Full blood  
count normal, Metabolic function test normal, Troponin increased,  
Ultrasound scan normal  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),

Other ischaemic heart disease (broad), Hypokalaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Adderall, Miralax  
Current Illness: None  
Preexisting Conditions: MTHFR genetic mutation, ADHD, constipation  
Allergies: Dairy, Milk, Wheat  
Diagnostic Lab Data: 6/6/21: troponin level 4,904.25, EKG showed  
some abnormalities with ST depressions in the inferior leads, and  
ultrasound showed grossly normal LVEF without pericardial effusion  
or septal bowing. CMP and CBC unremarkable  
CDC Split Type:  
Write-up: Patient received Pfizer COVID-19 Vaccine on 5/14/21 and  
6/4/21. On 6/6/21, patient presented to Emergency department due to  
a "bad chest pain" that started 30-40 minutes ago. Patient found to  
have troponin level of 4,904.25, EKG showed some abnormalities with  
ST depressions in the inferior leads, and ultrasound showed grossly  
normal LVEF without pericardial effusion or septal bowing. CMP and  
CBC unremarkable. Ibuprofen 400mg PO given and patient was  
transferred out for further evaluation.

VAERS ID: 1379312 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest X-ray normal, Chest pain, Electrocardiogram ST  
segment elevation, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Tums and Tylenol  
Current Illness: Gastroenteritis 2 weeks prior.  
Preexisting Conditions: None  
Allergies: NKDA  
Diagnostic Lab Data: EKG on 6/7/21: Showed diffuse ST segment elevation. Confirmed with pediatric cardiology Troponin on 6/7/21: 16.2  
CXR on 6/7/21: Normal  
CDC Split Type:  
Write-up: Chest pain, was found to have perimyocarditis based on EKG and troponin and was transferred to Hospital for higher level of care on 6/7/21.

VAERS ID: 1381819 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Chills, Echocardiogram, Electrocardiogram, Headache, Myocarditis, Nausea, Troponin increased, Vomiting  
SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none



Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: ECHO (6/8/21), EKG (6/8/21), troponin (6/8/21)  
CDC Split Type:  
Write-up: myocarditis based on chest pain and elevated troponin.  
also with chills, frontal headache, nausea and vomiting

VAERS ID: 1381969 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-06-02  
Onset: 2021-06-04  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Anal incontinence, Blood test, Cardiac monitoring, Dizziness, Echocardiogram, Electrocardiogram, Heart rate increased, Loss of consciousness, Pyrexia, Slow response to stimuli, Urinary incontinence

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Noninfectious diarrhoea (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: no

Current Illness: no

Preexisting Conditions: no

Allergies: no  
Diagnostic Lab Data: EKG, Echocardiogram, Blood Work, Heart Monitor  
6/4/2021  
CDC Split Type:  
Write-up: Fever the following morning. Then, 38 hours after shot:  
abdominal cramping, rapid heart beat, dizziness while laying in bed.  
Then, upon standing, passing out with loss of bowels and bladder and  
a tonic response.

VAERS ID: 1382106 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-06-05

Onset: 2021-06-07

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),

Drug reaction with eosinophilia and systemic symptoms syndrome

(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Fluticasone inhaler

Current Illness: None

Preexisting Conditions: Asthma

Allergies: NKDA

Diagnostic Lab Data: Troponin peak at 10

CDC Split Type:

Write-up: Myopericarditis with troponin leak and chest pain

VAERS ID: 1382295 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-06-03

Onset: 2021-06-06

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0187 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate aminotransferase increased, Body temperature increased, Brain natriuretic peptide normal, C-reactive protein normal, Chest pain, Echocardiogram abnormal, Electrocardiogram abnormal, Electrocardiogram repolarisation abnormality, Haemoglobin normal, Immunoglobulin therapy, Left ventricular dilatation, Lymphocyte percentage decreased, Myocarditis, Neutrophil count normal, Platelet count normal, Red blood cell sedimentation rate normal, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Troponin T increased, White blood cell count normal

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vitamin D, multivitamin

Current Illness: None

Preexisting Conditions: Vasovagal syncope

Allergies: Amoxicillin = rash

Diagnostic Lab Data: As above

CDC Split Type:

Write-up: Likely myocarditis s/p 2nd dose of Pfizer COVID vaccine.

From hospital note: Pt was in his usual state of health when he received the second dose of Pfizer mRNA Covid vaccine on 6/3. On 6/6, he developed substernal nonradiating chest pain, as well as low-grade temperature to 99.6. Pain persisted, so he presented to the emergency department on 6/6. He did not have respiratory symptoms, nausea, vomiting, diarrhea, conjunctival injection, new rashes. In the emergency department he was afebrile with normal vital signs. Laboratory evaluation in the ED demonstrated WBC 7.45

(N 64, L 19), Hb 14.5, PLT 191, ESR 10, CRP 0.69, AST 46, ALT 14. BNP 23. He was noted to have a troponin leak (troponin T 0.55). Covid PCR and antibody testing were negative. An EKG demonstrated early repolarization but was otherwise normal. An echo demonstrated mildly dilated LV with good systolic function. Pt was admitted to the cardiology service for further evaluation and management of myocarditis. Following admission he remained afebrile with stable vital signs, but continued to have troponin leak. He was initiated on methylprednisolone 30 mg IV every 12 hours, and IVIG 2g/kg x1. Pt is a 15 year old with what appears to be myocarditis after the SARS\_CoV2, with significant troponin elevation, coming down, chest pain, improved with IVIG and steroids, and ibuprofen prn. Plan for cMRI to look for late gadolinium enhancement to guide course of therapy.

VAERS ID: 1382906 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-15  
Onset: 2021-06-07  
Days after vaccination: 23  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Death  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-06-07  
Days after onset: 0  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None known  
Current Illness: none noted  
Preexisting Conditions: Acne, no other conditions noted  
Allergies: None noted  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Unexplained death within 48 hours

VAERS ID: 1383096 (history)  
Form: Version 2.0

Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-05  
Onset: 2021-06-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0156 / 2 UN / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Brain natriuretic peptide increased, Chest pain,  
Echocardiogram normal, Electrocardiogram ST segment elevation,  
Electrocardiogram abnormal, Headache, Hypoaesthesia, Intensive care,  
Limb discomfort, Myocarditis, Painful respiration, Pyrexia,  
Respiratory viral panel, Troponin increased

SMQs: Cardiac failure (broad), Peripheral neuropathy (broad),  
Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Pulmonary hypertension  
(broad), Guillain-Barre syndrome (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: mild autism

Allergies: None

Diagnostic Lab Data: see #18

CDC Split Type:

Write-up: 6/6-fever (102 temporal) and headache, these resolved,  
followed later by chest pain, went to medical center and evaluated,  
negative troponins. 6/7-chest pain began again, returned to medical  
center, found to have elevated troponin of 3.19. 6/8 at 1am-  
Transferred to another medical center PICU where he had sensation of  
numbness in left arm, a squeezing sensation of left arm, and severe  
chest pain. EKG showing ST elevation and troponin of 3.75. Given  
dose of 30mg Toradol and pain resolved. Started on Motrin q6h,  
trending troponins. In the morning pain much improved, but still  
with pain on deep inspiration relieved with leaning forward. Repeat

EKG shows diffuse ST elevation, consistent with presumptive diagnosis of myopericarditis. Repeat troponin at 9am of 9.3, BNP of 197. Echo done wnl. Scheduled for cardiac MRI with contrast per cardiology recommendation to r/o myocardial edema. Viral panel sent to r/o viral etiology despite no prior symptoms.

VAERS ID: 1384134 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Puerto Rico

Vaccinated: 2021-05-13  
Onset: 2021-05-20  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 LA / -

Administered by: Other Purchased by: ?

Symptoms: Appendicitis, SARS-CoV-2 test

SMQs:, COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 20210520; Test Name: Nasal Swab;

Test Result: Negative

CDC Split Type: PRPFIZER INC2021592302

Write-up: Abdominal pain and vomits, appendicitis diagnosed and surgery needed.; This is a spontaneous report from a contactable consumer (patient). A 15-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 via an unspecified route of administration, administered in Arm Left on 13May2021 13:00 (Batch/Lot Number: EW0179), at the age of 15 years old as 1st dose, single for COVID-19 immunization. The patient had no medical history and no known allergies. The patient's concomitant medications were not reported. The patient had no other vaccines in four weeks and no other medications in two weeks. The patient had abdominal pain and vomits, appendicitis was diagnosed and surgery (removal of appendix) was needed. The event occurred on 20May2021 04:00 and was

hospitalized for 1 day. The patient underwent lab tests and procedures which included COVID test post vaccination nasal swab: negative on 20May2021. The outcome of the events was recovering.

VAERS ID: 1384596 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Louisiana

Vaccinated: 2021-05-13

Onset: 2021-05-15

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 LA / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood pressure measurement, Body temperature, Chest discomfort, Chest pain, Dyspnoea, Heart rate, Hypertension, Investigation, Myocarditis, Oxygen saturation, Pyrexia, Tachycardia  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypertension (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: GUANFACINE

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: ADHD; Autism

Allergies:

Diagnostic Lab Data: Test Name: blood pressure; Result Unstructured Data: Test Result:151/108; Test Name: temperature; Result Unstructured Data: Test Result:99.7; Test Name: pulse; Result Unstructured Data: Test Result:128; Test Name: a bunch of lab test; Result Unstructured Data: Test Result:unknown result; Test Name: oxygen level; Result Unstructured Data: Test Result:96-97

CDC Split Type: USPFIZER INC2021593359

Write-up: he has developed myocarditis; Chest was hurting; Chest

pain; Tachycardia; Hypertension; his temperature was 99.7; Tight chest; shortness of breath; This is a spontaneous report from a contactable consumer (patient's mother). A 15-years-old male patient received bnt162b2, dose 1 via an unspecified route of administration, administered in Arm Left on 13May2021 16:00 (Batch/Lot number was not reported) as SINGLE DOSE for covid-19 immunisation at the age of 15 years old. Medical history included Autism and ADHD. Concomitant medication(s) included guanfacine. The patient experienced he has developed myocarditis, inflammation of the muscle in his heart that was caused by covid vaccine, chest was hurting; chest pain, tachycardia, hypertension on an unknown date, shortness of breath, tight chest on 15May2021. Clinical course details was reported as: She thinks he has developed myocarditis. Experienced shortness of breath, went to the Emergency Department. She wishes for him to receive second dose. "They did a bunch of tests". Saturday he had to rush in to the hospital because his chest was hurting, he has chest pain on Saturday that's why he went to the emergency room. The doctor said, he had inflammation of the muscle in his heart that was caused by COVID vaccine, she wants to submit that to Pfizer." Reporter stated, "No, not exactly, he got the COVID vaccine on May 13th. He started developing shortness of breath and tight chest on Saturday night which is May 15th, I woke him up because all night long he was complaining, I take him to the emergency room at the morning like 4:30 am, 4:30 in the morning of May 16th. The doctor told me that, he said that he didn't believe that it was a side effect of a vaccine because it was not, it didn't developed like within 1 or 4 hours to the vaccine like now when I've seen on the news that the inflammation that is happening to some kind on the heart, he matches all the symptoms of that. So I need to know what do I need to make and what do we do for the second dose?" Lab test: They did when he was in the hospital, When he was in the hospital 2 days after they did a bunch of lab test." Treatment: They did give him some medication in the hospital. The notes from the hospital they gave, they says he has tachycardia, hypertension, shortness of breath, chest pain. They gave him Ativan. Caller states she is calling about the Pfizer COVID19 vaccine and states she is thinking her son had the side effect that is being reported of myocarditis and took the 1st dose of the vaccine on 13May2021 and on 15May2021, at night he complained of shortness of breath, and a very heavy chest and moaned all night long; states at 4:00am she and her husband got up and took the patient's blood pressure and oxygen level and pulse and his blood pressure was elevated at 151/108, oxygen levels were ok at 96-97 and his pulse was 128, and his temperature was 99.7 she thinks. States they took him to the emergency room at that time because they did not know if something was going on with his blood pressure elevated. Caller states she has not reported this information to the patient's HCP and is calling to ask if she should wait or have to wait on the patient's 2nd dose of the Pfizer COVID19 vaccine. Caller states she did previously file this report but was not given a report reference number and had to call back to ask for her questions. States the patient's 2nd dose of the Pfizer COVID19 vaccine is scheduled for 04Jun2021. States given that they did not expect the patient to have any side effects and they do not want to be in this situation and



are planning on traveling the day the patient is scheduled for his 2nd dose of the Pfizer COVID19 vaccine would they have to wait for his 2nd dose; states she wants to do things the proper way. States given that they did not expect the patient to have any side effects and they do not want to be in this situation and are planning on traveling the day the patient is scheduled for his 2nd dose of the Pfizer COVID19 vaccine would they have to wait for his 2nd dose; states she wants to do things the proper way. Pfizer is aware of the observations of myocarditis that occurred predominantly in a population of young men who received the Pfizer-BioNTech COVID-19 vaccine. Adverse events are regularly and thoroughly reviewed and we have not observed a higher rate of myocarditis than what would be expected in the general population. A causal link to the vaccine has not been established. There is no evidence at this time to conclude that myocarditis is a risk associated with the use of Pfizer/BioNTech COVID-19 vaccine. More than 260 million doses of the Pfizer-BioNTech COVID-19 vaccine have been administered globally. Serious adverse events unrelated to, but close in timing to vaccination, are expected to occur at a similar rate in vaccinated individuals as they would in the overall population. [for non-HCPs]: we refer you to your healthcare provider to discuss this topic. Your healthcare provider knows your medical history, can discuss the risks and benefits of the vaccine, and can provide vaccination recommendations to you. Pfizer is aware of the reports of myocarditis in recipients of the Pfizer-BioNTech COVID-19 vaccine. More than 260 million people globally have now been vaccinated with the Pfizer/BioNTech COVID-19 vaccine and we have not observed a higher rate of myocarditis than what would be expected in the general population. A causal link to the vaccine has not been established. Serious adverse events unrelated to but close in timing to vaccination will likely occur at a similar rate in vaccinated individuals as they would in the overall population. With a vast number of people vaccinated to date, the benefit risk profile of our vaccine remains positive. If asked on the specific cases More specific information on the specific cases or demographics are not currently available to Pfizer Medical Information. The outcome of the events was unknown. No follow attempts are needed; information about lot/batch number cannot be obtained.

VAERS ID: 1385235 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Washington

Vaccinated: 2021-06-03  
Onset: 2021-06-04  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Asthma  
Allergies: PCN  
Diagnostic Lab Data: troponin elevated to 0.78 CRP elevated to 10.4  
CDC Split Type:  
Write-up: chest pain thought possibly secondary to pericarditis or myocarditis

VAERS ID: 1385386 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-04  
Onset: 2021-06-05  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Arthralgia, Cardiac telemetry, Cardiovascular evaluation, Chest pain, Echocardiogram normal, Fatigue, Magnetic resonance imaging heart, Myalgia, Myocarditis, Pyrexia, Troponin increased  
SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations: 3rd dose of DTaP at age 6 mos resulted in acute cerebellar ataxia requiring hospitalization. The patients biological father wit  
Other Medications: Tums, Multivitamin, Probiotic, tagament  
Current Illness: none  
Preexisting Conditions: GERD, gluten-intolerance, lactose intolerance, seasonal allergies  
Allergies: Soy, Milk, Gluten, Orange, TMP-SMX  
Diagnostic Lab Data: Troponins: 6/7/21: 3.24 6/8/21: 3.310 -- \$g 4.25 6/9/21: 2.12 Echo: 6/8/21: "Structurally normal heart No evidence of congenital heart defects in the views obtained Normal LV size and systolic function" --Dr (pediatric cardiology) Cardiac MRI (6/8/2021): result pending He remains hospitalized at time of this report.

CDC Split Type:

Write-up: Chest Pain, Troponin Elevation, Myocarditis Also developed fever, muscle aches, joint pain, generalized fatigue Hospitalized, Treated with NSAIDS and supportive care, Telemetry, Troponin monitored q12 Echo with normal systolic function Cardiology and ID consultation Cardiac MRI pending at time of submission (6/9/2021). He is hospitalized at time of report, recommended complete activity restriction upon discharge, he will continue to follow with pediatric cardiology.

VAERS ID: 1385879 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-05-28  
Onset: 2021-05-29  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 1 UN / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Asthenia, Condition aggravated, Endotracheal intubation, Myasthenia gravis, Respiratory failure

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Guillain-Barre

syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Oxcarbazepine, pyridostigmine, azathioprine, prednisone

Current Illness: none

Preexisting Conditions: Myasthenia Gravis, epilepsy, focal cortical dysplasia

Allergies: no known allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: Myasthenia gravis exacerbation causing respiratory failure and intubation. Today is day 12 of symptoms. She also has profound weakness from her myasthenia gravis. Treated with intubation, high dose steroids, and increased pyridostigmine.

VAERS ID: 1385925 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-04

Onset: 2021-06-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase increased, Brain natriuretic peptide increased, Chest pain, Myocarditis, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad),

Neuroleptic malignant syndrome (broad), Myocardial infarction

(narrow), Pulmonary hypertension (broad), Gastrointestinal

nonspecific symptoms and therapeutic procedures (broad),

Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad), Immune-mediated/autoimmune disorders

(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain, found to have elevated troponins, BNP, and CK  
diagnosed with myocarditis

VAERS ID: 1386123 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-06  
Onset: 2021-06-08  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0178 / 2	UN / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0176 / 1	UN / IM	

Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest X-ray abnormal, Chest pain, Myocarditis, Pyrexia,  
Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Infective pneumonia (broad), Immune-  
mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

    Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: None  
Preexisting Conditions: None  
Allergies: NKDA none  
Diagnostic Lab Data: Troponin, CXR  
CDC Split Type:

Write-up: 15 yo M with chest pain, fever found to have likely myocarditis secondary to likely COVID vaccine (Pfizer) with elevated troponin at OSH of 660 ng/L. Repeat here noted to be 58,513 mg/L but patient otherwise stable, not complaining of chest pain after Toradol and eating more currently.

VAERS ID: 1386317 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-04

Onset: 2021-06-06

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Cerebral palsy, Electrocardiogram normal, Pyrexia,  
Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Congenital, familial and genetic disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Beclomethasone HFA Albuterol PRN

Current Illness:

Preexisting Conditions: Asthma

Allergies: Bee stings

Diagnostic Lab Data: Elevated troponin. EKG showed no ischemic changes, otherwise unremarkable.

CDC Split Type:

Write-up: patients symptoms included CP and fever

VAERS ID: 1386863 (history)

Form: Version 2.0

Age: 15.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-05  
Onset: 2021-06-08  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 UN / SYR

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate  
aminotransferase increased, Axillary pain, Bilirubin conjugated,  
Blood albumin normal, Blood alkaline phosphatase increased, Blood  
bilirubin normal, Blood creatine phosphokinase increased, C-reactive  
protein increased, Chest pain, Globulin, Liver function test, Pain,  
Painful respiration, Protein total normal, Pyrexia, Troponin T  
increased, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Liver related  
investigations, signs and symptoms (narrow), Neuroleptic malignant  
syndrome (broad), Myocardial infarction (narrow), Anticholinergic  
syndrome (broad), Biliary system related investigations, signs and  
symptoms (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Possible allergy to acetaminophen or ibuprofen

Diagnostic Lab Data: Results for orders placed or performed during

the hospital encounter of 06/09/21 C-Reactive Protein Collection

Time: 06/09/21 1:21 PM Specimen: Blood Result Value Ref Range C

REACTIVE PROTEIN 8.5 (H) 0.0 - 8.0 mg/L CPK (creatin kinase)

Collection Time: 06/09/21 1:21 PM Specimen: Blood Result Value Ref

Range CREATINE KINASE 520 (H) 32 - 294 U/L Troponin Collection Time:

06/09/21 1:21 PM Specimen: Blood Result Value Ref Range Troponin-T,

HS Gen5 465 (H) 0 - 14 ng/L LFTs (hepatic panel) Collection Time:

06/09/21 1:21 PM Specimen: Blood Result Value Ref Range ALBUMIN 4.2

3.5 - 4.8 g/dL TOTAL BILIRUBIN 0.3 0.0 - 1.0 mg/dL DIRECT BILIRUBIN

<0.2 0 - 0.4 mg/dL ALKALINE PHOSPHATASE 249 (H) 36 - 210 U/L AST 62

(H) 6 - 40 U/L ALT 17 10 - 49 U/L TOTAL PROTEIN 7.6 5.7 - 8.2 g/dL

GLOBULIN 3.4 1.9 - 4.1 g/dL Troponin Collection Time: 06/09/21 2:47 PM Specimen: Blood Result Value Ref Range Troponin-T, HS Gen5 511 (H) 0 - 14 ng/L Troponin Collection Time: 06/09/21 6:24 PM Specimen: Blood Result Value Ref Range Troponin-T, HS Gen5 525 (H) 0 - 14 ng/L CDC Split Type:

Write-up: Previously healthy male presented with chest pain 4 days after his second COVID vaccination. He had left chest pain for a few hours yesterday which resolved, then recurred today. Pain was constant and radiated to armpit, worse with deep breaths. CRP mildly up at 8.5. Troponin elevated at 465, CK up at 520, and AST mildly up at 62. Repeat troponin 1.5 hours later was 511. Patient did have fever for one day after his second COVID vaccine, and has otherwise been afebrile.

VAERS ID: 1388043 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 LA / IM

Administered by: Public Purchased by: ?

Symptoms: Activated partial thromboplastin time shortened, Adenovirus test, Aortic valve incompetence, Aspartate aminotransferase normal, Blood bicarbonate normal, Blood chloride normal, Blood creatinine normal, Blood immunoglobulin G, Blood immunoglobulin M, Blood lactic acid normal, Blood potassium normal, Blood sodium normal, Chest X-ray, Chest pain, Cough, Diarrhoea, Echocardiogram, Echocardiogram abnormal, Electrocardiogram abnormal, Electrocardiogram normal, Fibrin D dimer normal, Glycosylated haemoglobin increased, Haematocrit decreased, Haemoglobin decreased, Headache, Human metapneumovirus test, Influenza A virus test negative, Influenza B virus test, Intensive care, International normalised ratio normal, Mitral valve incompetence, Monocyte count increased, Painful respiration, Platelet count normal, Protein total normal, Prothrombin time normal, SARS-CoV-2 antibody test, SARS-CoV-2 test, SARS-CoV-2 test negative, Sinus bradycardia, Toxicologic test normal, Tricuspid valve incompetence, Troponin I increased, Troponin increased, Urine analysis normal, Vitamin D deficiency, White blood cell count normal

SMQs: Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Pseudomembranous colitis (broad), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow),



Cardiomyopathy (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Concerta

Current Illness: He had temperature of 38 °C on Saturday after the second dose of SARS-CoV-2 vaccine (on Thursday, 6/3/2021). Pt said that he had a loose bowel movement, intermittent cough, and headache.

Preexisting Conditions: obesity, insulin resistance, mixed dyslipidemia, vitamin D deficiency, elevated hemoglobin A1c, anxiety disorder, and ADHD

Allergies: NKA

Diagnostic Lab Data: 6/8/21 - His lab investigation including troponin I of 5.1 ng/mL (upper limit is 0.034 ng/mL), CBC: WBCs 5.9, hemoglobin 13.7, hematocrit 41.1, platelet 230, monocyte 9.6 % (upper normal is 4%), sodium 142, potassium 3.8, chloride 104, bicarb 28, BUN 10, creatinine 0.79. ALT 31, AST 64, alkaline phosphatase 80, total protein 7.4, albumin 4.3, PT 11, INR 1, PTT 32.7, D-dimer less than 200, urine toxicology screen is negative, urine analysis is negative, rapid Covid antigen was negative. He had twelve-lead ECG with sinus rhythm, normal axis, intervals, and voltages. Labs Lab results 06/08/2021 14:56 SARS CoV 2 IgG Negative 06/08/2021 14:54 Troponin iSTAT 1.30 ng/mL HI 06/08/2021 07:15 Troponin iSTAT 2.85 ng/mL HI 06/08/2021 03:02 SARS CoV 2 (ID Now) Negative 06/08/2021 01:54 Sed Rate 19 mm/hr D-Dimer 0.53 ug/mL FEU HI Fibrinogen 429 mg/dL HI Magnesium Lvl 2.2 mg/dL Procalcitonin <0.050 ng/mL CRP 1.8 mg/dL HI TSH 1.77 uIU/mL SARS CoV 2 IgG Negative SARS CoV 2 by PCR Not Detected RSV by PCR Not Detected Adenovirus Not Detected Coronavirus 229E by PCR Not Detected Coronavirus HKU1 by PCR Not Detected Coronavirus NL63 by PCR Not Detected Coronavirus OC43 by PCR Not Detected Metapneumovirus Not Detected Rhino/Entero by PCR Not Detected Influenza A Not Detected H1N1 (Swine) Not Detected Influenza A H1 by PCR Not Detected Influenza A H3 by PCR Not Detected Influenza B Not Detected Parainflu 1 Not Detected Parainflu 2 Not Detected Parainflu 3 Not Detected Parainfluenza 4 by PCR Not Detected Bordetella pertussis by PCR Not Detected Bordetella Parapertussis PCR Not Detected Chlamydia pneumoniae by PCR Not Detected Mycoplasma pneumoniae by PCR Not Detected RPP Comment \* 06/08/2021 01:46 Troponin iSTAT 2.70 ng/mL HI 06/08/2021 01:44 Lactic Acid iSTAT 1.03 mmol/L Sample Ven VENOUS Site Ven . FiO2 Ven 0 % NA RR/IVM Ven . bpm PEEP Ven 0.00 NA PIP Ven 0.00 NA BP Ven 0.0 mmHg NA Temp Ven 37.0 DegC NA pH Ven 7.37 pCO2 Ven 44.6 mmHg pO2 Ven 37.0 mmHg NA BE Ven 0.0 mmol/L HCO3 Ven 25.7

mmol/L CO2 Totl Ven 27.0 mmol/L O2 Sat Ven 69.0 % LOW 06/08/2021  
01:43 CKMB i STAT 19.9 ng/mL HI 6/8/21 - Chest x-ray IMPRESSION: No  
acute cardiopulmonary process. 6/8/21 - Transthoracic Echocardiogram  
- No structural abnormalities seen in the setting of poor  
echocardiographic windows. Trivial to mild tricuspid regurgitation  
and mitral regurgitation. Trivial aortic regurgitation.  
Qualitatively normal left ventricular systolic function. No  
significant pericardial effusion.

CDC Split Type:

Write-up: Pt is a 15-year-old man with history of obesity, insulin  
resistance, mixed dyslipidemia, vitamin D deficiency, elevated  
hemoglobin A1c, anxiety disorder, and ADHD. He presented today to  
the ER with history of chest pain in the past 3 days. This chest  
pain is intermittent, sharp in nature, mainly in the retrosternal  
area, precipitated by deep breath, partially relieved by Tylenol,  
ibuprofen, or laying down. He denied any history of trauma, or  
recent viral illnesses. The severity of this chest pain ranging  
between 4-5/10 with no radiation. He had temperature of 38 °C on  
Saturday after the second dose of SARS-CoV-2 vaccine (on Thursday,  
6/3/2021). He said that he had a loose bowel movement, intermittent  
cough, and headache. He denied any nausea, vomiting, nasal  
congestion, skin rashes, change in urine, muscle pain, or joint  
pain. At the ER, he was in stable condition, afebrile, with stable  
vital signs. He received 1 dose of Motrin 600 mg for the chest pain.  
ER dr. was consulted and he recommended admission to the CICU for  
further investigation and management. 6/9/21 - Troponin levels  
downtrending (last 1.30). ID consulted and recommended obtaining  
adenovirus PCR, enterovirus PCR, GI panel, Mycoplasma IgM, COVID  
IgG, COVID NP, and COVID spike protein. Will follow as an  
outpatient. CXR normal. EKG with sinus bradycardia, while calm.  
Echocardiogram results normal. RPP and COVID negative. Behavioral  
medicine followed. Discharged on 6/9/21. Hospital course CV Troponin  
level on admission was 2.7 and have been closely monitored. Last  
level obtained on 06/08 was 1.3. ECG 06/08 - sinus bradycardia.  
Echocardiogram 06/08 - essentially normal with trivial to mild  
tricuspid regurgitation and mitral regurgitation and trivial aortic  
regurgitation. Chest pain has now resolved and patient has good  
hemodynamics with good pulses, good blood pressures, and cap refill  
less than 2 secs. He will follow with Dr. in 1 week. No rigorous  
exercise for one week.

VAERS ID: 1388218 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Ohio

Vaccinated: 2021-05-20  
Onset: 2021-06-06  
Days after vaccination: 17  
Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Angiogram, Ischaemic stroke, Laboratory test, Magnetic resonance imaging head  
SMQs:, Ischaemic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Focalin  
Current Illness: none  
Preexisting Conditions: None  
Allergies: No  
Diagnostic Lab Data: CT angiogram: 6/6/21, MRI brain 6/7/21, Multiple lab tests.  
CDC Split Type:  
Write-up: Acute ischemic stroke.

VAERS ID: 1388273 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-14  
Onset: 2021-05-15  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / 1 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Endoscopy gastrointestinal, Magnetic resonance imaging, Scan with contrast, Ultrasound scan, Vomiting  
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 6 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: sonogram, MRI with contrast, Upper and Lower GI scope  
CDC Split Type:  
Write-up: vomiting for 17 days, not holding down food

VAERS ID: 1388946 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-06-05

Onset: 2021-06-05

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, Chest pain, Echocardiogram, Electrocardiogram ST segment elevation, Myocarditis, Pericarditis, Troponin I increased

SMQs: Cardiac failure (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Imitrex prn migraine Trazadone for sleep

Current Illness: 4 weeks prior his family was symptomatic and tested positive for covid 19 but he was tested and negative, He did not have symptoms.

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Chemistry Troponin-I: 1.59 ng/mL High (06/09/21 17:29:00) Troponin-I: 1.55 ng/mL High (06/09/21 06:14:00) Troponin-

I: 1.72 ng/mL High (06/09/21 00:11:00) Echo TransTHORacic TTE Ltd  
06/08/21 16:29:31 Summary 1. Normal coronary dimensions, see above  
for measurements. 2. Aortic root and ascending aorta dimensions are  
within normal limits. 3. Normal right ventricular size and  
qualitatively normal systolic function. 4. Normal left ventricular  
size and qualitatively normal systolic function. 5. Global peak  
systolic LV strain is -18.7 %. 6. No pericardial effusion. EKG  
6/8/21 with diffuse ST elevation

CDC Split Type:

Write-up: Presented with chest pain and diagnosed with my and  
pericarditis as evidenced by elevated troponin, , elevated BNP and  
diffuse ST changes on EKG

VAERS ID: 1390736 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: North Carolina

Vaccinated: 2021-05-23

Onset: 2021-05-23

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Analgesic drug level, Apnoeic attack, C-reactive protein,  
Electrocardiogram abnormal, Endotracheal intubation, Full blood  
count, Hyperventilation, Laboratory test, Metabolic function test,  
SARS-CoV-2 test positive, Sinus tachycardia, Tachycardia,  
Toxicologic test, Troponin normal

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/  
bronchospasm (broad), Neuroleptic malignant syndrome (broad),  
Anticholinergic syndrome (broad), Arrhythmia related investigations,  
signs and symptoms (broad), Supraventricular tachyarrhythmias  
(narrow), Acute central respiratory depression (narrow),  
Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory  
failure (narrow), Infective pneumonia (broad), Dehydration (broad),  
Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CBC, CMP, troponin, CRP, urine tox, acetaminophen and salicylate level

CDC Split Type:

Write-up: Patient presented hyperventilating, tachycardic and eventually became apneic and required intubation; had COVID in the past; was COVID IgG positive; troponin normal; ECG sinus tachycardia; all other labs normal on 5/22 and 5/23

VAERS ID: 1390915 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Michigan

Vaccinated: 2021-05-22

Onset: 2021-05-01

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 1 LA / -

Administered by: Unknown Purchased by: ?

Symptoms: Glossodynia, Odynophagia, Oropharyngeal pain, Speech disorder, Streptococcus test, Tongue movement disturbance

SMQs: Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: CLARITIN [LORATADINE]; FLONASE [FLUTICASONE PROPIONATE]

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergic reaction

Allergies:

Diagnostic Lab Data: Test Date: 20210525; Test Name: Strep Test; Test Result: Negative

CDC Split Type: USPFIZER INC2021606121

Write-up: mild pain in tongue and throat/severe sore throat; mild pain in tongue and throat; Felt pain when swallowing; He could not talk normally cannot move tongue very much; He could not talk normally cannot move tongue very much; This is a spontaneous report

received from Medical Information Team. A contactable physician (parent) reported that a 15-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in left arm on 22May2021 15:00 (Lot Number: EW0178, at the age of 15-year-old) as single dose for covid-19 immunisation. Medical history included seasonal allergies. Concomitant medications included loratadine (CLARITIN) taken for seasonal allergies; fluticasone propionate (FLONASE) taken for seasonal allergies. A pediatric gastroenterologist reported for his son. His son had the first dose of the Pfizer COVID-19 vaccine on 22May2021. On the next day on 23May2021, he experienced mild pain in the tongue and throat. He had no fever. The pain in the throat and tongue started on Sunday (23May2021), but it was mild and he was not concerned. His son had it on Monday (24May2021) and when he came home from school around 15:00 or 15:30, he was complaining of severe sore throat. His throat was hurting more. Severe from that time. He stayed home from school. Treated with Tylenol and Motrin. Didn't really work/helping. Pushing fluids. Felt pain when swallowing. He was not eating due to severity of the pain. Had severe pain when he tried to speak. He could not open his mouth well. Tried to keep his mouth closed. He could not talk normally cannot move tongue very much. They went to urgent care and had a strep test which came out negative on 25May2021. Reporter seriousness for pain in throat and tongue was disabling. The gastroenterologist wanted to know if his son's adverse reaction was an allergic reaction and if he should get the second dose of the vaccine. There was no prior vaccinations within 4 weeks. The outcome of the events was not recovered.

VAERS ID: 1392034 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-01  
Onset: 2021-06-09  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Hyperhidrosis, Pyrexia, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None. Advil taken after onset of chest pain,  
which was next day.  
Current Illness: Denies.  
Preexisting Conditions: Denies.  
Allergies: Denies.  
Diagnostic Lab Data: 6/9 at 23:23 troponin 1.78 at Hospital 6/10 at  
03:15 troponin 1.63 6/10 at 07:01 troponin 1.62 6/10 at 17:01  
troponin 1.61 6/11 at 04:25 troponin 1.42 Will be getting cardiac  
MRI  
CDC Split Type:  
Write-up: Next day (6/9) developed fever with max temperature  
101.5F. At 6PM on 6/9, patient developed chest pain, worst with  
laying flat, better sitting up. Chest pain also associated with  
sweating.

VAERS ID: 1392635 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: South Carolina

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest X-ray normal, Chest discomfort, Chest pain,  
Echocardiogram, SARS-CoV-2 test negative, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Vyvanse 40 mg PO daily



Current Illness:

Preexisting Conditions:

Allergies: No known allergies

Diagnostic Lab Data: Initial troponin levels 0.864 - \$g1.05 - \$g peaked at 2.72. Troponins trending down over next 48 hrs. CXR negative. Covid-19 swab negative Echo performed

CDC Split Type:

Write-up: Patient presented to ED @1500 with complaints of substernal chest pressure/pain. Pain did not resolve and became increasingly more uncomfortable. No recent medication changes or other concerning symptoms. VSS stable and labs unremarkable except elevated troponin. Admitted to hospital for further work-up. Cardiology consulted with recs for possible myocarditis treatment with high dose steroids and serial troponin monitoring.

VAERS ID: 1394232 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Connecticut

Vaccinated: 2021-06-08

Onset: 2021-06-12

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocardial necrosis marker increased, Myocarditis

SMQs: Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Asthma

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Myocarditis (chest pain, elevated cardiac enzymes) 4 days

after vaccine

VAERS ID: 1394242 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Maine

Vaccinated: 2021-06-09  
Onset: 2021-06-10  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Appendectomy, Appendicitis  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: required surgery  
CDC Split Type:  
Write-up: developed appendicitis about 12 hours after vaccine  
administration

VAERS ID: 1394354 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-18  
Onset: 2021-06-10  
Days after vaccination: 23  
Submitted: 0000-00-00  
Entered: 2021-06-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 1 AR / SYR  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2            AR / -  
Administered by: Pharmacy            Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Troponin  
SMQs:, Anaphylactic reaction (broad), Acute central respiratory  
depression (broad), Pulmonary hypertension (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: Intermittent urinary incontinence  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain and shortness of breath 2 days after 2nd  
vaccine. Presented to ED and found to have elevated troponin.

VAERS ID:            1394691 (history)  
Form:    Version 2.0  
Age:     15.0  
Sex:     Male  
Location:            Oregon

Vaccinated:            2021-06-10  
Onset:    2021-06-12  
    Days after vaccination:            2  
Submitted:            0000-00-00  
Entered: 2021-06-13

Vaccination / Manufacturer            Lot / Dose            Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 2            - / IM

Administered by: Private            Purchased by: ?  
Symptoms: C-reactive protein, Chest pain, Electrocardiogram,  
Myocarditis, Troponin I increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Penicillin  
Diagnostic Lab Data: Troponin I : 1.890, CRP 5.72 EKG: Rate 99, PR  
136, QRSD 94, QT 340, QTc436, P 68, QRS 78, T 63  
CDC Split Type:  
Write-up: Patient presented the emergency department with chest pain  
radiating to left arm on 6/12. Studies indicate myocarditis. Patient  
will be transferred to specialty hospital for cardiology.

VAERS ID: 1394725 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-06  
Onset: 2021-06-06  
    Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-13  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 2 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Back pain, Chest pain, Computerised tomogram thorax,  
Dyspnoea, Echocardiogram normal, Electrocardiogram, Laboratory test,  
Nausea, Pain, Troponin increased  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Myocardial infarction (narrow), Retroperitoneal fibrosis (broad),  
Acute central respiratory depression (broad), Pulmonary hypertension  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (narrow), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Levothyroxine  
Current Illness:  
Preexisting Conditions: Hypothyroidism  
Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: About an hour after receiving the 2nd vaccine, she developed a pain in the upper-mid sternal area. She's not had any pain like this in the past. The pain remained constant ever since it started, and there don't appear to be any alleviating factors such as position changes. Deep inspiration makes it worse. The pain radiates at times across the upper chest and down the back. She's had some accompanying nausea. She's also noticed feeling a little short of breath as the day progressed, which is not necessarily related to the pain. She denies any palpitations or dizziness. No near syncope or syncope. The pain remained a maximum intensity of 10/10. She therefore presented to the ER. Diagnostic studies including labs, EKG and a CT pulmonary angiogram were performed. Troponin returned as elevated, but without EKG changes. She was transferred at the time to the Medical Center for admission. Echocardiogram was completed and normal. Vital signs remained normal. Troponin trended down. Pain improved and she was discharged home.

VAERS ID: 1394831 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Colorado

Vaccinated: 2021-06-10

Onset: 2021-06-11

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0179 / 2 - / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Angiogram abnormal, Aortic dissection, Back pain, Fatigue, Hyperhidrosis, Pyrexia, Surgery

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Aspirin 81mg po QD Atenolol 12.5mg po QD Losartan 100mg po QD

Current Illness: None other than the chronic condition described below. No acute illnesses at the time of the vaccination.

Preexisting Conditions: 1. Diagnosed with Loeys-Dietz syndrome in infancy, due to dysmorphology 2. S/p aneurysmal PDA resection and David Procedure at 11 mos of age (valve sparing aortic root replacement (with coronary reimplantation, replacement of transverse aortic arch with a graft for ascending and transverse aortic arch aneurysm) 3. 11/1/18: 1. Replacement of transverse aortic arch, 2. Replacement of ascending aorta, 3. TEVAR antegrade stent graft placement of proximal descending aorta, 4. Left subclavian to left common carotid transposition, 5. Tricuspid valve repair. 4. Subluxation of C2 on C3 with flexion and posterior subluxation of C3 with respect to C4 5. Dilatation of the abdominal aorta 6. Tortuous, ectatic intracranial arteries 7. Chiari Type 1 malformation

Allergies: None

Diagnostic Lab Data: CT Angiogram- Proximal Abdominal Aortic Aneurysm and Dissection

CDC Split Type:

Write-up: Patient received his 2nd Pfizer COVID vaccine at 1650 on 6/10/21. Just over 24 hours later he developed fatigue and fever to 102.1. Mom gave him ibuprofen around 1830 on 6/11/21. His temperature was <100 within 45 minutes of the ibuprofen. He slept the remainder of the night, but was diaphoretic most of the night. Approximately 0915 on 6/12/21 Patient developed a severe pain in his mid-back. Due to his known risk of aortic dissection the family took him immediately to the ED. A CTA was rapidly obtained. He was noted to have a proximal abdominal aortic aneurysm and dissection and was transferred to Hospital y air. Upon review of the images with the surgical team he was then transferred to Hospital and Clinic for surgery, which was performed at 0730 on 6/13/21. At the time of this reporting he is presently in the operating room, so the outcome of surgery is yet unknown.

VAERS ID: 1395019 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-09

Onset: 2021-06-12

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Chest pain, Dyspnoea, Electrocardiogram, Immunoglobulin therapy, Myocarditis, Pleuritic pain, Troponin

SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Cats, spring tree pollen (Birch)

Diagnostic Lab Data: Troponin 7.13, CKMB 36. EKG without ST elevation. Admitted to the hospital for high dose steroids and IVIG.

CDC Split Type:

Write-up: 4 days after administration of Pfizer COVID19 vaccination patient developed shortness of breath and pleuritic chest pain on 6/12/21 evening. Patient came to Emergency Room overnight on 6/13 and was identified to have elevated troponins indicative of myocarditis.

VAERS ID: 1395246 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: California

Vaccinated: 2021-06-09

Onset: 2021-06-12

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 1 - / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase increased, Brain natriuretic peptide increased, Chest pain, Chills, Echocardiogram normal,

Electrocardiogram T wave inversion, Headache, Immunoglobulin

therapy, Injection site pain, Myocarditis, On and off phenomenon,

Pyrexia, Troponin I increased, Troponin increased, Vomiting

SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad),

Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Parkinson-like events (narrow), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Probiotics (Yum-Yum dophilus from Whole Foods)

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/12 EKG: HR 76 PR 126 QRS 80 QTc 414. T wave inversion in v1. Normal Sinus rhythm. 6/12 Echo: SUMMARY: - Normal segmental cardiac anatomy and function. - Left ventricle: Systolic function was normal. 6/12 -CK-MB 106.6 -BNP 170 -Troponin 1: 37,188 6/13 -0001: Troponin 1 50,037 -0818: 35,435 -1618: 24011

CDC Split Type:

Write-up: This is a 15 year old male without PMHx who presents with chest pain for one day after having Pfizer COVID vaccine 2-3 days prior. As per father patient had first dose without any sx except mild soreness on the site of injection. On 6/9/21 he received the second shot of Pfizer vaccine. That day he only felt mild pain on site of infection only. Next day he suffered from chills, HA, and fever. He took Tylenol for it. The day prior admission he had a mild headache and pain on the middle of the chest, dull, not radiating, and on/off. There was one episode of emesis after dinner and after taking TUMS he went to sleep. The parents check on him through the night and upon waking up he complaint still with chest pain, now increased and radiating to left side of the chest. The parents decided to bring him to ED for evaluation where he was found to have elevated troponins and he was admitted for myocarditis likely secondary to the Pfizer vaccine. His troponins were monitored q8hrs and he was started on Toradol q6hrs. See EKG and Echo results below. Due to increasing troponins 6/13, he was given IVIG with resulting improvement. At this time, we are still monitoring his troponin inpatient with plan for potential cardiac MRI. He will be discharged home on Ibuprofen 600mg TID and follow up with cardiology with exercise restriction likely for a few months, tbd by outpatient cardiology follow up.

VAERS ID: 1395737 (history)



Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-05-13  
Onset: 2021-06-02  
Days after vaccination: 20  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0172 / 1	RA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0165 / 2	LA / IM	

Administered by: Private Purchased by: ?  
Symptoms: Adenovirus test, Borrelia test negative, C-reactive protein increased, COVID-19, Chest pain, Chills, Cytomegalovirus test negative, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Enterovirus test negative, Epstein-Barr virus test negative, Fatigue, Full blood count normal, Injection site pain, Metabolic function test normal, Myalgia, Parvovirus B19 test negative, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 antibody test positive, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Autism Epistaxis Ehlers Danlos hypermobility Von Willebrands disease type 1

Allergies: Sulfa

Diagnostic Lab Data: Troponin (6/4) 56, (6/6) 1097, 6/8 (98) EKG (6/4,5,6) wnl ECHOcardiogram (6/5), (6/7) wnl CBCd, CMP (6/4) wnl ESR (6/4) 30 CRP (6/4) 98, (6/6) 34 mg/L ID work up (6/7): 1.

Respiratory viral panel negative 2. COVID Ab positive 3.

Enterovirus, adenovirus, parvovirus B19 Qual PCR blood neg 4. Quant PCR EBV, CMV blood PCR neg 5. Lyme serologies neg

CDC Split Type:

Write-up: Got second dose of vaccine 6/2. Same day had chills, myalgia, fatigue and soreness at injection site. 6/3 developed substernal chest pain and dyspnea. Admitted to hospital for suspected myocarditis given elevated troponin and mildly elevated inflammatory markers 6/4. No treatments given. Symptoms resolved and troponins improved prior to discharge 6/8. He remains well today 6/14.

VAERS ID: 1395975 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-06-08  
Onset: 2021-06-11  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Arthralgia, Bundle branch block right, Chest pain, Electrocardiogram abnormal, Pain, Troponin increased  
SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Arthritis (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Elevated troponin (0.65) EKG shows incomplete right bundle branch block w/o ischemia

CDC Split Type:

Write-up: burning chest pain radiating to left arm/shoulder. Elevated troponin. High suspicion for possible myocarditis. Medicated with 325 mg Tylenol by mouth and 324 mg aspirin by mouth (chewed). Transferred to Hospital for cardiac evaluation and further management.

VAERS ID: 1396060 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-10  
Onset: 2021-06-12  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, Chest pain,  
Echocardiogram abnormal, Electrocardiogram ST segment elevation,  
Electrocardiogram abnormal, Laboratory test, Pericarditis, Troponin  
increased

SMQs: Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Chronic kidney disease  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: aripiprazole, hydroxyzine, melatonin,  
methylphenidate

Current Illness: none

Preexisting Conditions: ADHD, ODD, mild developmental delay

Allergies: none

Diagnostic Lab Data: Echocardiogram: normal function but shows  
inflammation consistent with acute pericarditis EKG: diffuse ST  
elevation Troponins: Uptrended to \$g4000 (Normal < 35ng/L) and  
downtrended at discharge to 3000 BNP: normal range

CDC Split Type:

Write-up: 2 days following 2nd vaccine woke up with chest pain and  
was diagnosed with acute pericarditis. He was admitted for 2 days  
and monitored with imaging and labs. Ultimately heart showed good  
function and he was discharged home with ibuprofen for 10 days and  
cardiology follow up

VAERS ID: 1397025 (history)  
Form: Version 2.0

Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-10

Onset: 2021-06-12

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin I increased, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin I High Sensitivity 6/13 (AM): 9127 (Normal < 53) Troponin I 6/13 (PM): 3.92 (Normal < 0.8) Troponin I 6/14 (AM): 3.65 Troponin I 6/14 (PM): 2.72

CDC Split Type:

Write-up: Patient developed chest pain with elevated troponin levels 2 days after receipt of dose #2 of the Pfizer SARS-CoV2 vaccine. He was admitted to the hospital with the diagnosis of myocarditis.

VAERS ID: 1397074 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-05

Onset: 2021-06-06

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Cardiac imaging procedure abnormal, Chest pain,  
Myocarditis, Troponin T increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Asthma  
Allergies:  
Diagnostic Lab Data: Cardiac MRI (6/11/2021) Serum Troponin T  
(6/9/2021)  
CDC Split Type:  
Write-up: Chest pain for 2 days with elevated troponin levels.  
Admitted to pediatric cardiology service. Cardiac MRI showed  
findings consistent with myocarditis

VAERS ID: 1397224 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-03  
Onset: 2021-06-04  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Cardiac dysfunction, Chest pain, Echocardiogram abnormal,  
Magnetic resonance imaging heart, Troponin increased  
SMQs:, Cardiac failure (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Cardiac MRI Echocardiogram  
CDC Split Type:  
Write-up: Chest pain, elevated troponin levels, decreased cardiac function

VAERS ID: 1397714 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-10  
Onset: 2021-06-13  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Intensive care,  
Magnetic resonance imaging heart, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Penicillin Amoxicillin  
Diagnostic Lab Data: 6/13/21: Troponin - 0.83ng/ml 6/13/21, time  
2253: Troponin - 17.10ng/ml 6/14/21, time 0600: Troponin - 24.94ng/  
ml 6/14/21, time 1129: Troponin - 18.85ng/ml (normal value <0.03ng/

ml)

CDC Split Type:

Write-up: On 6/13/2021, patient had chest pain and presented to emergency room and noted to have elevated troponin concerning for myocarditis. He was hemodynamically stable and echocardiogram showed normal function. He was admitted to pediatric ICU and monitored and troponin trended down on 6/14/2021. Patient was clinically stable during admission. Cardiac MRI is pending at the time of report filing and patient is currently inpatient with anticipated discharge in the next 1-2 days.

VAERS ID: 1398790 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Michigan

Vaccinated: 2021-06-10

Onset: 2021-06-12

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Pyrexia, Troponin

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Elevated troponin

CDC Split Type:

Write-up: Chest pain, fever starting 2 days after vaccine dose

VAERS ID: 1399172 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Minnesota

Vaccinated: 2021-06-09

Onset: 2021-06-12

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 LA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0187 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Troponin I increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Congestion and dry cough approximately 2 weeks prior to presentation; other members of family also had similar symptoms with the addition of sore throat

Preexisting Conditions: none

Allergies: penicillin

Diagnostic Lab Data: Troponin I were elevated on presentation and peaked at 3.03 ng/mL about 40 hours after chest pain onset

CDC Split Type:

Write-up: 4 days after 2nd Pfizer mRNA immunization, patient developed 6/10 retrosternal chest pain. He was given ibuprofen which resolved the pain

VAERS ID: 1399950 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Minnesota

Vaccinated: 2021-06-11

Onset: 2021-06-12

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 UN / IM



Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain,  
Electrocardiogram ST segment elevation, Myocarditis, N-terminal  
prohormone brain natriuretic peptide increased, Pain, Pleuritic  
pain, Troponin  
SMQs:, Cardiac failure (broad), Myocardial infarction (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Infective pneumonia (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness:  
Preexisting Conditions: None  
Allergies: No known allergies  
Diagnostic Lab Data: EKG 6/14/2021 with ST elevations in leads II,  
III, avF, V3-V6 Troponin 6/14/2021: 13.7 CRP 6/14/2021: 31.9 NT Pro  
BNP 6/14/2021: 556  
CDC Split Type:  
Write-up: Patient received the vaccine on 6/11/2021. On 6/12/2021 he  
developed pleuritic chest pain. The pain worsened and he presented  
to the ED on 6/14/2021. He was found to have myocarditis and quickly  
improved--chest pain resolved on 6/15. Treated with a 5 day course  
of prednisone. Improvement started before treatment with prednisone.

VAERS ID: 1400088 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-06-10  
Onset: 2021-06-11  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 LA / IM  
Administered by: Public Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Chills,  
Directional Doppler flow tests normal, Echocardiogram abnormal,  
Ejection fraction, Electrocardiogram ST segment elevation,

Electrocardiogram T wave abnormal, Electrocardiogram abnormal, Intensive care, Left ventricular dysfunction, Nausea, Pericarditis, Pulmonary valve incompetence, Pyrexia, Tricuspid valve incompetence, Troponin increased

SMQs: Cardiac failure (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Nothing prior to or at the time of vaccination. He took some Tylenol when he developed fever the day after the vaccine.

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin: 27.43 ng/mL (6/13), 11.18 ng/mL (6/14), 2.62 ng/mL (6/15) CRP: 6.24 (6/13) Echocardiogram: 6/13/21: Summary: 1. Normal cardiac arterial and venous connections 2. Normal biventricular size 3. Low-normal to mildly reduced left ventricular systolic function 4. Trivial tricuspid valve insufficiency with incomplete Doppler envelope to calculate right ventricular systolic pressure 5. Trivial pulmonary valve insufficiency 6. Normal origin and course of the coronary arteries by 2D imaging and color flow Doppler 7. No pericardial effusion Echocardiogram 6/15/21: Summary: 1. Mildly reduced left ventricular function with normal size. Normal right ventricular size and function 2. Ejection fraction by Simpson's method 44.3 - 50.7%. Global longitudinal strain is -12.3% 3. The coronary arteries have normal origins, configuration and normal flow with color Doppler. 4. No pericardial or pleural effusion noted. ECG 6/14/21: Ventricular Rate: 100 Atrial Rate: 100 P-R Interval: 136 QRS Duration: 76 Q-T Interval: 338 QTC Calculation(Bazett): 436 P Axis: 64 R Axis: 62 T Axis: 54

Impression: \*\* \*\* \* Pediatric ECG Analysis \* \*\* \*\* Normal sinus rhythm Acute pericarditis No previous ECGs available ECG 6/15/21: Ventricular Rate: 96 Atrial Rate: 96 P-R Interval: 146 QRS Duration: 76 Q-T Interval: 348 QTC Calculation: 439 P Axis: 63 R Axis: 57 T Axis: 28 Impression: \*\* \*\* \* Pediatric ECG Analysis \* \*\* \*\* Normal sinus rhythm ST elevation, consider early

re-polarization, pericarditis, or injury Nonspecific T wave abnormality PEDIATRIC ANALYSIS – MANUAL COMPARISON REQUIRED When compared with ECG of 15-JUN-2021 06:27, PREVIOUS ECG IS PRESENT CDC Split Type:

Write-up: The patient is a 15-year-old male with no past medical history who was in his normal state of health when he received a dose to the Pfizer COVID-19 vaccine on June 10th 2021. The day following vaccine he developed fevers and chills which she treated with Tylenol. On the morning of June 12 he developed chest pain and nausea which progressively worsened throughout the day. That day he presented to an outside hospital emergency department where he was found to have elevated troponin and EKG with ST segment elevation. He was then transferred to the hospital pediatric ICU for further care. On admission to the PICU treatment was started with IV Toradol. Echocardiogram was performed and revealed mildly decreased left ventricular systolic function. His peak troponin level was 27.43. He remains hemodynamically stable and was transferred to the pediatric floor. By 6/14/2021 his chest pain had resolved and he continued to improve with NSAID therapy alone. His troponin down trended to 2.62 on day of discharge. Repeat echo on day of discharge showed improving but still mildly diminished systolic function. Repeat ECG at discharge showed persistent ST elevation. He was discharged with a prescription to continue ibuprofen 600 mg 3 times daily and follow-up with pediatric cardiology in 1 to 2 weeks.

VAERS ID: 1400174 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-11  
Onset: 2021-06-12  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Echocardiogram 6/13/21: normal structure and function, no effusion High Sensitivity Troponin I: 6/13/21 @1721: 21,690 6/14/21 @0455: \$g27,000 6/14/21 @1701: 15,347 6/14/21 @0458: \$g27,000

CDC Split Type:

Write-up: Patient developed chest pain and found to have myocarditis with elevated troponins. Chest pain responding to Ibuprofen monotherapy.

VAERS ID: 1400188 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Illinois

Vaccinated: 2021-06-11

Onset: 2021-06-13

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 1 - / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0151 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Myocarditis

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Myocarditis

VAERS ID: 1400260 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-12  
Onset: 2021-06-13

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0187 / 1	RA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH UNKNOWN / 2	UN / IM	

Administered by: Private Purchased by: ?

Symptoms: Chest discomfort, Chronic myeloid leukaemia (in remission), Dyspnoea, Echocardiogram, Headache, Hypotension, Myocarditis, Pyrexia, Troponin I increased

SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow), Dehydration (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: dasatinib 50mg daily

Current Illness: none

Preexisting Conditions: CML diagnosed 12/30/2018. He has not achieved molecular remission as of his last BCR-ABL test 3/2021. He remains on dasatinib 50mg which he takes at 1730 daily.

Allergies: amoxillin

Diagnostic Lab Data: Results for patient as of 6/15/2021 14:12  
6/14/2021 10:20 Troponin I: 0.35 (H) 6/14/2021 16:00 Troponin I:  
1.35 (H) 6/15/2021 03:50 Troponin I: 0.50 (H) Reading Physician  
Reading Date Result Priority MD 6/14/2021 Narrative & Impression  
Pediatric/Congenital Transthoracic Echocardiography (TTE) Report  
Demographics Patient Name Gender Male Date of Study 06/14/2021 Age  
16 year(s) Referring Physician MD Sonographer To Interpreting  
Physician MD Procedure Type of Study Pediatric/Congenital TTE

Procedure: CONGENITAL TRANSTHORACIC COMPLETE. Procedure Date Date: 06/14/2021 Start: 01:39 PM End: 02:39 PM Indications: Myocarditis. Technical Quality: Adequate visualization Study Location: Portable Patient Status: Inpatient Height: 167 cm Weight: 63.09 kg BSA: 1.71 m<sup>2</sup> BMI: 22.62 kg/m<sup>2</sup> Rhythm: Normal Sinus Rhythm HR: 117 bpm BP: 99/62 mmHg Allergies - Other allergy: (amoxicillin, dust mite extract). Conclusions Summary Echo to evaluate function in patient with possible vaccine related myocarditis. Normal intracardiac and great vessel relationships. No intracardiac shunting. Normal biventricular function. No pericardial effusion. Signature

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Electronically signed by MD (Interpreting physician) on 06/14/2021 at 03:00 PM  
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CDC Split Type:

Write-up: 16 yo male with h/o CML in remission without known cardiac dysfunction (no history of cardiotoxic chemotherapy) who had his second Pfizer COVID vaccine on 6/12 afternoon and then presented to the ER with fever, headache, and hypotension requiring multiple fluid boluses and admission. No complaint of chest pain on admission, but does complain of 6/10 chest pressure in the left chest 6/14, leaning forward, with mild difficulty breathing. No palpitations, skipped beats, racing beats, dizziness or syncope. Troponin was checked 6/14 at 1020 which was elevated to 0.35. Repeat one at 1600 peaked at 1.35. Then 6/15 at 0350 it came down to 0.5. Antibiotics stopped after one dose 6/13, he received acetaminophen and ibuprofen for symptomatic management.

VAERS ID: 1400322 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-12  
Onset: 2021-06-13  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
OEW3247 / 1	- / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
OEW0712 / 2	- / IM	

Administered by: Private Purchased by: ?

Symptoms: Pyrexia, Syncope, Vomiting

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: syncope, fever, vomiting

VAERS ID: 1400629 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-09  
Onset: 2021-06-12  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 AR / SYR

Administered by: Public Purchased by: ?

Symptoms: Arteriogram coronary normal, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Chills, Dysphagia, Echocardiogram normal, Electrocardiogram ST segment elevation, Myocarditis, Troponin increased  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: NONE  
Current Illness: NONE  
Preexisting Conditions: NONE  
Allergies: NONE  
Diagnostic Lab Data: TROPONIN --- initial 4.27 ng/mL; peak 12.0 ng/mL on 6/13/2021 BNP --- 435 (normal) CRP --- 3.2 mg/dL (elevated)  
EKG --- ST segment elevation ECHO --- normal cardiac structure and function CT ANGIOGRAM --- normal coronary artery anatomy and caliber  
CDC Split Type:  
Write-up: Acute myocarditis on 6/12/2021 --- chest pain, dysphagia, transient chills

VAERS ID: 1400914 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-06-11  
Onset: 2021-06-13  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 RA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram normal, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: eczema  
Allergies: none  
Diagnostic Lab Data: EKG no acute changes, high sensitivity troponin 2217 (ref range <45).  
CDC Split Type:  
Write-up: chest pain intermittent for 2 days, EKG no acute changes, high sensitivity troponin 2217 (ref range <45).



VAERS ID: 1402141 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Kentucky

Vaccinated: 2021-06-07  
Onset: 2021-06-08  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Anticoagulant therapy, Antineutrophil cytoplasmic antibody, Antinuclear antibody, Bacterial test positive, Blood creatinine increased, Blood culture, Blood culture negative, Blood fibrinogen increased, Blood sodium decreased, Blood urea increased, C-reactive protein, Chest X-ray abnormal, Chest discomfort, Chest pain, Complement factor C3, Complement factor C4, Computerised tomogram thorax abnormal, Cough, Diarrhoea, Echocardiogram abnormal, Fibrin D dimer, Fibrin D dimer decreased, Fungal test, HIV test, Haemoptysis, Hypertension, Intensive care, Interleukin level, Lung opacity, Mycobacterium tuberculosis complex test, Nephropathy, Pericardial effusion, Pleural effusion, Pneumonia, Procalcitonin, Protein urine present, Red blood cells urine positive, Renal failure, Respiratory viral panel, SARS-CoV-2 antibody test positive, Serum ferritin increased, Skin warm, Tachycardia, Troponin, Ultrasound kidney abnormal, Urinary occult blood positive, Vomiting, White blood cells urine positive

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies: Peanut allergy  
Diagnostic Lab Data: 6/14 - CXR - multifocal pneumonia with  
bilateral pleural effusion 6/14 - Renal ultrasound - increased renal  
parenchymal echogenicity consistent with medical renal disease 6/14  
labs - COVID-19 IgG and IgM positive; respiratory pathogen panel  
negative, CRP - 7.7, CMP - Na 131, BUN 45, Cr 5.0, Interlukin 6  
53.9, ferritin 276.9, procalcitonin 0.55, troponin 0.013, D-dimer  
15829, fibrinogen 477. Blood culture - no growth to date. Urinalysis  
- 200 protein, large occult blood, 82 RBC, 9 WBC, trace bacteria.  
6/15 - Chest CT w/o contrast - Mixed pulmonary opacities,  
nonspecific. Consider vasculitis, septic emboli, fungal infection or  
zoonotic pneumonia. 6/15 - echocardiogram - trace pericardial  
effusion. Otherwise normal Labs pending - ANA, ANCA, C3, C4, fungal  
studies, blood culture, HIV, Quantiferon  
CDC Split Type:  
Write-up: 6/7 - patient received 2nd dose of Pfizer vaccine. 6/8 -  
patient developed tactile fevers (for 2-3 days), diarrhea (4-5 days  
of non-bloody diarrhea) 6/9 - developed chest pain and tightness and  
mild cough 6/12 - few episodes of NBNB emesis, cough with blood  
tinged sputum 6/13 - presented to urgent care, referred to hospital  
and admitted to floor. Patient found to have tachycardia and  
hypertension. CXR with pleural effusion, renal US with medical renal  
disease. Worsening renal function and concern for hyper coagulable  
state with worsening D-Dimer and possible pulmonary embolus but  
unable to obtain contrast images due to renal failure. 6/15 -  
transferred to ICU for heparin drip for worsening D-dimer.  
Nephrology, rheumatology and infectious disease consulted. Continued  
chest pain, cough with hemoptysis. Remains afebrile and otherwise  
hemodynamically stable. Started on ceftriaxone empirically. Concern  
for MIS-C, vaccine related adverse event vs autoimmune vasculitis.

VAERS ID: 1402481 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Wisconsin

Vaccinated: 2021-06-12  
Onset: 2021-06-14  
Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 LA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Angiogram normal, Brain natriuretic peptide increased, C-reactive protein increased, COVID-19, Chest pain, Cytomegalovirus test, Echocardiogram normal, Electrocardiogram ST segment elevation, Enterovirus test, Epstein-Barr virus test, Fibrin D dimer, Headache, Human herpes virus 6 serology, Liver function test increased, Parvovirus B19 test, Respiratory viral panel, SARS-CoV-2 antibody test positive, Troponin, Ultrasound scan normal

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Myocardial infarction (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Per medical record review-history of migraines

Allergies: None

Diagnostic Lab Data: 6/15/21-EKG at urgent care showed diffuse ST elevation 6/15/21 primary hospital- troponin 12.6, D-dimer 509, CRp 3, BNP 19 (?-unable to see outside records), LFTs mildly elevated but under 100. Bedside ultrasound-no pericardial effusion, CT angio-normal 6/16/21 tertiary hospital labs-troponin 14.6, BNP 397

Echocardiogram-normal function and coronaries Respiratory panel-negative COVID IgG-positive EBV, CMV, Enterovirus, Parvovirus, HHV6, Adenovirus panels pending

CDC Split Type:

Write-up: Received 2nd dose of Pfizer vaccine on 6/12/21.

Intermittent headaches since that time. On morning of 6/14/21 developed chest pain (described as achy and in the center of the chest). Denies shortness of breath, radiation of pain, or fevers. 6/15/21-seen at Urgent Care , EKG completed and patient transferred to another hospital. From there he was transferred to one more hospital, given concern for myocarditis. Remains hospitalized as of

6/16/21

VAERS ID: 1402642 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 AR / IM

Administered by: Other Purchased by: ?

Symptoms: C-reactive protein increased, Echocardiogram normal,  
Electrocardiogram normal, Fibrin D dimer increased, Myocarditis,  
Troponin increased

SMQs: Haemorrhage laboratory terms (broad), Myocardial infarction  
(narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia  
and systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Elevated troponin, CRP, d-dimer. Normal EKG,  
ECHO and cardiac MRI pending

CDC Split Type:

Write-up: myocarditis

VAERS ID: 1402833 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: California

Vaccinated: 2021-06-12

Onset: 2021-06-15

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate aminotransferase normal, Blood cholesterol normal, Blood triglycerides normal, Brain natriuretic peptide normal, Chest X-ray normal, Chest discomfort, Chest pain, Cough, Electrocardiogram T wave inversion, Full blood count, High density lipoprotein decreased, International normalised ratio normal, Lipase normal, Low density lipoprotein normal, Metabolic function test, Prothrombin time prolonged, Pyrexia, Troponin increased

SMQs: Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (broad), Dyslipidaemia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Lipodystrophy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Mom states that he has been in his usual state of health the past few weeks, but does note that they had an unusual increase in activity last week when they went hiking.

Preexisting Conditions: NO

Allergies: Allergy and Immunology ROS: negative for - hives or seasonal allergies

Diagnostic Lab Data: Vitals: T 98.5, HR 85, BP 117/78, RR18, SpO2 100% on RA Exam: heart RRR, no murmurs, no reproducible chest pain on palpation, lungs clear Labs: CBC 6.5\$g14.4/43\$g252; PT 12.8, INR 1.0; CMP: 137/4.1/98/26/14/0.9<89, AST 28, ALT13; BNP 83; Troponin T high sensitivity 234; Trig 107, Chol 163, LDL97, HDL 45; Lipase 23 Imaging: CXR normal; EKG: normal sinus rhythm rate 69, normal intervals, normal axis, borderline RBBB, T wave inversions present Interventions: 600mg ibuprofen

CDC Split Type:

Write-up: Patient is a 15 y.o. male who presents with fever, cough, and chest pain. He was in his normal state of good health until Saturday (6/12) when he received his second Pfizer COVID-19 vaccine around 4pm. Later that night he developed fever which lasted until Monday morning. He also developed a cough that has gradually improved. No runny nose, sore throat, myalgias, chills, vomiting or

diarrhea in past 2 weeks. Yesterday around noon he started to develop chest pain. The pain would come and go, lasting seconds to a minute occurring every few minutes. It is described as a pressure in the center of his chest under his sternum. No palpitations, light headedness, no radiation of pain. This pain lasted until he was given ibuprofen in the ED and it has not returned

VAERS ID: 1402907 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-16  
Onset: 2021-06-16  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0185 / 2	RA / IM	

Administered by: Other Purchased by: ?

Symptoms: Angina pectoris, Blood creatine phosphokinase MB increased, Echocardiogram, Electrocardiogram, Laboratory test, Palpitations, Troponin increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Other ischaemic heart disease (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: NO

Current Illness: NO

Preexisting Conditions: NO

Allergies: NO

Diagnostic Lab Data: Electrocardiogram, Echocardiogram, Laboratory. Dx. Myocarditis Lab. Troponins 4.066, CKMB 6.1

CDC Split Type:

Write-up: Indicates having a lot of pain in the heart, palpitations.

VAERS ID: 1403346 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-06-10

Onset: 2021-06-11

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Blood test, Brain natriuretic peptide normal, C-reactive protein increased, Chest X-ray normal, Chest pain, Chills, Dyspnoea, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Epstein-Barr virus antibody, Epstein-Barr virus test positive, Fatigue, Fibrin D dimer increased, Full blood count normal, Haematocrit decreased, Headache, Human herpes virus 6 serology, Immunoglobulin therapy, Laboratory test normal, Liver function test normal, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Mycoplasma test, Myocarditis, Parvovirus B19 test, Tricuspid valve incompetence, Troponin increased, Viral test  
SMQs: Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None noted

Preexisting Conditions: None noted

Allergies: Penicillin

Diagnostic Lab Data: Relevant Diagnostic Images/Studies: Cardiac MRI (6/15): ? Normal biventricular size and systolic function. No regional wall motion abnormalities. ? Small focal area of left ventricular late gadolinium enhancement consistent with myocarditis. ? No significant valvular dysfunction. ? No pericardial effusion. Echo (6/13): ? Mild tricuspid regurgitation. ? No other significant valvar dysfunction. ? No significant right ventricular hypertension. ? Normal left ventricular size and systolic function. ? Qualitatively normal right ventricular systolic function. ? No pericardial effusion. ? Incomplete anatomic survey. CXR (6/13): Lungs: Clear. Heart/mediastinum: The cardiomediastinal

silhouette is normal in size with normal contours. Pleural effusion: None. Pneumothorax: None. Osseous/soft tissue structures: Normal. Included upper abdomen: Normal. Laboratory Results Returned 48 Hours Prior to Discharge Event Name Event Result Date/Time Hematocrit 31.8 % Low 06/15/21 D-Dimer 1.48 mcg/mL FEU High 06/14/21 Troponin T 0.11 ng/mL Critical 06/15/21 Troponin T 0.13 ng/mL Critical 06/14/21 Troponin T 0.23 ng/mL Critical 06/14/21 Tests Pending EBV Antibody IgG EBV Antibody IgM EBV Antibody to NA, IgG HHV6 Antibody IgG Mycoplasma pneumoniae Antibody, IgG Mycoplasma pneumoniae Antibody, IgM Parvovirus B-19 IgG Parvovirus B-19 IgM Parvovirus DNA PCR QuaNT, Blood

CDC Split Type:

Write-up: Patient is a healthy 15 year old male presenting with chest pain in the setting of recent SARS-CoV2 vaccination. He was in his usual state of health until he received the second dose of the Pfizer/BNT SARS-CoV2 vaccination on Thursday 6/10. Shortly after and into the following day, he developed fatigue, chills, and a headache, which resolved within 24 hours. However, early this morning at around 2am, he awoke with sharp central chest pain associated with some shortness of breath, radiating to his left, prompting him to present to the ED. Initially presented to Hospital ED. Vitals stable. Labs notable for troponin 0.07 and d-dimer 1.48. EKG with sinus rhythm, ST elevation in inferior leads. Given ibuprofen 600mg and contacted Cardiology, who recommended transfer to another ED for echocardiogram and further evaluation. Here in the ED, vital stable, exam non-focal. Labs notable for troponin 0.13 and CRP 3.0; CBC, chem 10, LFTs, BNP, all within normal limits. CXR normal. Echo done which showed normal function (prelim read). Seen by ID who recommended standard workup for vaccine-induced myocarditis. He was admitted to the floor in stable condition. Hospital Course: Due to rising troponin during hospital day 1 (peak 0.23), patient was treated with IVIG 2 g/kg (6/14) and methylprednisone 30 mg BID (6/14 - 6/15). On 6/15 a cardiac MRI was obtained that showed a small area of late gadolinium enhancement of the LV with normal function. Troponin was trended every 12 hours and had decreased to 0.11 on 6/15 AM. He was transitioned to oral prednisone 30 mg BID to complete a total steroid course of 5 days (6/14 - 6/18). During admission he was found to be EBV PCR positive with all other viral testing including EBV serologies pending. It is still thought this is likely due to post-vaccine inflammation and not viral myocarditis but serologies should be followed up as outpatient. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake. Prescriptions sent to preferred pharmacy. Follow up with cardiology. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Reasons for new, changed, and discontinued medications: Prednisone for myocarditis Famotidine for stomach protection while on prednisone Discharged home with follow up tests scheduled for 6/17/21.

VAERS ID: 1404819 (history)  
Form: Version 2.0  
Age: 15.0



Sex: Female  
Location: North Carolina

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 AR / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal distension, Abdominal pain, Abdominal pain upper, Alanine aminotransferase normal, Anion gap, Aspartate aminotransferase increased, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin increased, Blood calcium, Blood chloride normal, Blood creatinine normal, Blood glucose normal, Blood osmolarity normal, Blood potassium normal, Blood sodium normal, Blood urea normal, Carbon dioxide normal, Decreased appetite, Dyspnoea, Haematocrit increased, Haemoglobin normal, Lipase increased, Platelet count normal, Pregnancy test negative, Protein total increased, Red blood cell count normal, Sleep disorder, White blood cell count normal

SMQs: Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (narrow), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vitamin D Hyocynamine

Current Illness: none

Preexisting Conditions: recurrent idiopathic pancreatitis, GERD, hepatic steatosis, nephrolithiasis

Allergies: mangos

Diagnostic Lab Data: 6/16: On presentation to the ER, She was afebrile, vital signs within normal limits. Blood work showed lipase of 2962, T bili 1.7, ALT 141, AST 82. White blood cell count wnl at 10 without left shift. 06/16/2021 19:34 Sodium 140 mmol/L Potassium 3.7 mmol/L Chloride 105 mmol/L CO2, Total 23 mmol/L Anion Gap 12.0 mmol/L Glucose, Serum 95 mg/dL BUN 7.0 mg/dL LOW Creatinine 0.68 mg/dL Calcium 9.3 mg/dL Calcium, Corrected 9.0 mg/dL Protein, Total 8.5

g/dL HI Albumin, Serum 4.40 g/dL Bilirubin, Total 1.70 mg/dL HI Alkaline Phosphatase 117 intl unit/L ALT 141 intl unit/L HI AST 82 intl unit/L HI Lipase, Serum 2,962 intl unit/L HI Osmolality (Calculated) 277 mOsm/kg Pregnancy Test, Serum Negative WBC Count 10.0 x10<sup>3</sup>/mcL RBC 4.85 x10<sup>6</sup>/mcL Hemoglobin 15.4 g/dL Hematocrit 45.3 % Platelet Count 284 x10<sup>3</sup>/mcL

CDC Split Type:

Write-up: acute pancreatitis ; Pt awoke at 4 AM day after her COVID vaccine with abdominal pain. Pain abided some and she was able to fall back asleep. When she woke up in the morning she had crampy pain in the epigastric abdominal area. Pain is constant, worsened some with laying down and improved with sitting up. She feels like she has some mild difficulty breathing when she is lying flat. She has not been able to eat much because eating makes her feel like her stomach is going to explode. She is barely keeping down much water due to pain. She denies any nausea or vomiting.

VAERS ID: 1406788 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: New York

Vaccinated: 2021-06-09

Onset: 2021-06-10

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 - / IM

Administered by: School Purchased by: ?

Symptoms: Blood bilirubin increased, C-reactive protein increased, Differential white blood cell count, Electrocardiogram abnormal, Full blood count normal, Myocarditis, Red blood cell sedimentation rate normal, SARS-CoV-2 test negative, Troponin I increased

SMQs: Liver related investigations, signs and symptoms (narrow),

Acute pancreatitis (broad), Myocardial infarction (narrow),

Arrhythmia related investigations, signs and symptoms (broad),

Biliary system related investigations, signs and symptoms (narrow),

Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad), Immune-mediated/autoimmune disorders

(broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none  
Current Illness: none  
Preexisting Conditions:  
Allergies: amoxicillin  
Diagnostic Lab Data: seen on 6/13, EKG c/w pericarditis, abnl lab values: Tbili 1.6 mg/dL (remainder of CMP normal) troponin I 2.785 ng/mL CRP 17.9 mg/L ESR: 2 COVID PCR on day of presentation negative CBC with diff normal  
CDC Split Type:  
Write-up: myopericarditis

VAERS ID: 1407105 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-12  
Onset: 2021-06-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest discomfort, Dizziness, Dyspnoea, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Headache, Hyperhidrosis, Left ventricular dysfunction, Myalgia, Nausea, Neck pain, Respiratory viral panel, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ZADITOR

Current Illness: N/A

Preexisting Conditions: Anxiety

Allergies: NKA

Diagnostic Lab Data: EKG with ST elevation, Elevated troponin, RVP panel negative, Echo showing mildly decreased LV function, Cardiac MRI showing decreased LV function and signs of myocarditis

CDC Split Type:

Write-up: The night of vaccine, started to have nausea, lightheadedness, muscle aches. Progressed to neck pain and headache, and later to shortness of breath , chest tightness, and diaphoresis.

VAERS ID: 1407724 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-17

Onset: 2021-06-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Loss of consciousness, Unresponsive to stimuli

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: PATIENT PASSED OUT, AND WOULD NOT COME TO WHEN NAME WAS CALLED OR WHEN HE WAS SHAKEN. CALLED 911, ADMINISTERED EPIPEN, AND PREPARED TO PERFORM CPR (DID NOT NEED TO AS THE PATIENT CAME TO WITH

THE EPIPEN)

VAERS ID: 1407753 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-04  
Onset: 2021-06-11  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 1 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood creatine phosphokinase increased, Blood creatine phosphokinase normal, Chest pain, Echocardiogram abnormal, Electrocardiogram normal, Hypertension, Sigmoid-shaped ventricular septum, Troponin, Urine analysis normal, Ventricular hypertrophy SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypertension (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: reactive airway disease

Allergies: none

Diagnostic Lab Data: CPK: 144 U/L CKMB: 1.40 ng/mL (wnl) Troponin 5.0 pg/mL (wnl) UA: negative Echocardiogram: Normal cardiac anatomy, no evidence of coarctation of the aorta, concentric left ventricular hypertrophy with sigmoid shape of the septum at the base. Normal size and origin of the coronary arteries, normal biventricular systolic function, no valvar regurgitation, no pericardial effusion. ECG: normal ECG

CDC Split Type:

Write-up: Developed chest pain after vaccine. Went to PMD given heartburn meds. Came to hospital and found to have hypertension. BPs found to be 134-179/87-102. Chest pain improved with NSAIDS, rest of vitals stable. Afebrile and otherwise without complaint or abnormal physical exam findings.

VAERS ID: 1407815 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-16  
Onset: 2021-05-18  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: CSF pressure increased, Diplopia, Idiopathic intracranial hypertension, Lumbar puncture abnormal, Magnetic resonance imaging abnormal, VIth nerve paralysis, Venogram, Vision blurred

SMQs: Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Ocular motility disorders (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Wears glasses

Allergies: None

Diagnostic Lab Data: 6/13 Lumbar puncture with elevated pressure

6/13 MRI/MRV normal exam findings except for optic nerve edema

CDC Split Type:

Write-up: idiopathic intracranial hypertension with blurry and double vision secondary to cranial nerve 6 palsy

VAERS ID: 1407919 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-06-11  
Onset: 2021-06-13  
Days after vaccination: 2  
Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 UN / IM

Administered by: Public Purchased by: ?

Symptoms: Back pain, Brain natriuretic peptide increased, C-reactive protein, Chest discomfort, Chest pain, Cytomegalovirus test negative, Echocardiogram, Electrocardiogram ST segment elevation, Enterovirus test negative, Epstein-Barr virus test negative, HIV test negative, Hepatitis C antibody negative, Herpes simplex test negative, Pain, Red blood cell sedimentation rate increased, Respiratory viral panel, Troponin increased, White blood cell count increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Adderall and fluoxetine

Current Illness: URI/sold symptoms approximately the week of 5/28/21 with symptoms resolving within 5 days

Preexisting Conditions: ADHD and anxiety

Allergies: NKA

Diagnostic Lab Data: 6/14 troponin 1.21. 6/15 ED at other facility: troponin 3.83, WBC 10.4, ESR 21, CRP 1.2, BNP 123. EKG with ST elevation in V3 Transthoracic echo on 6/15: normal left and right ventricular size and qualitative function 6/16 troponin 1.71. 6/17 troponin 1.99 Transthoracic echo on 6/17: normal left and right ventricular size and qualitative function Negative viral studies between 6/15-6/17 to date include: CMV, EBV, enterovirus serum PCR, Hep C Ab, HIV, HSV, and viral respiratory panel. For additional medical records including results of pending studies, imaging reports, clinical notes, etc can be obtained by contacting the Hospital Medical Records Department.

CDC Split Type:

Write-up: Received second dose of Pfizer COVID 19 vaccine on 6/11/21. The night of Sunday 6/13/21, he developed back/neck aching, chest pain/pressure, and radiating pain down his left arm. Symptoms improved Monday morning with resolution of back/neck and arm pain but continued to have constant chest pain/pressure. Seen by PCP on 6/14 where labs were drawn which resulted on 6/15 and revealed elevated troponin. Patient directed to ED where EKG, labs concerning

for myocarditis then transferred to hospital ED. He continues to be hospitalized on the floor at hospital (no ICU stay required) now with improving cardiac markers.

VAERS ID: 1407965 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-05  
Onset: 2021-06-10  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER 8736 / 2 - / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis with elevated troponins

VAERS ID: 1409700 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route



COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Anaphylactic reaction, Dyspnoea, Off label use, Pharyngeal swelling, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NORDITROPIN; ANASTRAZOLE DENK; OLOPATADINE; XYZAL; ALLE

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Food allergy (many foods); Growth hormone decreased

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021654571

Write-up: broke out into hives; throat began to swell; breathing became difficult; anaphylaxis; patient age: 15; This is a spontaneous report from a contactable consumer (patient). A 15-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0217), dose 2 via an unspecified route of administration, administered in left arm on 03Jun2021 14:30 (at 15-year-old) as 2nd dose, single dose for COVID-19 immunization.

Medical history included low growth hormone production, and known allergies: many foods. Concomitant medications included somatropin (NORDITROPIN); anastrozole (ANASTRAZOLE DENK); olopatadine; levocetirizine dihydrochloride (XYZAL); diclofenac sodium, heparin sodium (ALLE). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient previously received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0173), via an unspecified route of administration, administered in left arm on 13May2021 17:30 (at 15-year-old) as 1st dose, single dose for COVID-19 immunization. On 03Jun2021 at 17:30, the patient experienced 3-4 hours after dose, broke out into hives. He took benadryl. Throat began to swell and breathing became difficult. He used epi-pen to stop anaphylaxis. The seriousness criteria of the events was reported as life threatening. The events resulted in doctor or other healthcare professional office/clinic visit. The outcome of the events hives, throat began to swell, breathing became difficult, anaphylaxis was recovering. Since the vaccination, the

patient had not been tested for COVID-19.

VAERS ID: 1409940 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-06  
Onset: 2021-06-07

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 LA / IM

Administered by: School Purchased by: ?

Symptoms: Chest pain, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Malaise, Myocarditis, Pericardial effusion, Pericarditis, Pyrexia, Troponin, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Doxycycline 100 mg BID, Differin Gel, Ritalin 20 mg BID

Current Illness: Viral upper respiratory illness 1-2 weeks prior to vaccine

Preexisting Conditions: Acne, ADHD

Allergies: Amoxicillin

Diagnostic Lab Data: EKG: ST elevation consistent with pericarditis. Echocardiogram: Trace posterior pericardial effusion. Troponins (ng/mL): 6/9/21 at 9:35AM: 12.51, 6/9/21 at 4:49PM: 12.55, 6/10/21 at 8:25AM: 5.53, 6/15/21 at 1:11PM: 0.04

CDC Split Type:

Write-up: Diagnosis: Acute myopericarditis. Presentation: Pt had typical post-vaccine side effects on 6/7/21 including fever and malaise. Also had intermittent mild substernal chest pain starting 6/7/21. Malaise and fever resolved by 6/8/21 but intermittent chest

pain continued to occur. Vomited x1 on 6/9/21 in early morning hours, which was followed by severe constant substernal chest pain, pain worse when lying down. Presented to medical care on 6/9/21, seen first via phone visit, then pediatric office visit, then sent to ED and admitted to hospital. Treatment: Naproxen 250 mg PO BID starting on 6/9/21, continues on this treatment as of 6/17/21. Outcome: Symptoms resolved on 6/9/21 after naproxen started, discharged home on 6/10/21. Doing well in outpatient without any complications.

VAERS ID: 1410144 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-14

Onset: 2021-06-17

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Echocardiogram normal, Electrocardiogram normal,  
Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Blue Dye; Yellow Dye; Corn; IV contrast

Diagnostic Lab Data: Troponin levels on 6/17 trended 2.26 - 3.67 -  
3.13 - 2.92 - 1.12 - 1.14. EKG and Echocardiogram 6/17 normal.

CDC Split Type:

Write-up: Myocarditis - symptoms appeared 2 days following the  
vaccine. Hospitalized with elevated troponin. Started on oral  
steroids with improvement in labs and symptoms after 24 hrs.

VAERS ID: 1410403 (history)

Form: Version 2.0

Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-15

Onset: 2021-06-18

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 2 LA / IM

Administered by: Military Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Electrocardiogram ST segment elevation, Myocarditis, Troponin

SMQs: Anaphylactic reaction (broad), Myocardial infarction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Bicuspid aortic valve, Seasonal allergies

Allergies: Artificial Fruit Flavors

Diagnostic Lab Data: EKG shows diffuse ST elevation. Troponin 3.73  
6/18/21

CDC Split Type:

Write-up: Chest Pain, shortness of breath. Myopericarditis. Transfer to hospital

VAERS ID: 1410428 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Michigan

Vaccinated: 2021-06-15

Onset: 2021-06-18

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 AR / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Electrocardiogram ST segment  
elevation, Pleuritic pain, Troponin I increased, Ultrasound scan  
normal  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Infective  
pneumonia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: methylphenidate 36 mg CR  
Current Illness: None  
Preexisting Conditions: None  
Allergies: No known allergies  
Diagnostic Lab Data: 6/18 - Troponin I 4,000, POCUS without  
pericardial effusion, ECG with diffuse STE  
CDC Split Type:  
Write-up: Pt presented with pleuritic chest pain, and shortness of  
breath.

VAERS ID: 1410459 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Intensive care, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Admission to the CICU with chest pain found to have ST elevation on EKG with concerns for myocarditis and pericarditis. Chest pain resolved with Toradol and morphine. Troponin elevated to 50 on admission and is being trended.

VAERS ID: 1410466 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-15  
Onset: 2021-06-17  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Myocarditis, Pericarditis, Red blood cell sedimentation rate increased, Troponin increased  
SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:

Other Medications: lexapro  
Current Illness: none  
Preexisting Conditions: anxiety  
Allergies: amoxicillin, azithromycin  
Diagnostic Lab Data: Troponin peaked at 25ng/mL on 6/18 (RR < 0.029), CRP was 13.6 mg/dL on 6/18 (RR < 1.0), ESR 34mm/h (RR < 15 mm/h). EKG on 6/18 showed diffuse ST segment elevation.  
Echocardiogram on 6/18 showed normal cardiac function with no evidence of pericardial effusion, normal coronary arteries  
CDC Split Type:  
Write-up: Patient experienced chest pain unrelated to activity and pericarditis and myocarditis approximately 48 hours post vaccination

VAERS ID: 1410832 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-04  
Onset: 2021-06-06  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, C-reactive protein increased, Chest pain, Echocardiogram abnormal, Ejection fraction decreased, Electrocardiogram ST segment abnormal, Left ventricular dysfunction, Myocarditis, Troponin increased  
SMQs: Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: I do not believe, but am not sure  
Preexisting Conditions: None

Allergies: Erythromycin  
Diagnostic Lab Data: See above.  
CDC Split Type:

Write-up: Patient received second COVID vaccine on 6/4. Chest pain developed on 6/6. He presented to hospital where EKG showed ST segment changes and troponin was elevated. he was transferred to our facility. In our emergency department his EKG was abnormal. His troponin was elevated, along with CRP, AST, and ALT. An echocardiogram on 6/7 showed moderately depressed LV systolic function (EF = 34%). He was admitted to the pediatric cardiology service. His picture was felt to be consistent with myopericarditis. During admission, he was treated with NSAIDs and lisinopril was initiated. Repeated echo on 6/9 showed normal LV systolic function. he was discharged home on 6/9 on ibuprofen and lisinopril with plan for pediatric cardiology follow up in 4-6 weeks. Given proximity of patient's onset of symptoms to the second Pfizer vaccine, and given similar cases reported in the literature, the chief concern is whether this patient's symptoms were related to the second Pfizer COVID vaccine. Please note, I did not care for this patient, but am reporting this case on behalf of the attending physician who cared for this patient while he was hospitalized.

VAERS ID: 1410923 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-09  
Onset: 2021-06-13  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0167 / 1	AR / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0178 / 2	AR / IM	

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Leukocytosis, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No



Previous Vaccinations:  
Other Medications: N/A  
Current Illness: N/A  
Preexisting Conditions: N/A  
Allergies: N/A  
Diagnostic Lab Data: Troponin elevated to 0.16 on 6/17/2021  
CDC Split Type:  
Write-up: Patient presented with four days of intermittent chest pain. Pain described as midline that worsens with eating, drinking, or lying down. Seen twice at hospital, found to have leukocytosis on 6/16/2021 and elevated troponins 6/17/2021. Transferred to hospital for ongoing monitoring.

VAERS ID: 1411034 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Electrocardiogram abnormal, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: Healthy  
Allergies: Sulfa  
Diagnostic Lab Data: EKG elevated troponin  
CDC Split Type:  
Write-up: myocarditis. transferred to hospital

VAERS ID: 1412447 (history)

Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-05-13  
Onset: 2021-06-04  
Days after vaccination: 22  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK RA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Heart rate increased, Viral test  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome  
(broad), Arrhythmia related investigations, signs and symptoms  
(broad), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Dehydration  
(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Adenoidectomy; Choanal atresia; Tonsillectomy

Allergies:

Diagnostic Lab Data: Test Date: 20210605; Test Name: Nasal Swab;

Test Result: Negative

CDC Split Type: USPFIZER INC2021656509

Write-up: Labored breathing; chest pains; fast heart rate; This is a  
spontaneous report from a contactable consumer reported for himself.  
A 16-years-old male patient received BNT162B2 (PFIZER-BIONTECH  
COVID-19 VACCINE) via an unspecified route of administration,  
administered in Arm Right on 13May2021 11:30 AM as unknown, single  
(at age of 15-years-old) for covid-19 immunisation. The patient did  
not receive any other vaccines within 4 weeks prior to the COVID  
vaccine. No other medications the patient received within 2 weeks of  
vaccination. Medical history included choanal atresia, tonsils and  
adenoids removed, ear tags. Prior to vaccination, the patient was  
not diagnosed with COVID-19. Concomitant medications were none. On  
04Jun2021 09:00, the patient experienced labored breathing, chest  
pains, fast heart rate. The adverse events resulted in emergency  
room/department or urgent care, hospitalization for 2 days. The

adverse events received treatment included Aspirin, Ibuprofen. The patient underwent lab tests and procedures which included Nasal Swab: negative on 05Jun2021. Outcome of the event was not recovered. Information on the lot/batch number has been requested.

VAERS ID: 1412622 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: New York

Vaccinated: 2021-06-14  
Onset: 2021-06-18  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Asthma  
Allergies: Cinnamon, Penicillin  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: chest pain/myocarditis with elevated troponins.

VAERS ID: 1413465 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-16  
Onset: 2021-06-18  
Days after vaccination: 2  
Submitted: 0000-00-00

Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8731 / 2 RA / IM

Administered by: Public Purchased by: ?

Symptoms: Arrhythmia, Blood creatinine increased, Brain natriuretic peptide increased, C-reactive protein increased, Cardiac telemetry abnormal, Chest X-ray normal, Chest pain, Coagulation test normal, Differential white blood cell count abnormal, Echocardiogram abnormal, Fatigue, Fibrin D dimer normal, Full blood count abnormal, Intensive care, Liver function test normal, Lymphocyte count, Lymphopenia, Mitral valve incompetence, Myocarditis, Pain, Procalcitonin, Pyrexia, Tachycardia, Troponin increased, Ventricular tachycardia

SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Chronic kidney disease (broad), Myelodysplastic syndrome (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: melatonin 10 mg gummy at bedtime

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Initial testing showed elevated and rising troponin levels and BNP with beats of Vtach on telemetry. see above for results. Multiple tests ordered upon transfer to ICU as part of work up.

CDC Split Type:

Write-up: 15 yo male with myocarditis following 2nd dose of pfizer COVID-19 vaccine. He reports that he received the Pfizer COVID-19 vaccine on 6/16/21. In the 1-2 days following the vaccine he experienced fatigue, body aches, and fever to Tmax 101F. Family

treated this with anti-pyretics. On 6/18 he started having a pain in his left chest. He was again febrile at that time. On the day of admission his chest pain was worse and he was experiencing pain all over his body. He was noted to be tachycardic in the ED. His initial labs showed a modestly elevated BNP to 593 with a markedly elevated troponin to 1233. CRP was mildly elevated at 3.8. Electrolytes were unremarkable as were LFTs. CBC w/ diff showed an absolute lymphopenia with ALC of 1000 but was otherwise unremarkable. D-Dimer was normal. He was admitted initially to hospital medicine and then was transferred to the ICU due to concern for risk of developing a cardiac arrhythmia. An echocardiogram done showed trace mitral regurgitation but was otherwise normal with normal LV function. CXR was fairly unremarkable. Coags are normal. Repeat electrolytes showed a slight bump in his creatinine. LFTs largely unchanged and procalcitonin of 0.16. He does have a past medical history of PCR proven COVID-19 disease in December 2020.

VAERS ID: 1415092 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Mississippi

Vaccinated: 2021-06-17  
Onset: 2021-06-19  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Cardiac imaging procedure abnormal, Chest pain, Electrocardiogram ST segment elevation, Pericarditis, Red blood cell sedimentation rate increased, Troponin SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/20/21 Troponin: 1.39 6/20/21 EKG with diffuse ST segment elevation (by report) 6/20/21 CRP: 4.62 6/20/21 ESR: 21 6/21/21 Cardiac MRI: Pericarditis, no evidence of myocarditis

CDC Split Type:

Write-up: He developed chest pain two days after vaccination. The chest pain was worse with laying flat.

VAERS ID: 1415476 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Washington

Vaccinated: 2021-06-07

Onset: 2021-06-10

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 UN / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Echocardiogram abnormal,

Myocarditis, Troponin I increased, Ultrasound Doppler

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),

Drug reaction with eosinophilia and systemic symptoms syndrome

(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Intermittent asthma

Allergies:

Diagnostic Lab Data: Troponin I lab test performed 06/11/21: 9511 ng/L Troponin I lab test performed 06/12/21: 8742 ng/L ECHO Complete performed 06/11/2021: Pediatric/Congenital TTE Procedure:2D

Echocardiogram, Color Doppler, Complete Doppler. Procedure Date

Date: 06/11/2021 Start: 02:09 PM Indications: Acute Myocarditis.

Technical Quality: Adequate visualization Study Location: Patient

Status: Routine Height: 185 cm Weight: 95.4 Kg BSA: 2.23 m<sup>2</sup> BMI: 27.87

kg/m<sup>2</sup> Rhythm: Normal Sinus Rhythm HR: 53 bpm BP: 108/61 mmHg

Interpretation Summary Normal cardiac structure and systolic

function. Findings Situs/Segments/Connections Cardiac position is

levocardia associated with normal segmental cardiac connections (SDS). Systemic and Pulmonary Veins Systemic and pulmonary vein connections are normal. Atrial Chambers and Septum Right and left atrial morphology and dimensions are normal. The atrial septum is intact by 2D and color flow imaging. Atrioventricular Valves Normal tricuspid valve size, morphology and function. Physiologic tricuspid valve regurgitation. Normal mitral valve size, morphology and function. Normal mitral inflow Doppler profile. No pathologic mitral valve regurgitation noted. Ventricular Chambers and Septum Normal RV/LV morphology, dimensions and wall thickness. Intact ventricular septum by 2D and color flow imaging. Ventricular Function Right ventricular function is qualitatively normal. Normal left ventricular systolic and diastolic function. No regional wall motion abnormalities are seen. LV global longitudinal strain (GLS) is -15.7 % from 3 apical view(s) using TomTec software. Pulmonary Valve and RVOT Normal pulmonic valve structure and function. Normal pulmonary valve and RVOT flow by color and Doppler flow imaging. Aortic Valve and LVOT Aortic valve and LVOT are structurally normal. Normal aortic valve flow by color and Doppler imaging. No aortic valve regurgitation. Coronary Arteries Normal proximal coronary artery origins and flow by 2D and color flow imaging. Great Arteries Normal main and branch pulmonary arteries by 2D, color and Doppler imaging. Left aortic arch associated with normal brachiocephalic branching. Aortic arch is normal size with normal flow by color and Doppler imaging. No evidence of coarctation. No PDA visualized by 2D or color flow imaging. No vascular rings or slings documented. Fluid/ID/Lines/Masses No pericardial or pleural effusions. No evidence of vegetations, thrombus or cardiac masses. No catheters are seen. Hemodynamics Estimated RVSP based on the peak TR gradient is 15.4 mmHg plus RA pressure. Other Measurements and calculations provided in the report sections maybe incomplete. Additional m-mode, 2D, Doppler, Doppler tissue, strain, and other hemodynamic assessments performed and documented within the image viewer. Valves Tricuspid Valve TR velocity:196.59 cm/s TR gradient:15.46 mmHg Pulmonic Valve Peak velocity: 114.43 cm/s Peak gradient: 5.24 mmHg RVOT Peak gradient: 1.01 mmHg Mitral Valve Peak A-Wave: 34.09 cm/s Peak E-Wave: 97.95 cm/s E/A Ratio: 2.87 Aortic Valve Peak velocity: 126.5 cm/s Peak gradient: 6.4 mmHg LVOT Mean velocity: 56.81 cm/s Mean gradient: 1.53 mmHg Peak velocity: 86.21 cm/s Peak gradient: 2.97 mmHg LVOT diameter: 2.21 cm LVOT VTI: 18.58 cm Structures Left Atrium LA dimension: 3.4 cm LA/Aorta: 1.19 Left Ventricle Diastolic dimension: 4.57 cm Systolic dimension: 2.95 cm Septum diastolic: 1.11 cm PW diastolic: 1.09 cm EF calculated: 64.9 % FS: 35.5 % LVEDV:95.63 ml EF Teicholz:65 % LVESV:33.6 ml LVEDV index:43 ml/m<sup>2</sup> LVESV index:15 ml/m<sup>2</sup> CO: 3.78 l/min CI: 1.7 l/min/m<sup>2</sup> Right Ventricle TAPSE2.3 cm Vessels Aorta Root diameter:2.86 cm Z Score Measurement Value Range Z Measurement Value Range Z LVDD: \*4.57 cm (4.65-6.28) -2.14 LVSD: 2.95 cm (2.74-4.35) -1.45 LV septum diastolic: 1.11 cm (0.75-1.42) 0.12 LV PW diastolic: 1.09 cm (0.74-1.3) 0.5 Aortic root: 2.86 cm (2.46-3.79) -0.77 Signature

----- Electronically signed by MD.

CDC Split Type:

Write-up: Chest pain, elevated Troponin I

VAERS ID: 1417159 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-15  
Onset: 2021-06-08  
Days after vaccination: 24  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0167 / 1	- / -	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0182 / 2	- / -	

Administered by: Private Purchased by: ?  
Symptoms: Cardiac imaging procedure abnormal, Chest pain, Dyspnoea, Echocardiogram abnormal, Ejection fraction decreased, Electrocardiogram T wave abnormal, Myocardial oedema, Myocarditis, Pleuritic pain, Pulmonary valve incompetence, Tricuspid valve incompetence, Troponin increased  
SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data:  
CDC Split Type:

Write-up: 15 yo male with history of asthma who presented to the ED on 6/5 with pleuritic chest pain and shortness of breath and admitted for further evaluation and management for suspected COVID vaccine associated myocarditis. Elevated troponin levels peaked 9.12 on 06/06/21, but on discharge decreased to 0.51. Pleuritic pain was



also improved on 6/8. Echo demonstrated mild tricuspid valve insufficiency and trivial pulmonary valve insufficiency, but otherwise normal function. EKG on 06/06 with nonspecific T-wave abnormality, likely related to myocarditis. Follow EKG was stable from 6/6. Cardiac MRI was read preliminarily and had evidence of edema, but good LV function and an LVEF of 61%.

VAERS ID: 1417194 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-06-17  
Onset: 2021-06-18  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: Aphasia, Bacterial infection, Borrelia test, CSF glucose normal, CSF protein increased, CSF red blood cell count positive, CSF white blood cell count increased, Computerised tomogram head normal, Cytomegalovirus test, Cytotoxic oedema, Depressed level of consciousness, Drug screen negative, Dysarthria, Electroencephalogram abnormal, Encephalopathy, Enterovirus test, Epstein-Barr virus test, Headache, Herpes simplex test, Human herpes virus 6 serology, Intensive care, Magnetic resonance imaging head abnormal, Metabolic disorder, Nausea, Nervous system disorder, Neurological examination abnormal, Unresponsive to stimuli, Viral infection, Viral test, Vomiting, West Nile virus test

SMQs: Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: Loritadine, Zoloft and Trazadone

Current Illness: Tick bite about 1.5 months prior.

Preexisting Conditions: Anxiety and depression

Allergies: Azithromycin

Diagnostic Lab Data: On 6/20/2021 she had a normal CT of the head, negative comprehensive drug screen, LP with elevated opening pressure of 34, CSF protein elevated at 270, CSF RBC 700, CSF glucose 51 and CSF WBC 910 (84 segmented neutrophils, 6 lymphocytes and 10 monocytes). The CSF was sent for several studies including HSV PCR (negative), Enterovirus PCR (uninterpretable due to interfering substance), CMV PCR, EBV PCR, HHV-6 PCR, Lyme antibody, West Nile antibodies, Arbovirus panel, and Jamestown Canyon Virus. She had a partial MRI on 06/20/2021 because of patient motion but it showed "Nonspecific restricted diffusion in the centrum semiovale and corpus callosum. These findings at the corpus callosum in have been described with cytotoxic edema secondary to multiple etiologies. Differential considerations include, but not limited to, bacterial and viral infectious processes and toxic/metabolic etiologies." An MRI done on 6/21/2021 showed " Interval decrease in the extent of the cytotoxic lesion of the corpus callosum posteriorly. There is been resolution of involvement in the deep white matter. Differential remains unchanged. There are no other interval changes." The MRA/MRV was normal. The EEG on 06/20/2021 showed "This routine awake and sleep EEG is abnormal due to following: - Poor or lack of common background organization, diffuse background slowing, poorly sustained posterior dominant rhythm and/or sleep architecture, suggestive of diffuse cerebral dysfunction, or encephalopathy, nonspecific to etiology. - Focal slowing noted in bilateral frontal areas, suggestive of underlying focal cerebral dysfunction in the above head region(s). No seizures were recorded during the study."

CDC Split Type:

Write-up: Patient had Pfizer COVID-19 vaccines on 5/27/2021 and 6/17/2021. On the evening of 06/18/2021 she started having headache with nausea and vomiting. Over that weekend she progressively got worse with slurred speech and then aphasia although she could still follow commands. She was then seen in the emergency department where she was then transferred to emergency department. There she was noted to have deterioration in her neurologic exam with inability to follow commands. She was then transferred to Hospital where she became more obtunded and encephalopathic and was transferred to the.

VAERS ID: 1417233 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Illinois

Vaccinated: 2021-06-18

Onset: 2021-06-21  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: C-reactive protein decreased, Chest pain, Echocardiogram normal, Electrocardiogram normal, Pericarditis, Red blood cell sedimentation rate increased, Troponin  
SMQs: Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: EKG on 06/21/2021 normal sinus rhythm with ventricular rate of 79, PR 138, QRS of 96, QTC of 431. No PR depression or diffuse ST elevation. Normal echo without effusion on 6/21/2021. Troponin 6/21 at 1445: 100. Troponin 6/21 at 2006: 104. Troponin 6/22 at 0916: 88. C-Reactive Protein 6/21 at 1007: 0.64. ES R 6/21 at 1007: 16.  
CDC Split Type:  
Write-up: Chest pain leading to hospital admission on 6/21/2021. Pediatric cardiology diagnosed the patient with acute pericarditis as of 6/22/2021.

VAERS ID: 1417620 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-05  
Onset: 2021-06-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Borrelia test negative, Brain natriuretic peptide normal, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Enterovirus test negative, Human rhinovirus test positive, Troponin increased, Troponin normal, Viral test positive  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: No known illnesses. He did test positive for rhinovirus/enterovirus by PCR at the time of admission. However, individual PCR for enterovirus was negative.

Preexisting Conditions: none

Allergies: Cefdinir

Diagnostic Lab Data: EKG: 6/6/21: normal, 6/7/21: mild ST elevation, repeat on 6/7/21: normal Echo: 6/7/21: normal Troponin: Component 6/8/2021 6/8/2021 6/8/2021 6/7/2021 7:32 PM 12:20 PM 4:10 AM 8:10 PM Troponin I High Sensitivity 782 (HH) 820 (HH) 1,911 (HH) 1,483 (HH) Component 6/7/2021 6/7/2021 6/6/2021 6/6/2021 12:00 PM 6:10 AM 9:22 PM 8:17 PM Troponin I High Sensitivity 454 (HH) 68 (H) 25 (H) 28 (H) CDC Split Type:

Write-up: presented with acute chest pain on 6/6/21. He had an EKG that showed ST elevation, that resolved on follow up testing. He had an ECHO that did not show an acute disease. Troponin started at 28 pg/mL, peaked to 1911 pg/mL on 6/7/21 and came down to 782 pg/mL on 6/8/21 prior to discharge. He was treated with ibuprofen. The chest pain resolved and he was sent home with outpatient follow up on ibuprofen. BNP remained within normal limits. He underwent full viral testing including Lyme antibodies as there was a concern for a tick. The only positive test was the Rhinovirus/Enterovirus NP PCR. There were no signs of viral illness. No coughing, congestion, rash, joint pain, N/V/D.

VAERS ID: 1417660 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Washington

Vaccinated: 2021-06-18

Onset: 2021-06-18

Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Immunoglobulin therapy, Left ventricular dysfunction, Myocarditis,  
Troponin increased  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Penicillin  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Presented with chest pain, elevated troponin, and diffuse  
ST segment elevation. Found to have myocarditis with decreased LV  
function. Now status post IVIG and is receiving steroids.

VAERS ID: 1417735 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Alabama

Vaccinated: 2021-06-18  
Onset: 2021-06-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase increased, Chest discomfort,  
Electrocardiogram ST segment elevation, Pericarditis, Pyrexia,  
Troponin

SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: ck 2100, trop 2200, ekg mild st elevation consistent with pericarditis

CDC Split Type:

Write-up: fever, mild chest discomfort

VAERS ID: 1417959 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: California

Vaccinated: 2021-06-08

Onset: 2021-06-12

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Asthenia, Dizziness, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment abnormal, Electrocardiogram repolarisation abnormality, Myocarditis, Nausea, Pyrexia, Rash, Rash pruritic, Troponin, Urticaria

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and

systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: An echo on admission showed low normal function with no pericardial effusion. EKG performed showed early repolarization changes in anterolateral leads. In the setting of ST segment changes and troponin leak, diagnosis consistent with myopericarditis. He was started on scheduled motrin, and his troponin was trended and began downtrending prior to discharge. Rash and shortness of breath resolved by time of discharge. Cardiac MRI will be completed as outpt  
CDC Split Type:  
Write-up: Patient is a 15 y.o. male presenting for 5 days of symptoms following his second dose of Pfizer SARS CoV 2 vaccine culminating in an urticarial rash which prompted him to present to emergency department. Patient received the second dose of the Pfizer vaccine on June 8 (first dose was administered on may 17 without symptoms). The next day (June 9) he complained of nausea and subjective fever. On June 10 he complained of chest "weakness" and shortness of breath intermittently. He had also mild light headedness but no syncope or palpitations. All those symptoms resolved by June 11. However, he had a diffuse rash on extremities, pruritic, and non-exudative.

VAERS ID: 1420167 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-13  
Onset: 2021-06-16  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Ejection fraction

decreased, Immunoglobulin therapy, Intensive care, Myocarditis, Nausea, Troponin increased

SMQs: Cardiac failure (narrow), Acute pancreatitis (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Autism spectrum disorder

Allergies: Amoxicillin

Diagnostic Lab Data: see above #18

CDC Split Type:

Write-up: Started with chest pain and nausea 6/16/21 morning.

Transported to Emergency Department due to recent news of possible

vaccine side effects. Troponins found 11.47. Transported to

Pediatric ICU for monitoring. Stable and resolved chest pain. Was

monitored with peak troponin 44.96 on 2nd day of admission. Found to

have myopericarditis, ECHO initially 56% ejection fraction on 6/16-

55% on 6/22. Troponins downtrended after intravenous

immune globulin given twice. Troponin 0.54 6/22 (repeat one pending)

prior to discharge.

VAERS ID: 1419215 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Virginia

Vaccinated: 2021-06-15

Onset: 2021-06-18

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0181 / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Adenovirus test, Alanine aminotransferase normal, Anion

gap decreased, Aspartate aminotransferase increased, Basophil count

decreased, Basophil percentage, Blood albumin decreased, Blood

alkaline phosphatase normal, Blood bilirubin normal, Blood calcium

decreased, Blood chloride normal, Blood creatine phosphokinase MB



increased, Blood creatine phosphokinase increased, Blood creatinine increased, Blood glucose normal, Blood phosphorus normal, Blood potassium normal, Blood sodium normal, Blood urea normal, Brain natriuretic peptide increased, Bundle branch block right, C-reactive protein increased, Carbon dioxide normal, Cardiac telemetry normal, Chest pain, Chlamydia test negative, Coronavirus test negative, Differential white blood cell count, Echocardiogram abnormal, Ejection fraction decreased, Electrocardiogram, Electrocardiogram PR interval, Electrocardiogram QT interval, Electrocardiogram RR interval, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Enterovirus test, Eosinophil count decreased, Eosinophil percentage, Full blood count, Haematocrit normal, Haemoglobin normal, Human metapneumovirus test, Human rhinovirus test, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, Injection site pain, Intensive care, Lymphocyte count normal, Lymphocyte percentage increased, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Metabolic function test, Monocyte count decreased, Monocyte percentage increased, Mycoplasma test negative, Neutrophil count normal, Neutrophil percentage decreased, Platelet count normal, Polymerase chain reaction, Protein total normal, Pyrexia, QRS axis, Red blood cell count normal, Red blood cell nucleated morphology, Red cell distribution width normal, Respiratory syncytial virus test negative, Respiratory viral panel, Respirovirus test, Sinus arrhythmia, Sinus rhythm, Troponin I increased, Viral test negative, White blood cell count normal  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Conduction defects (narrow), Retroperitoneal fibrosis (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: No known chronic health conditions

Allergies: None

Diagnostic Lab Data: EKG 12 lead Collection Time: 06/18/21 6:12 PM  
Result Value Ref Range Heart Rate 84 bpm R-R Interval ms QRSD  
Interval 98 ms QT Interval 377 ms QTC Interval ms P Axis 38 deg QRS  
Axis deg T Wave Axis deg P-R Interval 137 ms EKG Interpretation

----- Pediatric ECG interpretation

----- EKG Interpretation Sinus rhythm Troponin I

Collection Time: 06/18/21 6:16 PM Result Value Ref Range Troponin I  
20.68 (H) <0.02 ng/mL Comprehensive metabolic panel Collection Time:  
06/18/21 6:16 PM Result Value Ref Range Sodium 140 136 - 145 mmol/L  
Potassium 4.0 3.4 - 4.8 mmol/L Chloride 105 98 - 107 mmol/L CO2 24  
20 - 28 mmol/L Bun 12 8 - 21 mg/dL Creatinine 0.9 0.7 - 1.0 mg/dL  
Glucose 94 74 - 99 mg/dL Calcium 8.2 (L) 8.5 - 10.5 mg/dL Total  
Protein 6.4 6.0 - 8.0 g/dL Albumin 3.8 3.2 - 5.2 g/dL Total  
Bilirubin 0.4 0.3 - 1.2 mg/dL Alk Phos 120 <750 U/L Ast 111 (H) <35  
U/L Alt 26 <55 U/L Anion Gap 11 5 - 15 mmol/L Result Value Ref Range  
Phosphorus 4.9 3.5 - 6.7 mg/dL C-reactive protein Collection Time:  
06/18/21 6:16 PM Result Value Ref Range C-Reactive Protein 3.7 (H)  
<0.5 mg/dL Creatine Kinase, MB (CKMB) (Grant) Collection Time:  
06/18/21 6:16 PM Result Value Ref Range Ck Total 1,041 (H) 30 - 300  
U/L Ck Mb 66.8 (H) <7.2 ng/mL Potassium Whole Blood 4.1 3.5 - 4.5  
mmol/L Respiratory Pathogens PCR Panel Collection Time: 06/18/21  
11:21 PM Specimen: Nasopharynx; Swab Result Value Ref Range  
Adenovirus None Detected None Detected Coronavirus None Detected  
None Detected Human Metapneumovirus None Detected None Detected  
Rhinovirus/Enterovirus None Detected None Detected Influenza A None  
Detected None Detected Influenza B None Detected None Detected  
Parainfluenza 1 None Detected None Detected Parainfluenza 2 None  
Detected None Detected Parainfluenza 3 None Detected None Detected  
Parainfluenza 4 None Detected None Detected Respiratory Syncytial  
Virus A None Detected None Detected Respiratory Syncytial Virus B  
None Detected None Detected Mycoplasma pneumoniae None Detected None  
Detected Chlamydia pneumoniae None Detected None Detected Troponin I  
Collection Time: 06/18/21 11:21 PM Result Value Ref Range Troponin I  
22.82 (H) <0.02 ng/mL Creatine Kinase, MB (CKMB) (Grant) Collection  
Time: 06/18/21 11:21 PM Result Value Ref Range Ck Total 731 (H) 30 -  
300 U/L Ck Mb 40.7 (H) <7.2 ng/mL Troponin I Collection Time:  
06/19/21 5:35 AM Result Value Ref Range Troponin I 21.69 (H) <0.02  
ng/mL CBC with Differential Collection Time: 06/19/21 5:35 AM Result  
Value Ref Range WBC 6.62 4.40 - 8.10 k/uL RBC 4.49 (L) 4.60 - 6.20  
M/uL Hemoglobin 13.9 (L) 14.0 - 18.0 g/dL Hematocrit 40.9 40.0 -  
52.0 % MCV 91.1 83.0 - 95.0 fL MCH 31.0 28.0 - 32.0 pg MCHC 34.0  
32.0 - 36.0 g/dL RDW 12.1 11.0 - 14.0 % MPV 10.4 9.0 - 12.0 fL  
Platelets 240 150 - 450 k/uL Lymphocytes Percent 46.2 % Lymphocytes  
Abs 3.06 1.40 - 3.30 K/UL Monocytes Percent 12.1 % Monos Abs 0.80  
0.00 - 1.00 k/uL Eosinophils Percent 2.0 % Eosinophils Absolute 0.13  
0.00 - 0.60 k/uL Basophils Percent 0.5 % Basophils Absolute 0.03  
0.00 - 0.20 k/uL Nucleated RBC Percent 0.0 % Nucleated RBC Abs 0.00  
k/uL Neutrophils, Percent Calculated 39.2 % Neutrophils, Absolute  
Calculated 2.60 1.80 - 8.00 k/uL Comprehensive metabolic panel  
Collection Time: 06/19/21 5:35 AM Result Value Ref Range Sodium 142  
136 - 145 mmol/L Potassium 4.2 3.4 - 4.8 mmol/L Chloride 108 (H) 98  
- 107 mmol/L CO2 23 20 - 28 mmol/L Bun 13 8 - 21 mg/dL Creatinine  
0.9 0.7 - 1.0 mg/dL Glucose 96 74 - 99 mg/dL Calcium 8.7 8.5 - 10.5

mg/dL Total Protein 6.2 6.0 – 8.0 g/dL Albumin 3.7 3.2 – 5.2 g/dL  
Total Bilirubin 0.4 0.3 – 1.2 mg/dL Alk Phos 113 <750 U/L Ast 73 (H)  
<35 U/L Alt 24 <55 U/L Anion Gap 11 5 – 15 mmol/L B Type Natriuretic  
Peptide (BNP) Collection Time: 06/19/21 5:35 AM Result Value Ref  
Range BNP 125 (H) <13 pg/mL Creatine Kinase, MB (CKMB) (Grant)  
Collection Time: 06/19/21 5:35 AM Result Value Ref Range Ck Total  
499 (H) 30 – 300 U/L Ck Mb 21.4 (H) <7.2 ng/mL EKG 12 lead  
Collection Time: 06/19/21 8:51 AM Result Value Ref Range Heart Rate  
67 bpm R-R Interval ms QRSD Interval 100 ms QT Interval 359 ms QTC  
Interval ms P Axis 42 deg QRS Axis deg T Wave Axis deg P-R Interval  
148 ms EKG Interpretation ----- Pediatric ECG  
interpretation ----- EKG Interpretation Sinus  
arrhythmia EKG Interpretation Incomplete right bundle branch block  
Creatine Kinase, MB (CKMB) (Grant) Collection Time: 06/19/21 12:05  
PM Result Value Ref Range Ck Total 342 (H) 30 – 300 U/L Ck Mb 13.0  
(H) <7.2 ng/mL Troponin I Collection Time: 06/19/21 12:05 PM Result  
Value Ref Range Troponin I 11.75 (H) <0.02 ng/mL Creatine Kinase, MB  
(CKMB) (Grant) Collection Time: 06/19/21 5:14 PM Result Value Ref  
Range Ck Total 273 30 – 300 U/L Ck Mb 8.9 (H) <7.2 ng/mL Troponin I  
Collection Time: 06/19/21 5:14 PM Result Value Ref Range Troponin I  
8.10 (H) <0.02 ng/mL Creatine Kinase, MB (CKMB) (Grant) Collection  
Time: 06/20/21 8:57 AM Result Value Ref Range Ck Total 153 30 – 300  
U/L Ck Mb 3.1 <7.2 ng/mL Troponin I Collection Time: 06/20/21 8:57  
AM Result Value Ref Range Troponin I 5.92 (H) <0.02 ng/mL  
Comprehensive metabolic panel Collection Time: 06/20/21 8:57 AM  
Result Value Ref Range Sodium 144 136 – 145 mmol/L Potassium 4.1 3.4  
– 4.8 mmol/L Chloride 107 98 – 107 mmol/L CO2 24 20 – 28 mmol/L Bun  
11 8 – 21 mg/dL Creatinine 0.9 0.7 – 1.0 mg/dL Glucose 86 74 – 99  
mg/dL Calcium 8.9 8.5 – 10.5 mg/dL Total Protein 6.9 6.0 – 8.0 g/dL  
Albumin 4.0 3.2 – 5.2 g/dL Total Bilirubin 0.3 0.3 – 1.2 mg/dL Alk  
Phos 127 <750 U/L Ast 34 <35 U/L Alt 23 <55 U/L Anion Gap 13 5 – 15  
mmol/L

CDC Split Type:

Write-up: Admitted on 6/18 with fever, pain at injection site and  
chest pain. Evaluated at local ED, found to have an elevated  
troponin to 12 and ST elevation in anterolat leads by report on EKG.  
An ECHO was obtained and revealed decreased EF to 47% and he was  
transferred to our hospital, initially monitored with telemetry,  
troponin levels every 6 hours and started on scheduled ibuprofen.  
Troponin peaked at 22.82 first hospital night on 6/18, then down-  
trending. Telemetry was without any ectopy. Symptoms improved and  
hemodynamically stable throughout his PICU course. Transferred to  
the pediatric floor on 6/19, continued to do well. Discharged on  
6/20 with troponin of 5.92 ng/mL and EF of 55-60% on ECHO.

VAERS ID: 1419924 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-04  
Onset: 2021-06-06

Days after vaccination: 2

Submitted: 0000-00-00  
Entered: 2021-06-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 2 LA / -  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis, SARS-CoV-2 test  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 7 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210607; Test Name: Covid test type post vaccination=Nasal swab; Test Result: Negative  
CDC Split Type: USPFIZER INC2021702216  
Write-up: Sent to ER and placed in ICU for 7 days with Myocarditis; This is a spontaneous report from a contactable consumer (parent). A 15-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration, administered in left arm on 04Jun2021 09:00 AM (Batch/Lot Number: EW0186) (at age of 15 years old) as 2ND DOSE, SINGLE for covid-19 immunisation at Hospital. The patient medical history was not reported. No known allergies for the patient. The patient did not have COVID prior vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. The patient previous took first dose of Pfizer COVID 19 vaccine on 14May2021 at 09:00 AM administered in left arm (lot number=ER8736) for covid-19 immunisation and no reaction on previous exposure to drug. The patient was sent to ER and placed in ICU for 7 days with myocarditis on 06Jun2021 with outcome of not recovered. The event was resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Prolongation of existing hospitalization (vaccine received during existing hospitalization), Life threatening illness (immediate risk of death from the event). The treatment for event included IV prednisone. Since the vaccination, the patient performed Nasal Swab covid test on 07Jun2021 with negative result. The reporter classified the event as serious for seriousness criteria-Life threatening and Caused/prolonged hospitalization.

VAERS ID: 1420584 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Connecticut

Vaccinated: 2021-05-20  
Onset: 2021-05-24

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNSURE / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Dizziness, Fatigue, Fibrin D dimer increased, Haemoglobin decreased, Headache, Heavy menstrual bleeding, Menstrual disorder, Palpitations, Transfusion, Vaginal haemorrhage

SMQs: Haematopoietic erythropenia (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Sprintec

Current Illness: none

Preexisting Conditions: Obesity PCOS

Allergies: none

Diagnostic Lab Data: Sent to ED to r/o PE, found to have elevated D-dimer, very low Hgb and requiring blood transfusions

CDC Split Type:

Write-up: 4-5 days after dose # 1 she started with heavier than usual vaginal bleeding, passing clots, persisting in the 10-15 days following with dizziness, HA, fatigue, heart racing

VAERS ID: 1421070 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-15

Onset: 2021-06-19

Days after vaccination: 4

Submitted: 0000-00-00  
Entered: 2021-06-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: QVAR Cymbalta Melatonin  
Current Illness:  
Preexisting Conditions:  
Allergies: NKDA  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: post-covid myocarditis with troponin leak

VAERS ID: 1421124 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
IW0196 / 2 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood creatine phosphokinase MB increased, Blood creatine  
phosphokinase increased, Cardiac imaging procedure abnormal, Chest  
X-ray normal, Chest pain, Discomfort, Echocardiogram normal,  
Electrocardiogram normal, Headache, Hypoaesthesia, Intensive care,  
Myocarditis, Nausea, Pain, Pain in extremity, Paraesthesia,  
Pericarditis, Pyrexia, Sleep disorder, Troponin increased,  
Ultrasound kidney normal, Vomiting  
SMQs:, Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad),  
Peripheral neuropathy (broad), Neuroleptic malignant syndrome  
(broad), Systemic lupus erythematosus (broad), Myocardial infarction

(narrow), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin, Vitamin D, Vitamin C, Zinc, Melatonin

Current Illness: No

Preexisting Conditions: No

Allergies: No

Diagnostic Lab Data: ECHO: Normal anatomy and function. Difficult windows EF 63% LVM 159 g /75.6 g BSA EDV135 ml LVED 5.3 IVS d 8 mm LVPW d 8mm 52.3 g/cm wall stress BSA 2.16 . No pericardial effusion.

Renal US: (previous) : normal CXR: Normal ECG: Normal MRI: + for pericarditis/myo. Normal EF . Trivial pericardial fluid

CDC Split Type:

Write-up: days of left arm and 1 day of acute left side chest pain following 2nd administration of COVID-19 vaccine. Patient reports that 3 days ago, he received the 2nd COVID-19 vaccination (Pfizer ) in his left anterior deltoid area. Following this he developed diffuse body aches and headaches. On day prior to admission, patient developed fever at home with T-max 101.8? F. after going to sleep, he was awoken with nausea. Patient experienced episodes of vomiting, which he reported mostly consist of water, and also reported left arm and left chest pain at this time. He reports the pain felt like pressure and was a severity of 9/10. Patient also experienced numbness and tingling in his left hand. He attempted to take Tums and Motrin at home with mild relief of symptoms. Mother then brought patient in to Emergency Room. Patient denies syncope, no palpitations, pain does not worsen with deep breathing, pain unchanged by position.. emergency department course: Presented with temperature 99.7? F, heart rate 92, blood pressure 138/90, saturating 98% on room air. Laboratory work revealed elevated troponin, elevated CK-MB, and elevated creatine kinase. Chest x-ray was performed which was normal. EKG revealed normal sinus rhythm. Patient was transferred to our emergency room and subsequently admitted to the floor. Hospital Course: He was evaluated in Hospital Emergency Room and admitted to the floor for more close monitoring. His repeat labs showed elevated troponin and an echocardiogram was unremarkable. In view of the elevated troponin was case was discussed with the cardiologist who recommended a cardiac MRI which was performed which did reveal myocarditis, pericarditis. In view of

this ICU service is consulted for admission closer monitoring further evaluation management.

VAERS ID: 1421186 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-08

Onset: 2021-06-11

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram T wave inversion, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Noone

Preexisting Conditions: Exercise Induced Asthma

Allergies: None

Diagnostic Lab Data: ECG with ST segment elevations and T wave inversions in inferior leads. Troponin peaked at 10.18 ng/mL and down trended prior to discharge . Cardiac MR demonstrated patchy delayed enhancement in the inferolateral and lateral segments extending from the base to the apex of the heart corresponding with elevated T2 hyperintensities. Normal ventricular size and function. Echocardiogram demonstrated normal structure and function.

CDC Split Type:

Write-up: The patient experienced chest pain in the setting of ECG changes (see below) and elevated troponin concerning for myocarditis. The chest pain resolved within 24 hours and troponin down trended.

VAERS ID: 1423147 (history)

Form: Version 2.0



Age: 15.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-22

Onset: 2021-06-23

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Dyspnoea, Myocarditis, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: NA

Current Illness: NA

Preexisting Conditions: NA

Allergies: augmentin

Diagnostic Lab Data: Troponin elevated

CDC Split Type:

Write-up: Dyspnea Myocarditis, transferred to hospital for further management

VAERS ID: 1425842 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Georgia

Vaccinated: 2021-06-20

Onset: 2021-06-23

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, Chest X-ray normal, Chest pain, Ejection fraction decreased, Electrocardiogram normal, Fatigue, Left ventricular dysfunction, Magnetic resonance imaging heart, Myalgia, Myocardial fibrosis, Toxoplasma serology negative, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (narrow), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: no

Current Illness: no

Preexisting Conditions: no

Allergies: no

Diagnostic Lab Data: He had an elevated troponin with a max of 2.91 on 6/24/21; it then trended down. His BNP was normal. He was tested for toxoplasma gondii because of having a cat at home but his was negative. A CXR was normal. He had four EKGs obtained without any abnormality. A cardiac MRI was performed but not diagnostic of myocarditis with results of: IMPRESSION: 1. Normal right ventricular size, RVEDV = 85 cc/m2. Normal right ventricular systolic function, RV EF = 49%. 2. Normal left ventricular size, LVEDV = 90 cc/m2. Mildly depressed left ventricular systolic function, LV EF = 47%, with no regional wall motion abnormalities. 3. No evidence of high signal intensity on T2 weighted imaging to suggest edema nor T1 early post-contrast imaging to suggest hyperemia. There are two small areas of late gadolinium enhancement, one in the basilar inferolateral subepicardial segment and one in the mid ventricular mid myocardial inferior segment indicating myocardial fibrosis. The patient does not meet CMR criteria for myocarditis since there are no T2 changes.

CDC Split Type:

Write-up: Initially, myalgias and fatigue. This was soon followed by acute chest pain. The symptoms all completely resolved by 6/24/21.

VAERS ID: 1426909 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: California

Vaccinated: 2021-06-06

Onset: 2021-06-08

Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Myocarditis, Troponin, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210608; Test Name: Troponin;  
Result Unstructured Data: Test Result:elevated  
CDC Split Type: USPFIZER INC2021677927  
Write-up: Chest pain with elevated troponin; Chest pain with  
elevated troponin; Suspect myocarditis; This is a spontaneous report  
from a contactable physician. A 15-year-old male patient received  
BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection;  
Batch/Lot Number: EW0178) via an unspecified route of  
administration, on 06Jun2021 (at the age of 15 years old) as dose 2,  
single for COVID-19 immunisation. The patient's medical history and  
concomitant medications were not reported. Prior to vaccination, the  
patient was not diagnosed with COVID-19 and has not been tested for  
COVID-19 since the vaccination. The facility where the most recent  
COVID-19 vaccine was administered was at the Pharmacy or drug store.  
The patient did not receive any other vaccines within 4 weeks prior  
to the COVID vaccine. Any other medications that the patient  
received within 2 weeks of vaccination was not reported. Historical  
vaccine included the first dose of BNT162B2 (PFIZER-BIONTECH  
COVID-19 VACCINE; lot number: EW0176) on 16May2021. On 08Jun2021, it  
was reported that the patient experienced chest pain with elevated  
troponin which was treated with IVIG and ketorolac. Suspect  
myocarditis was also reported. The outcome of the event was unknown.  
Follow-up attempts are possible. Further information is expected.;  
Sender's Comments: As an individual case report there is not enough  
evidence to establish a causal relationship with the suspect  
vaccine. Currently there is no clear biological plausibility between  
the vaccine use and the events chest pain with elevated troponin,

Suspect myocarditis onset. More information such as complete medical history and concomitant medications are needed for fully medical assessment. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1427650 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Puerto Rico

Vaccinated: 2021-06-15  
Onset: 2021-06-19  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 1 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Electrocardiogram normal, Magnetic resonance imaging heart, Mitral valve incompetence, Mycoplasma test, Pericardial effusion, Pericardial fibrosis, Troponin increased  
SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None.

Current Illness: None.

Preexisting Conditions: None.

Allergies: None.

Diagnostic Lab Data: Troponin Ihs, Mycoplasma IgM

CDC Split Type:

Write-up: 15 Year old patient presenting chest pain 4 days after de 2nd dose of the COVID-19 Vaccine. Patient had to be hospitalize, elevated troponin levels, electrocardiogram with normal functions, mild FR, trace MR, thickened pericardium. Normal function Cardiac

MRI. Pericardium effusion.

VAERS ID: 1428020 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-19  
Onset: 2021-06-22  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain,  
Echocardiogram, Echocardiogram normal, Electrocardiogram ST segment  
elevation, Myocarditis, Pyrexia, Scan with contrast abnormal, Sleep  
disorder, Troponin increased, Ventricular tachycardia  
SMQs:, Torsade de pointes/QT prolongation (narrow), Neuroleptic  
malignant syndrome (broad), Myocardial infarction (narrow),  
Anticholinergic syndrome (broad), Ventricular tachyarrhythmias  
(narrow), Shock-associated circulatory or cardiac conditions (excl  
torsade de pointes) (narrow), Torsade de pointes, shock-associated  
conditions (narrow), Malignancy related therapeutic and diagnostic  
procedures (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin gummy from costco (2 per day)

Current Illness: none

Preexisting Conditions: none

Allergies: Allergy to cat dander

Diagnostic Lab Data: EKG 6/22 Sinus rhythm LVH by voltage Global ST  
elevation- consider pericarditis HEART RATE = 63 bpm RR Interval =  
960 ms P-R Interval = 115 ms QRSD Interval = 89 ms QT Interval = 386  
ms QTcB = 394 ms Troponin Trend 6/22: 7.294 -- \$g 12.087 -- \$g  
11.065 6/23: 18.532 -- \$g 11.632 6/24: 6.926 6/25: 0.863 MRI Heart  
Morph Function With And Without Contrast (6/23/21) 1. Myocarditis is  
present, with abnormal delayed enhancement of the basal inferior  
segment and a second contiguous area of abnormal delayed enhancement

involving the lateral to inferior apical segments. 2. Biventricular size and function are normal. ECHO 6/23/21 1. Follow-up transthoracic echocardiogram. 2. No structural abnormalities seen. 3. No significant valvar dysfunction. 4. Normal biventricular systolic function. 5. No significant pericardial effusion.

CDC Split Type:

Write-up: He received his 2nd dose of COVID vaccine (Pfizer) on 6/19. He developed a fever on 6/20 which lasted for a day. He then felt better on 6/21. Then, on 6/22 at 1am, he woke from sleep due to chest pain. It was sharp and did not radiate anywhere, and not reproducible. He took 400 mg ibuprofen which improved his pain somewhat. Denies any other fever, rhinorrhea, cough, SOB, difficulty breathing, n/v/d, dysuria or difficulty with urination. Admitted 6/22 due to elevated troponin and abnormal EKG. Troponin leak and MRI with findings consistent with myocarditis. Had NSVT x 4 beats on 6/22. He was treated with 5 days of Motrin 600 mg ATC.

VAERS ID: 1429826 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-06-17  
Onset: 2021-06-24  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Dyspnoea, Electrocardiogram T wave inversion, Pyrexia, Red blood cell sedimentation rate increased, Troponin increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:  
Other Medications: none known  
Current Illness: s/p Pfizer #1 on 5/27/2021  
Preexisting Conditions: obesity  
Allergies: watermelon – dyspnea  
Diagnostic Lab Data: troponin 2.93 elevated CRP 35.7 (nl <10), ESR 21, BNP 1961 EKG: inverted T waves V4–V6  
CDC Split Type:  
Write-up: 6/24/2021 developed tactile fever, substernal chest pain, and shortness of breath 6/25/2021 increased shortness of breath, chest pain

VAERS ID: 1430027 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-24  
Onset: 2021-06-24  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Chills, Electrocardiogram ST segment elevation, Fibrin D dimer increased, Headache, Myocarditis, Nausea, Palpitations, Troponin, Vomiting

SMQs:, Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: Troponin 39 D Dimer 1580 EKG ST elevation  
CDC Split Type:

Write-up: Developed chills, nausea, headache, vomiting on 6/24/21-6/25/21, then developed palpitations 6/26/21 prompting evaluation in emergency department and hospitalization for myocarditis

VAERS ID: 1430032 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-22

Onset: 2021-06-24

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 1 AR / -

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 2 AR / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Troponin I increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None FIRST DOSE WAS 6/1, SECOND DOSE 6/22  
PFIZER VACCINE

Allergies: None

Diagnostic Lab Data: Troponin Results for 6/24/2021 17:40 TROPONIN

I: 0.66 (H) 6/25/2021 06:05 TROPONIN I: 14.06 (H) 6/25/2021 16:42

TROPONIN I: 18.87 (H) 6/26/2021 05:59 TROPONIN I: 15.10 (H)

6/26/2021 16:10 TROPONIN I: 18.37 (H) echo with normal function and  
no effusion

CDC Split Type:

Write-up: First dose 6/1/21, second dose 6/22/21 Chest pain and  
elevated troponin, treated with ibuprofen, echo with normal function  
and no effusion

VAERS ID: 1430201 (history)

Form: Version 2.0

Age: 15.0



Sex: Male

Location: Illinois

Vaccinated: 2021-06-13

Onset: 2021-06-14

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Abdominal pain lower, Aspartate aminotransferase decreased, Blood bilirubin increased, Blood chloride increased, Blood glucose normal, C-reactive protein decreased, Colitis, Computerised tomogram abdomen abnormal, Computerised tomogram pelvis abnormal, Culture stool, Diarrhoea, Faecal calprotectin, Full blood count normal, Metabolic function test normal, Parasite stool test negative, Protein total decreased, Red blood cell sedimentation rate decreased, Scan with contrast abnormal, Ultrasound scan normal, Vomiting

SMQs:, Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Biliary system related investigations, signs and symptoms (narrow), Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: 6/20/2021, 14:40: US of appendix: appendix not visualized 6/20/2021, 15:37: CT of abd & pelvis w/contrast: moderate wall thickening of ascending colon and possibly terminal ileum (these findings are nonspecific and may be infectious or inflammatory), appendix unremarkable 6/20/2021: cbc wnl 6/21/2021:

ESR 1, CRP 0.1, CMP wnl except Cl 108, Glucose 106, protein 5.6, AST 9, total bili 1.2 6/25/2021: stool O&P negative, culture and

calprotectin pending

CDC Split Type:

Write-up: Patient taken by mother to ER on 6/20/2021 for diarrhea and abdominal pain which had started on 6/14/2021. Received 2nd covid vaccine at 4pm on 6/13/2021. Was well until 6/14/2021. Diarrhea and abdominal pain started evening of 6/14. Vomited twice on 6/15. Watery loose non bloody diarrhea. RLQ Pain rated as 7/10. No fevers, cough, congestion or rashes. At ER: US inconclusive, CT showed ascending colitis and possible ileitis. Appendix wnl. Received flagyl, ceftriaxone, toradol and morphine in ER Transferred to Medical Center on 6/20 for hospitalization for pain control, IVF and GI consult. Received toradol and morphine each x 1. Started on hyocyanine. Discharged from Hospital evening of 6/21/2021. Seen in my office 6/23/2021. Stool and appetite wnl. RLQ pain rated as 3/10.

VAERS ID: 1430430 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: New Mexico

Vaccinated: 2021-06-23

Onset: 2021-06-24

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 UN / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Pleuritic pain,

Troponin I increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: Troponin I elevated and peaked at 7, now down trending. Echo wnl.

CDC Split Type:

Write-up: Patient presented with chest pain and pleuritic pain the day after receiving her 2nd COVID vaccine. Treated with ASA x1 and scheduled Ibuprofen. Pain improving

VAERS ID: 1430540 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-22

Onset: 2021-06-25

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Unknown

Preexisting Conditions: Beta Thalassemia Trait

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Perimyocarditis with significant troponin elevation

VAERS ID: 1430541 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-22

Onset: 2021-06-25

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: Unknown  
Preexisting Conditions: Beta-thalassemia trait  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis with significant troponin leak

VAERS ID: 1430545 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-25  
Onset: 2021-06-26  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
N/A / 2 LA / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood creatine phosphokinase increased, Brain natriuretic  
peptide increased, Chest pain, Myocarditis, Troponin increased  
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad),  
Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Pulmonary hypertension (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: n/a  
Current Illness: n/a  
Preexisting Conditions: n/a  
Allergies: n/a  
Diagnostic Lab Data: elevated troponin, CK, BNP, chest pain  
CDC Split Type: n/a  
Write-up: myocarditis

VAERS ID: 1430595 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-06-23  
Onset: 2021-06-24  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Myocarditis, Troponin  
increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: 6/26/2021: Troponin elevation (peak at our  
institution 2.57 ng/ml, normal by discharge)  
CDC Split Type:

Write-up: chest pain 24 hours after vaccination with evidence of myocarditis by elevated troponins. Admitted for observation. echocardiogram was within normal limits. Troponin downtrended over 24 hours and she was discharged home with outpatient cardiology follow-up to include a cardiac MRI and outpatient cardiology visit.

VAERS ID: 1430613 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-06-19  
Onset: 2021-06-24  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal pain, Condition aggravated, Lipase increased, Pancreatitis acute, SARS-CoV-2 test negative

SMQs: Acute pancreatitis (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Seroquel 25mg, Accutane 40mg, Multivitamin, Vitamin C, Vitamin D, Vitamin E

Current Illness: None

Preexisting Conditions: Genetic predisposition to pancreatitis

Allergies: None

Diagnostic Lab Data: 6/24 Lipase \$g6000 6/24 SARS CoV-2 PCR NEGATIVE  
6/26 Lipase 753

CDC Split Type:

Write-up: The patient has a known genetic predisposition to pancreatitis. He received his first Pfizer Covid vaccine on 5/23. On 6/13 he had mild pain consistent with his history of pancreatitis. He was able to treat this at home with oral pain medications so did not have to seek other care. He received his 2nd Pfizer Covid vaccine 6/19. On 6/24 he had onset of more severe abdominal pain so went to the ER. There his lipase was found to be \$g6000. He was admitted for acute pancreatitis. He was given IV fluids, pain

control until his symptoms resolved.

VAERS ID: 1431116 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-06-23

Onset: 2021-06-23

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Chills, Dyspnoea, Myocarditis, Pain, Pyrexia, Troponin I increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 15 year old male here with grandmother due to concerns regarding chest pain and shortness of breath. Received the 2nd dose of Pfizer vaccine 4 days ago. That evening had body aches, chills, fever and shortness of breath. The other symptoms resolved the next day, but continues with shortness of breath, worsening over time. This morning, associated with some mid sternal chest pain. Was able to rake grass outside yesterday, but reports made SOB worse. History of asthma, reports symptoms not typical of usual exacerbation, has trialed Albuterol without relief. Denies dizziness, palpitations. 15 year old male with post vaccine associated myocarditis. Troponin I 0.426 ng/mL (<0.300) H\* 06/28/2021 01:24

VAERS ID: 1433132 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-06-24  
Onset: 2021-06-27  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EU0180 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain,  
Echocardiogram normal, Electrocardiogram normal, Myocarditis, Sinus  
bradycardia, Troponin increased

SMQs: Myocardial infarction (narrow), Disorders of sinus node  
function (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/27 - troponin level 10.8; 6/28 troponin level  
7.44 6/27 - ECG sinus bradycardia, otherwise normal; 6/28 ECG sinus  
bradycardia; otherwise normal 6/28 - cardiac MRI - evidence of  
myocarditis

CDC Split Type:

Write-up: Myocarditis diagnosed after presenting with chest pain and  
elevated and rising troponin levels. Chest pain developed on 6/27  
and troponin elevated noted on 6/27. Admitted to the hospital for  
trending troponin levels which initially were rising over 6/27 and  
then started to decrease on 6/28. ECG and Echo were normal on 6/27.  
Cardiac MRI showed evidence of myocarditis. Patient had no  
arrhythmia during time in hospital. Discharged home on 6/28 on  
Naprosyn bid with exercise restriction. Will follow up in cardiology  
clinic in 2 weeks.



VAERS ID: 1433368 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-12  
Onset: 2021-06-14

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW017 / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Chills, Electrocardiogram abnormal, Myalgia, Myocarditis, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: ekg changes, elevated troponins

CDC Split Type:

Write-up: myopericarditis, chest pain, myalgias, chills

VAERS ID: 1433391 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Michigan

Vaccinated: 2021-06-14

Onset: 2021-06-16

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 AR / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 1 AR / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram abnormal, Malaise, Troponin increased  
SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: elevated troponins, ekg changes  
CDC Split Type:  
Write-up: chest pain and malaise

VAERS ID: 1433435 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-14  
Onset: 2021-06-21  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 AR / IM  
Administered by: Private Purchased by: ?  
Symptoms: Electrocardiogram ST segment elevation, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: methylphenidate, sertraline, glargine, lispro  
Current Illness: diabetes melilites 1  
Preexisting Conditions: diabetes  
Allergies: none  
Diagnostic Lab Data: elevated troponin, st elevation on ekg  
CDC Split Type:  
Write-up: myopericarditis

VAERS ID: 1434274 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-25  
Onset: 2021-06-26  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Myocarditis  
SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None known  
Current Illness: None known  
Preexisting Conditions: None  
Allergies: None known  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Post COVID-19 immunization myocarditis

VAERS ID: 1437343 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-18  
Onset: 2021-06-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 LA / SYR

Administered by: Private Purchased by: ?  
Symptoms: Blood test, Cardiac imaging procedure, Carditis, Chest pain, Fatigue, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: n/a  
Current Illness: n/a  
Preexisting Conditions: n/a  
Allergies: n/a

Diagnostic Lab Data: heart scan blood work 2 times a day  
CDC Split Type:

Write-up: My son experienced chest pain and was very tired - Sat 6/19 - I thought normal Sunday 6/20 - seemed normal Monday 6/21 at 11 am severe chest pain. Taken to hospital - was hospitalized with heart inflammation and very high troponin numbers until Thursday 6/24 - numbers were still elevated but he was allowed to go home since the numbers were on the downward trajectory Has a follow up apt 7/2 @ 3 pm.

VAERS ID: 1437884 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-06-05  
Onset: 2021-06-27

Days after vaccination: 22  
Submitted: 0000-00-00  
Entered: 2021-06-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 LA / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW 0171 / 2 LA / -  
Administered by: Private Purchased by: ?  
Symptoms: COVID-19, Conjunctival haemorrhage, Contusion, Fibrin D  
dimer, Immunoglobulin therapy, Myalgia, Oral mucosa haematoma,  
Petechiae, Platelet count decreased, Platelet factor 4, Pyrexia,  
Respiratory viral panel, SARS-CoV-2 antibody test positive  
SMQs:, Rhabdomyolysis/myopathy (broad), Haematopoietic  
thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms)  
(narrow), Neuroleptic malignant syndrome (broad), Systemic lupus  
erythematosus (broad), Anticholinergic syndrome (broad),  
Oropharyngeal conditions (excl neoplasms, infections and allergies)  
(narrow), Accidents and injuries (narrow), Eosinophilic pneumonia  
(broad), Conjunctival disorders (narrow), Tendinopathies and  
ligament disorders (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Infective pneumonia (broad),  
Opportunistic infections (broad), COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: SARS COVID IGG spike positive RPP negative D  
dimer 0.06 PF4 negative  
CDC Split Type:  
Write-up: Patient was vaccinated on June 5, 2021 , one week later  
she developed fever and myalgia and on June 27, she woke up with  
bruising and petechia on the legs and arms. she also had hematomas  
over the oral mucosa and subconjunctival hemorrhage. On June 27, she  
was seen in the ER, platelet count was 1000. She received IVIG on  
June 28 and 29  
  
VAERS ID: 1439856 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-08  
Onset: 2021-06-14  
Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-07-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Appendicitis, SARS-CoV-2 test  
SMQs: , COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: MULTIVITAMIN [VITAMINS NOS]  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210615; Test Name: Blood test;  
Test Result: Negative  
CDC Split Type: USPFIZER INC2021712231  
Write-up: Child diagnosed with appendicitis.; This is a spontaneous report from a contactable consumer (patient). A 15 years-old male patient received 2nd dose of covid vaccine lot number=EW0180, at the age of 15 years old, on 08Jun2021 04:00 PM on Left arm for covid-19 immunization. No known allergy. Patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Other medications the patient received within 2 weeks of vaccination was multivitamin. Historical vaccine was the 1st dose of BNT162B2 (lot number=EW0177) on 18May2021 04:00 PM on Left arm for covid-19 immunization. No reaction on previous exposure to vaccine. On 14Jun2021 11:00 PM, Child diagnosed with appendicitis. AE resulted in Emergency room/department or urgent care, Hospitalization 1 day. Treatment was Appendectomy. Seriousness criteria-Caused/prolonged hospitalization. Prior to vaccination, patient was not diagnosed with COVID-19. Covid test post vaccination: covid test type post vaccination=Blood test on 15Jun2021, Negative. Outcome of the event was unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1439881 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: California

Vaccinated: 2021-06-10

Onset: 2021-06-12

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Arthralgia, Lip swelling, Peripheral swelling, Pruritus, Rash, SARS-CoV-2 test, Skin swelling, Swelling

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210613; Test Name: Nasal Swab;

Test Result: Negative

CDC Split Type: USPFIZER INC2021717331

Write-up: Full body rash; full body itchiness; swelling of the skin, toes, fingers and lips.; swelling of the skin; swelling of the skin, toes, fingers and lips.; Joint pain from minimal movement.; swelling of the skin, toes, fingers and lips.; This is a spontaneous report from a contactable consumer (patient). A 15-years-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, solution for injection, batch/lot number: unspecified) via unspecified route of administration in the left arm, as dose 2, single on 10Jun2021 for COVID-19 immunization (at the age of 15-years-old). The patient medical history was not reported. The patient received birth control medications within 2 weeks of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had tested for COVID-19. There were no known allergies. On 12Jun2021 16:00, the patient experienced Full body rash, full body itchiness, swelling of the skin, toes, fingers, and lips. Swelling goes up at night and down after waking up, Joint pain from minimal movement. The events led to emergency room visit and hospitalization for 2 days. The

patient underwent lab tests and procedures which included nasal swab and results were negative on 13Jun2021. Treatment received included benadryl, motrin and atakin, no imaging or steroid medication given. The outcome for the events was not recovered. Information on Lot/ Batch number has been requested.

VAERS ID: 1440660 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-09

Onset: 2021-06-10

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Intensive care, Myocarditis, Pericarditis

SMQs: Systemic lupus erythematosus (broad), Cardiomyopathy (broad),

Chronic kidney disease (broad), Drug reaction with eosinophilia and

systemic symptoms syndrome (broad), Immune-mediated/autoimmune

disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Melatonin

Current Illness: None

Preexisting Conditions: None

Allergies: Omnicef, Sulfas

Diagnostic Lab Data:

CDC Split Type:

Write-up: Miocarditis/Pericarditis, He stayed at the Cardiad ICU at Hospital for 3 days.

VAERS ID: 1440789 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Illinois

Vaccinated: 2021-06-12

Onset: 2021-06-27



Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-07-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Septic shock, Toxic shock syndrome  
SMQs:, Toxic-septic shock conditions (narrow), Sepsis (narrow),  
Opportunistic infections (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Accutane for Acne  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient received COVID-19 vaccine on 6/12, she presented  
on 6/27 in septic shock but leading differential is toxic shock  
syndrome secondary to recent first time tampon use.

VAERS ID: 1443195 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-06-25  
Onset: 2021-06-27  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Echocardiogram, Electrocardiogram,  
Laboratory test, Pericarditis, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Systemic lupus erythematosus  
(broad), Myocardial infarction (narrow), Acute central respiratory  
depression (broad), Pulmonary hypertension (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Chronic kidney disease (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),

Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Zyrtec, singulair, rescue inhaler

Current Illness: NA

Preexisting Conditions: nA

Allergies: NA

Diagnostic Lab Data: She had lab work showing elevated troponin levels, an ekg and echo of her heart.

CDC Split Type:

Write-up: My daughter developed shortness of breath Sunday morning 6/27. She thought it was her asthma and took 2 doses of her rescue inhaler. That didn't help and she said she had chest pain. We went to the emergency room at hospital. She was admitted for pericarditis and elevated troponin level.

VAERS ID: 1446191 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-29

Onset: 2021-06-30

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Myocarditis

SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis with symptom onset one day after receiving  
second dose of COVID Pfizer vaccine

VAERS ID: 1446789 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-19  
Onset: 2021-06-19

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Cardiac arrest, Chest X-ray abnormal,  
Cough, Decreased appetite, Dyspnoea, Endotracheal intubation, Fall,  
Head injury, Intensive care, Mechanical ventilation, Pneumonia,  
Post-tussive vomiting, Resuscitation, Urine output decreased,  
Wheezing

SMQs:, Torsade de pointes/QT prolongation (broad), Acute renal  
failure (broad), Anaphylactic reaction (narrow), Acute pancreatitis  
(broad), Angioedema (broad), Asthma/bronchospasm (broad), Arrhythmia  
related investigations, signs and symptoms (broad), Retroperitoneal  
fibrosis (broad), Shock-associated circulatory or cardiac conditions  
(excl torsade de pointes) (narrow), Acute central respiratory  
depression (broad), Pulmonary hypertension (broad), Accidents and  
injuries (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (narrow), Cardiomyopathy (broad),  
Eosinophilic pneumonia (broad), Chronic kidney disease (broad),  
Hypersensitivity (broad), Respiratory failure (broad), Drug reaction  
with eosinophilia and systemic symptoms syndrome (broad), Infective  
pneumonia (narrow), Dehydration (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Guanfacine Seroquel

Current Illness: no

Preexisting Conditions: Autism ADHD

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: 7/4/2021: 15 year old male with autism and ADHD that presents to PICU from another hospital status post cardiac arrest times two. Mom states that patient has been having coughing for the past 2 weeks. Went to PMD on 6/25 who noticed wheezing on his exam. Ordered a CXR for 6/29. The next day, told mother of the results which showed pneumonia, "fluid in lungs." Started on albuterol q4, cefdinir, and OTC cough medicine with no improvement of symptoms. Began having decreased appetite, urine output. Had a couple episodes of post tussive emesis with blood tinged secretions. Abdominal pain started the day before admission. Patient continued having increased coughing and shortness of breath. On day of admission, patient was walking up the stairs to take a shower. He then fell and hit his head on the wall. Denies LOC at that time. Stated that he could not breathe. Patient brought to ER. Patient went into cardiac arrest at 1840 until 1910. CPR was done, given epinephrine, and intubated. Then went into cardiac rest again. Placed on Vent, TV 450, PEEP 6, Rate 15, Peak pressure high 30s. Given ceftriaxone, vancomycin, toradol, 40mg lasix, 4mg zofran and 2L NS bolus. CBC, CMP, blood gas, troponin, pro BNP, RVP/COVID ordered. Started on versed (6.5), epinephrine (20) and norepinephrine (10) drips. Was then flown by helicopter to our PICU. Of note, patient had second dose of Pfizer vaccine on 6/19. Mom believes symptoms started just before his vaccine dose.

VAERS ID: 1450428 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Arkansas

Vaccinated: 2021-07-03

Onset: 2021-07-05

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0181 / 2 - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Echocardiogram normal, Intensive care, Respiratory viral panel, SARS-CoV-2 test negative, Troponin I increased, Troponin increased, Vomiting

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: No known  
Diagnostic Lab Data: 6/5 High sensitivity troponin 3238.9 (normal range 0-54) 6/6 Troponin I 16.90 ng/ml (normal < 0.04) 6/6 Echo: Normal

CDC Split Type:

Write-up: Also received 1st dose COVID19 (Pfizer) at same place. Administered on 6/12/21. Lot number of first vaccine EW0182. Patient developed acute chest pain on evening of 7/5. Had some shortness of breath and vomiting. Brought to ER. Troponin was found to be elevated at 3238.9 (normal range 0-54). COVID-19 PCR and respiratory viral panels were negative. Admitted to ICU for observation. In morning, feeling much better. Troponin down trending. Echo was normal.

VAERS ID: 1450908 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-07-02  
Onset: 2021-07-03  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		037C21A /
2 - / IM		

Administered by: Public Purchased by: ?

Symptoms: Chest pain, Cytomegalovirus test negative, Dizziness, Dyspnoea, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Epstein-Barr virus test negative, Fatigue, HIV test negative, Hypoacusis, Immunoglobulin therapy, Respiratory viral panel, Treponema test negative, Troponin increased, Urine analysis normal, Varicella virus test negative, Ventricular tachycardia SMQs:, Torsade de pointes/QT prolongation (narrow), Anaphylactic reaction (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions

(narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hearing impairment (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Previously healthy

Allergies: No known allergies

Diagnostic Lab Data: 7/4 EKG with ST elevation 7/4 OSH troponin of 8154 Serial troponins from 7/4-7/6 (14.23 \$g 13.98 \$g 13.06 \$g 10.20 \$g 14.67 \$g 11.71 \$g 9.23) UTox negative. Multiple myocarditis studies including CMV (negative), viral respiratory panel (negative), HIV (negative), RPR Syphilis (negative), VZV (negative), EBV (negative). Pending enterovirus stool culture and blood cultures CDC Split Type:

Write-up: Received second dose of Moderna COVID vaccine on 7/2/21. 7/3 developed fatigue, dizziness, and decreased hearing. Symptoms progressed to difficulty breathing and chest pain. 7/4 chest pain localized to left side of chest. He was seen in local ED with elevated troponin of 8154, EKG with diffuse ST segment elevation. Transferred to another ED for further evaluation. He received IVIG on 7/5 and did develop V-tach lasting about 7 beats around 0500 on 7/5 but otherwise hemodynamically stable.

VAERS ID: 1450953 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: New York

Vaccinated: 2021-07-03

Onset: 2021-07-04

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome

(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Elevated troponin 13.2  
CDC Split Type:  
Write-up: Chest pain, Myocarditis

VAERS ID: 1454123 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-06-16  
Onset: 2021-06-21  
    Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-07-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 1 LA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Immunoglobulin therapy, Petechiae, Platelet count  
decreased

SMQs: Haematopoietic thrombocytopenia (narrow), Haemorrhage terms  
(excl laboratory terms) (narrow), Systemic lupus erythematosus  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none

Preexisting Conditions: none

Allergies: not known

Diagnostic Lab Data: Blood work done on 06/21/2021 came back with Platelet level @9. Blood repeated 2-3 times on 06/22/2021 and platelet level came back being at 6 -8. Dr. advised to give IViG INFUSION with Steroid to avoid immediate risk of Internal bleeding. Patient was showing signs of Petechiae on her lower legs when at the hospital.

CDC Split Type:

Write-up: Blood work done on 06/21/2021 came back with Platelet level @9. Blood repeated 2-3 times on 06/22/2021 and platelet level came back being at 6 -8. Dr. advised to give IViG INFUSION with Steroid to avoid immediate risk of Internal bleeding. Patient was showing signs of Petechiae on her lower legs when at the hospital. Subsequent blood work on 06/25/2021 after IViG showed a boost in platelet to 138. Weekly blood work has been ordered to check platelet levels and impact activities have been restricted.

VAERS ID: 1457223 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Texas

Vaccinated: 2021-06-06

Onset: 2021-06-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: ADAMTS13 activity decreased, Contusion, Haemolytic anaemia, Petechiae, Platelet count decreased, Thrombocytopenia, Thrombocytopenic purpura

SMQs: Haemolytic disorders (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (narrow), Accidents and injuries (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none



Current Illness: none known  
Preexisting Conditions: history of cardiac arrhythmia  
Allergies: none  
Diagnostic Lab Data:

CDC Split Type:

Write-up: patient received first Pfizer vaccine and starting 1 day later developed easy bruising and petechiae found to be thrombocytopenic with platelet count of 30 then further progressed along with hemolytic anemia ADAMTS13 activity 0% , clinical picture consistent with acquired thrombotic thrombocytopenia purpura (TTP) requiring therapy with high dose steroids, plasmapheresis and rituximab

VAERS ID: 1459919 (history)

Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Hampshire

Vaccinated: 2021-06-30  
Onset: 2021-07-02  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0198 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Alanine aminotransferase increased, Antibody test negative, Anticoagulant therapy, Aspartate aminotransferase increased, Blood alkaline phosphatase normal, Blood lactate dehydrogenase increased, Brain natriuretic peptide increased, C-reactive protein increased, Chest X-ray normal, Chest discomfort, Chest pain, Cytomegalovirus test negative, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram ambulatory, Enterovirus test, Enterovirus test negative, Epstein-Barr virus test negative, Fatigue, Fibrin D dimer, Gamma-glutamyltransferase normal, Haemoglobin normal, Headache, Human herpes virus 6 serology negative, Human metapneumovirus test, Human rhinovirus test, Immunoglobulin therapy, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, Intervertebral disc degeneration, Laboratory test, Liver function test abnormal, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Myalgia, Mycoplasma test negative, Myocarditis, Pericardial effusion, Pyrexia, Red blood cell sedimentation rate normal, Respiratory syncytial virus test negative, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Troponin, Troponin T increased, Troponin increased, Vaccination complication, Ventricular extrasystoles, Ventricular tachycardia, Viral test negative, White blood cell count increased  
SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction

(broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: D-Dimer < 0.27 mcg/mL Troponin T 3.15 ng/mL - 0.73 ng/mL CRP 3.01 mg/dL Adenovirus PCR - negative Cytomegalovirus PCR - negative SARS-CoV-2 PCR - negative Influenza A/B PCR - negative hMPV PCR - negative Parainfluenza 1-4 PCR - negative RSV PCR - negative Rhinovirus PCR - negative EBV, Enterovirus, HHV6 PCR - negative Lyme Ab Total by ELISA 0.44 - negative Mycoplasma IgG 0.2 units/L (H) Mycoplasma IgM 0.06 units/L SARS-CoV-2 Total Antibody - nonreactive

CDC Split Type:

Write-up: 15 yo M with no PMH p/w 1 day of chest pain and elevated troponin and lateral ST segment elevations. On Wednesday 6/30 he had his second dose of Pfizer COVID vaccine. There after he had headache, tactile fever, fatigue and myalgias which resolved by Friday 7/2. On Friday at midnight, he awoke with 7/10 sharp substernal chest pain, non radiating. No recent trauma to the chest. He took Tylenol at home which did not relieve the pain. No recent URI sx over the last month. The last time he remembers having URI sx was 1.5 years ago. He does endorse "one or two sneezes" over the past month, which he attributes to allergies. Today 7/3, he presented to urgent care center where he got an EKG, which was concerning for ST elevations. He was given ASA which did not relieve the pain. He was sent to hospital for further work up where he had a Troponin to 1.59, CRP to 36, AST to 79, ALT to 64, Alkphos to 74, BNP to 119, ESR to 10, and WBC to 13.4. EKG showed ST elevation in I, II, precordial leads V4 V5 V6. CXR wnl. He was given IV toradol at hospital, which alleviated his CP. He was transferred to ED for

further evaluation. On arrival to the ED on 7/3, he was HDS afebrile, with BP 111/69, HR of 80, and satting 100% on RA. His CP had resolved to a level of 0/10. Additional labs were obtained including repeat CBC (with WBC 10K, Hgb of 14), normal ESR of 20, normal D-dimer of less than 0.27, BMP wnl, elevated LFTs with AST 103, ALT of 61, elevated LDH to 293, normal GGT and alk phos, normal BNP to 28, elevated CRP to 3, and an extremely elevated troponin of 3.15. NP swab for COID, Influenza A/B, and RSV were negative. CXR wnl but did note findings consistent with degenerative disc disease at one level in the mid-distal thoracic spine. Hospital Course: Patient was admitted to the cardiology floor for continued monitoring of his troponin levels and EKG. He was then treated with IVIG 2g/kg and started on methylprednisolone IV x 8 doses. His chest discomfort improved by day 2 of admission. An echocardiogram was performed which did not show any cardiac dysfunction. His troponin downtrended while on IV steroids, therefore he was transitioned over to PO steroids which he tolerated well. On day of discharge, his troponin levels were continuing to trend down, and EKG was WNL. Cardiac MRI was performed and showed late gadolinium enhancement in the left ventricle. He had occasional NSVTs/PVCs; he was started on Bisoprolol 2.5mg daily to prevent arrhythmias after discharge. He was discharged home with a Holter monitor to be worn for 4 days. Viral myocarditis studies were sent and all negative. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake. Prescriptions sent to preferred pharmacy. Follow up with cardiology in place. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Patient will follow up in cardiology clinic next week with a repeat MRI 3-6 months. Of note, CXR from 7/3 with incidental findings suspicious for degenerative disc disease at one level in the mid-distal thoracic spine. This should be followed by his primary care physician as an out patient. Reasons for new, changed, and discontinued medications: - Bisoprolol 2.5mg daily (for prevention of NSVT) - Prednisone 30mg BID (myocarditis) - Famotidine 20mg daily (while on steroids) Reasons for new, changed, and discontinued equipment: NA Relevant Diagnostic Images/Studies: Cardiac MRI (7/7): ? Normal biventricular size and systolic function. ? No regional wall motion abnormalities. ? Suggestion of increased T2 signal intensity/edema. ? Positive myocardial late gadolinium enhancement without functional correlate. ? No significant valvular dysfunction. ? No coronary artery aneurysms. ? Small pericardial effusion. Echocardiogram (7/3): ? Normal valvular function. ? Normal left ventricular size and systolic function. ? Normal diastolic function indices. ? Reduced longitudinal strain with normal circumferential strain. ? Normal appearing proximal coronary arteries. ? Qualitatively normal right ventricular systolic function. ? No pericardial effusion present. ? A comprehensive anatomic survey was not performed at this time. Tests Pending Enterovirus PCR QuaL, Stool Miscellaneous Test Arup These tests will be followed after Discharge Vitals and Discharge Physical T: 36.5 ?C HR: 64 (Monitored) RR: 20 BP: 131/59 SpO2: 98% HT: 168 cm WT: 76.4 kg BMI: 27.1 Discharge Physical Exam General: NAD, lying in bed, sleepy, but conversational HEENT: atraumatic, normocephalic, no icterus, no conjunctivitis;

extraocular muscles intact; moist mucous membranes CV: RRR, S1/S2, no murmurs, gallops or rubs noted; dp pulses 2+; capillary refill <2 seconds. Resp: unlabored respirations; symmetric chest expansion; clear breath sounds bilaterally Abd: soft, nontender, nondistended; bowel sounds normal Ext: no clubbing, cyanosis, or edema; normal upper and lower extremities Neuro: no atrophy, normal tone; moves all extremities equally; no focal deficits Skin: no rash or erythema  
Diagnosis List 1. Myocarditis, 07/04/2021 2. COVID-19 mRNA vaccine adverse reaction, 07/04/2021

VAERS ID: 1463557 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Oregon

Vaccinated: 2021-07-05  
Onset: 2021-07-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Myocarditis, Palpitations, Troponin increased, Vaccination complication

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: guanfacine

Current Illness: none

Preexisting Conditions: tic disorder

Allergies: none

Diagnostic Lab Data: Troponin levels of 47 (7/8/21 19:00) then 77 (7/8/21 20:00) then 69 (7/9/21 02:00) then 36 (7/8/21 08:00)

CDC Split Type:

Write-up: Palpitations and chest pain Seen in ER on 7/8/21 and admitted overnight with rising troponin levels, improved by next day. Diagnosis of myocarditis related to COVID19 vaccine

VAERS ID: 1463696 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-06-28  
Onset: 2021-07-01

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 RA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood pressure measurement, Blood test, Echocardiogram,  
Electrocardiogram, Myocarditis, Ultrasound scan

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Ibuprofen

Current Illness: no

Preexisting Conditions: no

Allergies: no

Diagnostic Lab Data: 7/2/2021 - EKG, Ultra sound, echocardiogram,  
blood pressure, blood tests, oxygen level 7/3/2021 - EKG,  
echocardiogram, blood pressure, blood tests, oxygen level 7/2/2021 -  
EKG, echocardiogram, blood pressure, blood tests, oxygen level  
7/2/2021 - EKG, echocardiogram, blood pressure, blood tests, oxygen  
level 7/2/2021 - EKG, echocardiogram, blood pressure, blood tests,  
oxygen level

CDC Split Type:

Write-up: PT had myocarditis as a result of the second dose of the  
vaccine. He spent 5 days at Hospital.

VAERS ID: 1463786 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-06-22

Onset: 2021-07-11

Days after vaccination: 19  
Submitted: 0000-00-00  
Entered: 2021-07-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 1 - / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Angiogram cerebral, Arteriogram carotid, Cerebral venous  
sinus thrombosis, Computerised tomogram head, Haemorrhage  
intracranial, Seizure  
SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Systemic  
lupus erythematosus (broad), Haemorrhagic central nervous system  
vascular conditions (narrow), Convulsions (narrow), Embolic and  
thrombotic events, venous (narrow), Noninfectious encephalitis  
(broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Central nervous system vascular  
disorders, not specified as haemorrhagic or ischaemic (narrow),  
Generalised convulsive seizures following immunisation (narrow),  
Hypoglycaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Sprintec  
Current Illness: NONE  
Preexisting Conditions: PCOS  
Allergies:  
Diagnostic Lab Data: CT HEAD, CTA HEAD/NECK  
CDC Split Type:  
Write-up: Venous Sinus Thrombosis, Intracranial Hemorrhage, Seizure

VAERS ID: 1464231 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-07-07  
Onset: 2021-07-09  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 2 - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Neck pain, Pain, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: n/a

Preexisting Conditions: n/a

Allergies: NKA

Diagnostic Lab Data: Troponin elevated-initially 0.21 on 7/10, peaked at 4.42 on 7/11 at 1738, then downtrending to 2.76 at time of discharge on 7/12

CDC Split Type:

Write-up: right sided chest pain with radiation to right side of neck with walking. Denies shortness of breath, nausea, vomiting, palpitations, dizziness

VAERS ID: 1464432 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: West Virginia

Vaccinated: 2021-06-05

Onset: 2021-06-05

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, C-reactive protein increased, Cardiac telemetry, Chest X-ray, Chest pain, Chills, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram repolarisation abnormality, Fatigue, Magnetic resonance imaging heart, Myocardial oedema, Myocarditis, Nausea, Pericarditis, Troponin increased, Vomiting

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema,

effusions and fluid overload (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin trend (6/7/2021-6/10/2021): 11, 654 -- \$g 12,397 -- \$g 13, 376 -- \$g 20, 104 -- \$g 13, 126 -- \$g 7, 835 -- \$g 12, 913 -- \$g 10, 733 -- \$g 8, 710 -- \$g 5, 574 CRP

(6/9-6/10/21): 23.5--13.8 BNP: 29 EKG 6/7/2021: Normal Sinus rhythm with diffuse ST-elevation CMRI 6/9/2021: Myocardial edema seen which involves the interventricular septum, mid and apical anterior left ventricular wall regions, most likely consistent with myocarditis. Epicardial enhancement on LGE imaging in mid and apical left ventricular free wall and apical interventricular septum consistent with myopericarditis (non-ischemic distribution) ECHO 6/8/2021:

Normal LV. NO pericardial effusion.

CDC Split Type:

Write-up: Patient admitted for chest pain and dyspnea and found to have myopericarditis after 2nd dose of COVID-19 Pfizer vaccine. Vaccine was administered at pharmacy. First dose received on 5/15/2021, second dose on 6/5/2021. Fatigue and chills started a few hours after second dose and then developed shortness of breath, nausea, emesis and 8/10 midsternal chest pain. Presented to an urgent care facility where CXR and EKG were obtained. EKG showed early repolarizations. Labs were obtained at a local ED and showed elevated troponins, initially 11k and then to 20k and peaked there. BNP was within normal limits. Subsequent EKG showed diffuse ST-segment elevations concerning for acute pericarditis. No prior infections or symptoms like this previously. He was given colchicine at outside facility prior to transfer. At hospital he was continued on ibuprofen and monitored with telemetry and had ECHO and cardiac MRI. Latter was consistent with myopericarditis. ECHO showed normal function. He received PPI while on NSAIDs. His symptoms resolved and he was discharged to home on 6/10/2021 with activity restrictions and plan to follow-up with peds cardiology. Of note, there was an error submitting the initial VAERS report for this patient during the admission, therefore, this delayed report is being submitted.

VAERS ID: 1464557 (history)

Form: Version 2.0



Age: 15.0  
Sex: Female  
Location: Georgia

Vaccinated: 2021-06-01  
Onset: 2021-07-06  
Days after vaccination: 35  
Submitted: 0000-00-00  
Entered: 2021-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0191 / 2	- / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0162 / 2	- / IM	

Administered by: Public Purchased by: ?  
Symptoms: Disorientation, Drug screen negative, Patient elopement  
SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Dementia (broad), Noninfectious encephalitis  
(broad), Noninfectious encephalopathy/delirium (broad),  
Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Standard drug tests returned negative results.  
CDC Split Type:

Write-up: Daughter in hospital. Not on any medications. received  
second vaccination on June 26th. No history of mental illness. On  
July 10th, they found her disoriented, barefoot, wandering the  
neighborhood in middle of the night near my parent's home. She was  
staying with them this weekend. I was worried she took 'shrooms  
based on behavior, but they don't test for psilocybin in standard  
ER drug panels. She came up negative for drugs like THC, meth, and  
cocaine.

VAERS ID: 1467015 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-05-13  
Onset: 2021-06-02

Days after vaccination: 20  
Submitted: 0000-00-00  
Entered: 2021-07-13  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 AR / IM  
Administered by: Other Purchased by: ?  
Symptoms: Band neutrophil percentage, Blood creatine phosphokinase  
MM normal, Blood creatine phosphokinase normal, Blood pressure  
increased, Borrelia test, Borrelia test negative, Brain natriuretic  
peptide increased, C-reactive protein increased, Chest X-ray normal,  
Chest pain, Chlamydia test negative, Coronavirus test negative,  
Cytomegalovirus test negative, Decreased appetite, Diarrhoea,  
Echocardiogram normal, Electrocardiogram ST segment abnormal,  
Enterovirus test negative, Epstein-Barr virus antibody negative,  
Feeling hot, Fibrin D dimer increased, Heart sounds abnormal, Human  
metapneumovirus test, Human rhinovirus test, Hypophagia, Influenza A  
virus test negative, Influenza B virus test, Lymphocyte percentage,  
MERS-CoV test negative, Monocyte percentage increased, Mycoplasma  
test negative, N-terminal prohormone brain natriuretic peptide  
increased, Neutrophil percentage, Pyrexia, Red blood cell  
sedimentation rate increased, Respiratory syncytial virus test  
negative, Respiratory viral panel, Respirovirus test, SARS-CoV-2  
antibody test, SARS-CoV-2 test negative, Tachycardia, Troponin I  
increased, Troponin increased, White blood cell count normal  
SMQs:, Cardiac failure (broad), Haemorrhage laboratory terms  
(broad), Neuroleptic malignant syndrome (broad), Myocardial  
infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia  
related investigations, signs and symptoms (broad), Pseudomembranous  
colitis (broad), Pulmonary hypertension (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow),  
Hypertension (narrow), Cardiomyopathy (broad), Noninfectious  
diarrhoea (narrow), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Dehydration (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: Rhinorrhea and nasal congestions (seasonal  
allergies) treated with Cetirizine 10 mg by mouth once a day. Not  
taking at the time of vaccination.  
Preexisting Conditions: Autism Spectrum Disorder, obesity,  
anaphylaxis (peanuts, tree nuts, shellfish), and seasonal allergies  
Allergies: Anaphylaxis to peanuts, tree nuts, and shellfish. No  
known drug allergies.  
Diagnostic Lab Data: Initial labs in the local ER showed a Troponin

I High Sensitivity of 2,508.1 ng/L, B Type Natriuretic Peptide of 196.0 pm/mL, CRP of 7.2 mg/dL, and D-Dimer of 660 ng/mL. WBCs were normal (8.08 k/mcL) with 50% segs, 10% bands, 26% lymphs, and 12% monos. Chest X-ray was read as normal, and an EKG showed nonspecific ST wave abnormalities. Labs at the hospital showed elevated Troponin I (repeated every 6 hours) of 3.13, 1.43, 0.94, and 0.68 ng/mL (discharged after the 0.68 ng/mL). Repeat N-Terminal BNP was 557 pg/mL, CK was 150 U/L, with 100% CK-MM fraction. ESR was 33 mm/hr, and repeat CRP was 5.99 mg/dL. NP PCR for SARS-CoV-2 through the county on June 3, 2021 was negative, and a respiratory panel (influenza A H1/H1-2009, H3, B, parainfluenza virus 1/2/3/4, multiplex coronavirus nCoV/MERS/SARS, RSV A & B, chlamydia pneumonia, mycoplasma pneumonia, human meapneumovirus & human rhinovirus/enterovirus PCR all negative. SARS-CoV-2 NP PCR negative x 2 (repeated after 24 hours in the hospital). CMV (IgM & PCR) negative; EBV (VCA IgM/IgG & EGNA IgG, & PCR of blood) negative; Lyme Antibodies (IgM/IgG) negative; Parechovirus and Enterovirus PCR of blood/plasma negative; SARS-CoV-2 IgM positive and IgG negative; SARS-CoV-2 IgG was positive. Told me that they ordered SARS-CoV-2 nucleocapsid and spike protein antibodies, but this was not done. EKGs were normal, and ECHO normal.

CDC Split Type:

Write-up: On June 2, 2021, he awoke and complained of feeling hot, tired, and not hungry. His mother had been sick with acute gastroenteritis symptoms 2 days earlier. Over the course of the day, he had a fever to 101.6 F, and began to have loose stools (twice). He received Ibuprofen 400 mg by mouth every 6 hours for the fever, and drank plenty of fluids. On June 3, 2021, he continued to have fevers to 101.5 F, loose stools (twice again), and poor oral intake of food. I canceled his scheduled 2nd Pfizer-BioNTech vaccine, and got him a NP swab test for SARS-CoV-2 through the health department. On June 4, 2021, he had no fever but now complained of a rubbing left parasternal chest pain. On physical examination, his BP was elevated (130s/90s), he had a slight tachycardia (90s), and was afebrile. On auscultation, I heard a S4 gallop and took him immediately to the local ER.

VAERS ID: 1467125 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-07-08  
Onset: 2021-07-10  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0202 / UNK	- / IM	
Administered by: Private	Purchased by: ?	

Symptoms: Abdominal pain upper, C-reactive protein increased, Chest X-ray normal, Chest pain, Culture urine, Echocardiogram normal, Electrocardiogram ST segment elevation, Full blood count, Lipase, Metabolic function test, Myocarditis, Troponin increased, Ultrasound abdomen normal, Urine analysis, Vaccination complication  
SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: PEDI NUTRITION, IRON, LACT-FREE (PEDIASURE ORAL)

Current Illness: None.

Preexisting Conditions: Joubert Syndrome, congenital nystagmus, developmental delay.

Allergies: No known allergies.

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to the ED with 10/10 chest pain. Two days prior, he'd gotten his second COVID-19 pfizer vaccine. He denied any fever, congestion, cough, vomiting, diarrhea, or other signs of infection recently; no sick contacts. On arrival to the ED, he had normal vital signs, but physical exam was notable for sternal/epigastric pain. Laboratory evaluation, including CBC, CMP, CRP, urinalysis, urine culture, high sensitivity troponins, and lipase were obtained and notable for HS troponin of 303 pg/mL with a 2 hour repeat of 291 pg/mL. CRP was 3.5 mg/dL. His EKG had diffuse ST elevations. CXR was obtained with no evidence of cardiac border or consolidation. RUQ ultrasound showed no evidence of cholecystitis or other abnormality. Patient was admitted for presumed COVID-19 vaccine-induced myopericarditis. Echocardiogram showed normal biventricular function and no pericardial infusion. He was treated with IV toradol, with resolution of chest pain. HS troponins reached the 400s, with downtrend to the 300s prior to discharge. He was discharged on PO ibuprofen with follow-up cardiac MRI and labs.

VAERS ID: 1470340 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Texas

Vaccinated: 2021-07-05

Onset: 2021-07-11

Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-07-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Condition aggravated, Echocardiogram normal,  
Electrocardiogram normal, Intensive care, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: None  
Preexisting Conditions: Psoriatic Arthritis  
Allergies: Shellfish  
Diagnostic Lab Data: Echo negative EKG negative Troponins elevated:  
7/12 @ 1029 - 1.59 7/12 @ 1359 - 2.73 7/12 @ 1743 - 3.12 7/12 @ 2201  
- 2.39 7/13 @ 0156 - 2.07 7/13 @ 0556 - 2.61 7/13 @ 2027 - 2.21 7/14  
@ 0820 - 2.36  
CDC Split Type:  
Write-up: Chest pain started 7/11 in evening and worsened by morning  
of 7/12, patient went to ED was admitted to Pediatric ICU, chest  
pain treated with tylenol, resolved on its own Discharged to follow  
up with cardiologist in 2 weeks

VAERS ID: 1471262 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Tennessee

Vaccinated: 2021-06-03  
Onset: 2021-06-18  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-07-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0170 / 2 LA / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain, Alanine aminotransferase increased,  
Aspartate aminotransferase increased, Autoimmune hepatitis,  
Computerised tomogram liver abnormal, Hepatic enzyme increased,

Laboratory test abnormal, Lymphadenopathy, Magnetic resonance imaging hepatobiliary abnormal, Smooth muscle antibody positive, Ultrasound liver abnormal, Vomiting  
SMQs:, Liver related investigations, signs and symptoms (narrow), Hepatitis, non-infectious (narrow), Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Biliary system related investigations, signs and symptoms (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Multiple dates from June 18 through July 14.

AST - 272. ALT -549. Actin Smooth Muscle antibody 27.

CDC Split Type:

Write-up: ER visit with severe abdominal pain and vomiting. Admitted to hospital due to high liver enzymes and lymph node activity.

Follow up exams including extensive labs, CT, MRI and ultrasound point to autoimmune hepatitis.

VAERS ID: 1471824 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-07-08

Onset: 2021-07-15

Days after vaccination: 7

Submitted: 0000-00-00

Entered: 2021-07-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW 0151 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Adverse event following immunisation, Chest pain,

Dyspnoea, Musculoskeletal pain

SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and

therapeutic procedures (broad), Cardiomyopathy (broad),  
Tendinopathies and ligament disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Epipen  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Peanuts  
Diagnostic Lab Data: Observation. Treated with Acetaminophen 500mg  
QD PRN and Ketoprofen 2.5% Topical gel BD PRN  
CDC Split Type:  
Write-up: Youth developed sensation of shortness of breath and chest  
pain. He was admitted to a local hospital for observation overnight  
and diagnosed with musculo-skeletal pain post vaccination. No other  
diagnoses or abnormal findings.

VAERS ID: 1474791 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-12  
Onset: 2021-07-14  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Hypoaesthesia, Troponin increased  
SMQs:, Peripheral neuropathy (broad), Myocardial infarction  
(narrow), Guillain-Barre syndrome (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain, left arm and jaw numbness starting 2 days after 2nd Covid vaccine. Troponin 5.64. Admitted for observation

VAERS ID: 1478124 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-06-20  
Onset: 2021-06-28  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-07-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 1 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Arteriogram coronary abnormal, Brain natriuretic peptide increased, C-reactive protein increased, Coronary artery aneurysm, Echocardiogram abnormal, Immunoglobulin therapy, Kawasaki's disease, Pyrexia, Rash, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test, Transaminases increased

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Vasculitis (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Flonase and albuterol

Current Illness: Primary COVID-19 infection in March 2021

Preexisting Conditions: None

Allergies: Seasonal allergies



Diagnostic Lab Data: Echocardiogram and CTA coronaries showing large aneurysms \$g 8 mm. Elevated CRP, ESR, and BNP. SARS-CoV-2 IgG (Anti-Spike) positive. SARS-CoV-2 IgG (Anti-Nucleocapsid) positive. Elevated liver transaminases.

CDC Split Type:

Write-up: Patient developed Kawasaki disease like symptoms with fever, rash and large coronary aneurysms. He received IVIG and infliximab treatment. Aneurysms remain large 2 weeks out from treatment.

VAERS ID: 1481347 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Unknown

Vaccinated: 2021-07-03

Onset: 2021-07-06

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Magnetic resonance imaging abnormal, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Chest pain, received motrin, MRI with myocarditis, elevated troponin le els

VAERS ID: 1483803 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Minnesota

Vaccinated: 2021-07-15

Onset: 2021-07-16

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Arthralgia, Blood sodium decreased, Blood thyroid stimulating hormone, Chest pain, Chills, Dizziness, Echocardiogram normal, Ejection fraction normal, Electrocardiogram T wave abnormal, Feeling hot, Fibrin D dimer, Full blood count, Myalgia, Neutrophil percentage increased, Pain, Pain in jaw, Troponin I increased  
SMQs: Rhabdomyolysis/myopathy (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Other ischaemic heart disease (broad), Vestibular disorders (broad), Osteonecrosis (broad), Chronic kidney disease (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Fluoxetine HCL 10mg Ventolin Inhaler 90mcg

Melatonin PRN

Current Illness: NONE

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: She had a mildly elevated troponin level of 0.11 (normal high 0.08) and her electrocardiogram demonstrated non-specific T-wave abnormalities. Na 132, CBC 6000, 82% neuts, TSH 3.66 D dimer normal 0.46 7/16/2021 20:35 CDT Troponin I 0.11 ng/mL (H) (Ref. Range 0.00 - 0.08) 7/17/2021 7:34 CDT Troponin I 0.18 ng/mL (H) (Ref. Range 0.00 - 0.08) 7/17/2021 11:38 CDT Troponin I 0.12 ng/mL (H) (Ref. Range 0.00 - 0.08) 7/17/2021 16:25 CDT Troponin I 4.18 ng/mL (H) (Ref. Range 0.00 - 0.08) 7/17/2021 17:24 CDT Troponin I 3.73 ng/mL (H) (Ref. Range 0.00 - 0.08) 7/18/2021 1:39 CDT Troponin I 5.48 ng/mL (H) (Ref. Range 0.00 - 0.08) ECHO Normal intracardiac anatomy. 2. Normal chamber sizes, wall thickness, septal position, and systolic function. 3. Biplane LV ejection fraction 65%. 4.

Estimated RV systolic pressure 21 mmHg plus CVP (BP 110/61). 5. Normal systemic venous connections, coronary artery origins, and left aortic arch with normal branching. 6. No pericardial effusion. 7. Normal study CARDIAC MRI scheduled for 7/19/2021 Repeat ECHO 7/18 10 am Normal

CDC Split Type:

Write-up: 12 hrs after vaccine administration reported chest pain upper retrosternal area with radiation to jaw .back with dizziness,feeling warm with chills and muscle aches and joint pains for next 36 hrs Admitted to Hospital 7/16/21 Symptoms resolved 7/18/21 at 10 am

VAERS ID: 1483919 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: New Mexico

Vaccinated: 2021-06-08

Onset: 2021-06-17

Days after vaccination: 9

Submitted: 0000-00-00

Entered: 2021-07-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0172 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood test, Chest X-ray abnormal, Chest discomfort, Flank pain, Pulmonary embolism

SMQs:, Anaphylactic reaction (broad), Retroperitoneal fibrosis

(broad), Embolic and thrombotic events, venous (narrow),

Cardiomyopathy (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Birth control (unknown brand) for \$g1 yr, immune allergy shots

Current Illness: None

Preexisting Conditions: None

Allergies: Seasonal

Diagnostic Lab Data: PE on x-ray exam and blood work done.

CDC Split Type:

Write-up: Symptoms began with pain on side on 6/17/2021. Reports feeling heaviness on chest that same night. Was taken to ER and had x-ray where PE was detected. She was transferred to another hospital and admitted for 5 days.

VAERS ID: 1487230 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-07-16

Onset: 2021-07-19

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 AR / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 AR / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Haemodynamic test normal, Intensive care, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin 150, EKG WNL, Echo WNL

CDC Split Type:

Write-up: Pt presented to ER three days after second COVID vaccination with chest pain. Elevated troponin found. Admitted to PICU overnight with normal hemodynamics and stable troponin.

VAERS ID: 1487317 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-27

Onset: 2021-07-17

Days after vaccination: 20

Submitted: 0000-00-00

Entered: 2021-07-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Adenovirus test, Alanine aminotransferase increased, Aspartate aminotransferase increased, Brain natriuretic peptide normal, Chest pain, Cytomegalovirus test, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Enterovirus test, Epstein-Barr virus antibody, HIV test negative, Immunology test, Parvovirus B19 test, Pericarditis, Respiratory viral panel, SARS-CoV-2 antibody test, SARS-CoV-2 test, SARS-CoV-2 test negative, Troponin

SMQs:, Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: minocycline

Current Illness: cold symptoms, cannot remember timeline but in the month prior to vaccination

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Administered morphine for pain with improvement. Obtained troponin and BNP, troponin elevated to 0.1 (normal upper limit 0.05) and BNP 23. Transferred for further evaluation given elevated troponin. PE unremarkable. Chest pain and difficulty breathing resolved, did not require any medications. Obtained repeat troponin, elevated to 0.09. Another level obtained approx 6hrs later decreased to 0.03. EKG showed mild ST elevations suggestive of pericarditis. Echo showed normal biventricular systolic function. Hospital Course: Troponins were trended and normalized prior to discharge. Serial EKGs performed and normalized prior to discharge. Echo performed and showed normal function. Chest pain resolved prior to discharge. Will plan to follow up in cardiology clinic in 4 weeks for repeat Echo and in 3-6 months for cardiac MRI. Will need exercise restriction for the next 3 months until cardiac MRI results back. Infectious disease was consulted and the following studies were obtained: Lyme Disease Screen with reflex to western blot (negative), EBV antibody panel (pending), EBV quantitative blood PCR (negative), CMV IgM (pending), CMV IgG

(pending), CMV quantitative blood PCR (negative), Adenovirus blood PCR (negative), Enterovirus blood PCR (pending), Parechovirus blood PCR (pending), Parvovirus blood PCR (pending), HIV 1/2 Ag/Ab screen (4th gen) (negative), Respiratory Pathogen Panel (negative), COVID PCR (negative), COVID IgM and IgG (pending). Received 2nd dose COVID vaccine 3 weeks prior, therefore will report to VAERS. Patient tolerated regular diet throughout admission. AST and ALT elevated on admission, downtrading prior to discharge.

CDC Split Type:

Write-up: chest pain, shortness of breath

VAERS ID: 1487465 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Connecticut

Vaccinated: 2021-07-16

Onset: 2021-07-16

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Blood fibrinogen increased, C-reactive protein increased, Chest X-ray abnormal, Chest pain, Echocardiogram normal, Electrocardiogram ST segment abnormal, Fibrin D dimer, Headache, Hypotension, Inflammatory marker increased, Influenza like illness, Intensive care, Myalgia, Nausea, Pleuritic pain, Procalcitonin, Pulmonary oedema, Pyrexia, Respiratory distress, SARS-CoV-2 antibody test positive, Syncope, Troponin increased, Vomiting

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Flonase  
Current Illness: Patient had stuffy nose sometime within the last month. Family is not sure if it was allergies, dryness from being in the AC a lot. Did not feel that it was a URI.  
Preexisting Conditions: Psoriasis and scoliosis of the thoracic spine  
Allergies: Cefdinir, Amoxicillin, Penicillins  
Diagnostic Lab Data: Initial EKG demonstrated diffuse ST changes  
Repeat EKG was normal and echo was unremarkable. Troponin highest 2.16 Elevated inflammatory markers CKMB 23.2, CK 345, procalcitonin 0.49, CRP 12.17, Fibrinogen 448, D-dimer 483 COVID SARS antibody spike 4002 COVID Antibody IgG nucleocapsid 0.1  
CDC Split Type:  
Write-up: Patient had flu like symptoms that developed the evening of vaccination including fever, headache, myalgias, nausea and vomiting. He had a syncopal episode on 7/18 (2 days after vaccination) and family found him on the ground. Following this episode he complained of substernal pleuritic chest pain. Initial EKG demonstrated diffuse ST changes. He became hypotensive and developed respiratory distress with evidence of pulmonary edema on CXR. He was admitted to the PICU on 35L HFNC and received an epinephrine drip for blood pressure control. Respiratory status improved.

VAERS ID: 1489798 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-06-16  
Onset: 2021-06-21  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-07-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / -  
Administered by: Other Purchased by: ?  
Symptoms: Body temperature, Platelet count, Platelet count decreased, Pyrexia  
SMQs: Haematopoietic thrombocytopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: none  
Allergies:  
Diagnostic Lab Data: Test Date: 20210621; Test Name: fever up to 105F; Result Unstructured Data: Test Result:105 Fahrenheit;  
Comments: fever upto 105F the day; Test Date: 20210621; Test Name: platelet level; Result Unstructured Data: Test Result:9; Test Date: 20210622; Test Name: platelet level; Result Unstructured Data: Test Result:6-7  
CDC Split Type: USPFIZER INC2021846587  
Write-up: platelet level at 9; fever up to 105F; This is a spontaneous report from a contactable consumer (patient). A 15-year-old female patient received the second dose of bnt162b2 (BNT162B, Solution for injection, Lot Number: EW01872), via an unspecified route of administration, administered in Arm Left on 16Jun2021 (at the age of 15-years-old) as DOSE 2, SINGLE for COVID-19 immunisation. The patient had no relevant medical history or concomitant medications to report. There were no known allergies. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccination. The patient was not pregnant at the time of vaccination and adverse events. The patient previously received the first dose of bnt162b2 (BNT162B, Lot Number: EW0187), via an unspecified route of administration, administered in Arm Left on 26May2021 (at the age of 15-years-old) as DOSE 1, SINGLE for COVID-19 immunisation. On 21Jun2021, the patient had fever up to 105F the day after 2nd dose of vaccine, which was managed and went away. She was scheduled for annual physical on 21Jun2021 and the doctor (withheld) ran a routine blood work. The results came back with platelet level at 9. the test was repeated the next day (22Jun2021) a few times, but the results came with numbers ranging at 6-7. She was admitted to (hospital name withheld) where she received steroid and IVig infusion. The adverse events resulted into Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. The patient was not diagnosed with COVID-19 before vaccination and was not tested for COVID-19 post vaccination. Outcome of the event platelet level at 9 was not recovered, while fever up to 105F recovered on an unspecified date.

VAERS ID: 1489821 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male



Location: Florida

Vaccinated: 2021-06-07

Onset: 2021-06-01

Submitted: 0000-00-00

Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 F / 2 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood immunoglobulin G, Blood immunoglobulin M, COVID-19, Condition aggravated, Dehydration, Diarrhoea, Gastrointestinal inflammation, Headache, Hypotension, Insomnia, Multisystem inflammatory syndrome in children, Overdose, Pericardial effusion, Pyrexia, SARS-CoV-2 test, Vaccination failure, Vomiting  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Lack of efficacy/effect (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Pseudomembranous colitis (broad), Drug abuse and dependence (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Noninfectious diarrhoea (narrow), Medication errors (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (narrow), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 22 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Mosquito bite

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210615; Test Name: IgG; Result

Unstructured Data: Test Result:Positive; Comments: Blood test; Test

Date: 20210615; Test Name: IgM; Result Unstructured Data: Test

Result:Positive; Comments: Blood test; Test Date: 20210615; Test

Name: PCR; Result Unstructured Data: Test Result:Negative; Comments:

Nasal Swab; Test Date: 20210617; Test Name: PCR; Result Unstructured

Data: Test Result:Positive; Comments: Nasal Swab

CDC Split Type: USPFIZER INC2021857119

Write-up: covid\_test\_name\_post\_vaccination=PCR  
covid\_test\_result=Positive; Condition worsen; pericardial effusion; develop GI; Heavier Insomnia; diarrhea; vomiting; fever; Headache; Hypotensive; Dehydrated; Developed into MIS-C; Patient said he had 4 vaccines; PCR resulted as positive on 17Jun2021 Nasal Swab; This is a spontaneous report received from a contactable other-HCP (father) reported for old son (patient). A 15-year-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Batch/Lot Number: EW0173 F) via an unspecified route of administration in left arm on 07Jun2021 as dose 2, single for COVID-19 immunization. Medical history included ongoing known allergy in mosquito bite (skeeter syndrome) an allergic reaction to mosquito bites, as his son has grown up it has become less and less relevant. Concomitant medications were not reported. Patient previously received first dose of bnt162b2 (Dose:01 Lot number: EW0171 Anatomical Location: Arm left) on 17May2021 for COVID-19 immunization. It was unknown if the patient received any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, was the patient was not diagnosed with COVID-19. Since the vaccination, the patient been tested for COVID-19. History of all previous immunization with the Pfizer vaccine considered as suspect (or patient age at first and subsequent immunizations dates of birth or immunizations are not available. It was reported that my son traveled on 16May2021. Covid test prior traveling negative. On Jun2021, 4 days after vaccination develop GI, heavier insomnia, diarrhea, vomiting, fever, hypotensive, dehydrated. On 11Jun2021 experienced pericardial effusion. On an unknown date Jun2021, developed into MIS-C and was intubated. The patient was hospitalized from 14 Jun 2021 to 6 Jul 2021. Treatment was received. On 15Jun2021, admission at (withheld), (Hydration IV and IVIGs). On 16Jun2021 condition worsen and Intubated in (withheld). On 17Jun2021, transfer to (withheld) (7 days at PICU, another 7 at pediatrics). On Jun2021, developed a strong insomnia and headache. Events resulted in emergency room/department or urgent care. Treatment received for the adverse event was MIS-C protocol IVIGsAnakinra, esterooids and others. On an unknown date, Patient said he had 4 vaccines. His son spent 7 days in the ICU and 7 days in the pediatric unit was discharged from the hospital yesterday. Reported that other researchers studying MIS-C in children have seen how the epithelium cells in the intestine become loose, then the protein goes through the blood stream and can start a cytokine storm and asked if we have studies regarding how much S protein is being produced by different age groups; can it be checked how much S protein is going into the bloodstream to see adverse effects of the vaccine and stated he needs more data to see if his son was possibly infected with Covid during his vaccination period or what he previously infected and absolutely asymptomatic. Most MIS-C occurs 4-6 weeks after having Covid. States that for his son to travel he had to have antigen testing, which was negative. His son did well until 3-4 days after the second shot. States at that time his son became ill with vomiting, diarrhea, headache, and insomnia. She took her son to the hospital and they found him to be hypotensive and dehydrated. They started intravenous fluids and their protocols; the hospital did not have all the required medications for their son and

recommended he be transferred to (withheld) Hospital. He was very tired and they decided to put him on ventilation for the ambulance drive. States that when they arrived in (withheld), his son was placed in ICU where he was on the ventilator for 5 days, the recuperating for 2 more days. His son was then moved throughout the hospital system until his discharge yesterday. His son's insomnia may have started before he left for the (withheld). States that it was worsened after the vaccine, his son mentioned after his hospitalization that he was actually given 4 shots the day he got his vaccines, assumed it to be some kind of delirium from his son being in the ICU for so long, stated he told his son that was not possible that he got 4 vaccines at once because of the paperwork you have to fill out to get the vaccine, the lady at the vaccination site told him to sit down and then gave shothim four shots. The patient underwent lab tests and procedures which included IgG and IgM resulted as positive on 15Jun2021, PCR resulted as negative on 15Jun2021 Nasal Swab, PCR resulted as positive on 17Jun2021 Nasal Swab. The clinical outcome of the event developed MIS-C and was intubated, vomiting, dierrea, headache, insomnia, hypotensive, dehydrated on an unknown date 2021 was resolved and the event pericardial effusion, develop GI, fever was resolving, the event condition worsen, Vaccination failure, patient said he had 4 vaccines and PCR resulted as positive on 17Jun2021 Nasal Swab was unknown; Sender's Comments: Based on the limited information currently available, the causal association between the event Insomnia, Diarrhea, vomiting, fever, Drug ineffective, COVID-19, Headache, overdose and the suspect drug cannot be excluded. Also, there is limited information in the case provided, the causal association between the event Multisystem inflammatory syndrome in children, Pericardial effusion, Gastrointestinal inflammation, Condition worsened, Hypotensive, Dehydration and the suspect drug cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and investigators, as appropriate.

VAERS ID: 1490330 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Tennessee

Vaccinated: 2021-07-18  
Onset: 2021-07-20  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?

Symptoms: Brain natriuretic peptide normal, Chest pain, Echocardiogram normal, Electrocardiogram, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Autism

Allergies: None

Diagnostic Lab Data: Peak troponin 6.13 on 7/21. EKG without evidence of myocardial ischemia (7/21). Echocardiogram with normal function (7/21). Patient to have cardiac MRI in future. BNP normal (7/21).

CDC Split Type:

Write-up: Perimyocarditis (presented with cardiac chest pain 2 days after 1st vaccine dose). Patient had symptomatic COVID-19 infection in 9/2020. At risk for life threatening ventricular arrhythmias until myocarditis resolves.

VAERS ID: 1490398 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: New Jersey

Vaccinated: 2021-06-05

Onset: 2021-06-26

Days after vaccination: 21

Submitted: 0000-00-00

Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0191 / 1 UN / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0191 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Angiogram, Back pain, C-reactive protein increased, Chest X-ray abnormal, Chest discomfort, Chest pain, Condition aggravated, Conjunctival hyperaemia, Conjunctivitis allergic, Dyspnoea, Echocardiogram normal, Ejection fraction normal, Electrocardiogram normal, Fibrin D dimer, International normalised ratio,

International normalised ratio normal, Lymphadenopathy, Pain, Pain in extremity, Painful respiration, Palpitations, Platelet count increased, Pleural effusion, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test negative, SARS-CoV-2 antibody test positive, Scoliosis, Tenderness, Troponin, Ultrasound Doppler normal

SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Conjunctival disorders (narrow), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None noted

Current Illness: 5/11/21 evaluated in emergency room for complaint of pain dorsum right foot not associated with trauma treated with naprosyn, given a boot --follow up with podiatrist was that he had flat feet, pain resolved after one week.

Preexisting Conditions: Hidradenitis suppurativa

Allergies: None noted

Diagnostic Lab Data: 7/15/21--platelets = 519,000; ESR 130; CRP=20.82; PT/INR = 18.4; D Dimer-280; CT angio wnl except for subcentimeter lymphadenopathy in hilum/bilateral axillae; EKG = wnl CXR showing a minimal left pleural effusion and mild dextroscoliosis of upper thoracic spine. Echo-cardiogram wnl with EF=79%; Doppler u/s both lower extremities wnl without evidence of DVT. Troponin <6; COVID AB negative despite prior h/o acute COVID 19 in 12/2020; quantitative anti-SARS CoV-2Ab 2500 (consistent with immune response to immunization)

CDC Split Type:

Write-up: 6/26/21--;pca; 7/8/21 mild, mildly pruritic, non-painful, bilateral conjunctival injection (left more than right) without ocular discharge--attributed to seasonal allergic conjunctivitis but still persists at present time. 7/13/21 woke up with severe (8-9/10) sub sternal and left sided chest pain/pressure sensation, which radiated to his back with associated difficulty breathing/shortness of breath, worsening of pain with deep inspiration and lying supine, and palpitations. Bilateral calf pain and tenderness of left foot. Symptoms persisted. To ED at Hospital but left without

being seen due to long lines then came to our ED for evaluation. Of note received 1st dose humira without apparent side effects

VAERS ID: 1490429 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-29  
Onset: 2021-07-09  
Days after vaccination: 10  
Submitted: 0000-00-00  
Entered: 2021-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/ BIONTECH - / 1 - / -		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/ BIONTECH - / 2 - / -		

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time shortened, Alanine aminotransferase increased, Aspartate aminotransferase increased, Back pain, Bilirubin urine, C-reactive protein increased, Computerised tomogram head normal, Dizziness, Echocardiogram normal, Electrocardiogram abnormal, Fibrin D dimer increased, Headache, Human ehrlichiosis, Laboratory test, Muscle tightness, Mycobacterium tuberculosis complex test, Nausea, Neck pain, Platelet count decreased, Protein urine present, Pyrexia, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test, Serum ferritin increased, Sinus tachycardia, Splenomegaly, Ultrasound abdomen normal, Urine analysis, Urine ketone body present, Urine leukocyte esterase positive, Urobilinogen urine, Vomiting, White blood cell count decreased, White blood cells urine positive  
SMQs: Acute renal failure (broad), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (broad), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Chronic kidney disease (broad), Arthritis (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None documented  
Current Illness: None documented  
Preexisting Conditions: Facial acne  
Allergies: None documented  
Diagnostic Lab Data: 7/13/21-TB = 1.6 ALT= 101, AST=117, WBC=3,000;  
platelets = 88,000 CRP=43 7/14/21--wbc=3400; platelets= 53,000;  
CRP=5.66, TB 1.8; ALT=234; AST=282  
CDC Split Type:  
Write-up: 7/9/21 developed moderately severe throbbing headache  
localized to his forehead with moderately severe painful "tight"  
sensation in the muscles of the back of his neck and lower back.  
Pain persisted for ~ 3 hours ; Temp 101 Tylenol 1 taken but fever  
and pain returned after 3-4 hours. 7/10 awakened with nausea, dizzy/  
lightheaded , headache, vomiting. symptoms continued until 7/12/21.  
Viral infection suspected but nonetheless prescribed cephalexin "in  
case". Fever and headache continued with once daily eesis so came to  
ED for evaluation 7/14/21

VAERS ID: 1490796 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-07-14  
Onset: 2021-07-15  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / IM

Administered by: Unknown Purchased by: ?  
Symptoms: Arthralgia, Full blood count, Inflammatory marker test,  
Metabolic function test, Myalgia, Peripheral swelling, Polyarthriti  
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad),  
Angioedema (broad), Systemic lupus erythematosus (broad),  
Extravasation events (injections, infusions and implants) (broad),  
Haemodynamic oedema, effusions and fluid overload (narrow),  
Eosinophilic pneumonia (broad), Arthritis (narrow), Tendinopathies  
and ligament disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No

Hospitalized? Yes, 1 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Normal inflammatory markers, CBC, BMP.

CDC Split Type:

Write-up: Patient developed ipsilateral arm swelling which progressed to polyarthritis on the elbow and wrist. Within a few days, similar symptoms developed on the ipsilateral leg including knee and ankle. Also with arthralgias and myalgia in this distribution. No real improvement with ibuprofen. Was admitted to hospital for these symptoms and arthritis resolved with NSAIDs, but still with significant arthralgias. No fevers throughout, but on NSAIDs.

VAERS ID: 1491021 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: California

Vaccinated: 2021-06-10

Onset: 2021-06-13

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 AR / SYR

Administered by: Private Purchased by: ?

Symptoms: Cardiac failure congestive, Cardiac imaging procedure abnormal, Continuous positive airway pressure, Cough, Dyspnoea exertional, Ejection fraction decreased, Inflammatory marker test, Nausea, Orthopnoea, Polyuria, Pyrexia, Respiratory disorder, Troponin normal, Ventricular dysfunction, Viral test negative, Vomiting

SMQs:, Cardiac failure (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (narrow), Tubulointerstitial diseases (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No



Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 9 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: ASA 162mg  
Current Illness: None  
Preexisting Conditions: Tetralogy of Fallot w/ pulmonary atresia s/p  
repair in infancy (8/2006), conduit replacement (2009) and Melody  
valve placement 2019.  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient presented 3 weeks after the vaccine with worsening  
dyspnea on exertion, orthopnea, cough that began 2 days after  
vaccine administration. Two days prior to presentation to Harbor ER  
on 7/1/2021 he had nausea and vomiting with a fever 101F on day of  
presentation. He was found to be in congestive heart failure with  
severely diminished biventricular function. While inpatient he had  
worsening respiratory status requiring CPAP and O2 though he  
improved with initiation of diuresis. His inflammatory markers were  
not elevated and he had negative troponins. cMRI revealed an LVEF  
13% with no signs of active myocarditis. Viral studies were negative  
and there was no evidence of bacterial infection. Prior to this, he  
was in his USOH with no limitations. He was seen in cardiology  
clinic 5/2021 and was stable at that time. He required initiation of  
diuretics and oral heart failure management and was discharged with  
close follow-up.

VAERS ID: 1493763 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Montana

Vaccinated: 2021-07-15  
Onset: 2021-07-17  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 - / IM

Administered by: Public Purchased by: ?  
Symptoms: C-reactive protein increased, Cardiac imaging procedure  
abnormal, Chest pain, Echocardiogram abnormal, Ejection fraction  
decreased, Fatigue, Immediate post-injection reaction,  
Immunoglobulin therapy, Left ventricular dysfunction, Myocarditis,  
Palpitations, Pericardial effusion, Right ventricular dysfunction,  
Right ventricular ejection fraction decreased, Troponin increased  
SMQs: Cardiac failure (narrow), Systemic lupus erythematosus  
(broad), Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Pulmonary hypertension

(narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Melatonin

Current Illness: None

Preexisting Conditions: Autism Spectrum Disorder

Allergies: Amoxicillin

Diagnostic Lab Data: 7/17 Troponin 20,987 at 1450 and CRP 79.4. 7/17 Troponin 28,338 at 2336. 7/18 Troponin 23376, CRP 53. 7/19 Troponin 19,463, CRP 29. 7/20 Troponin 4,658, CRP 16.6. 7/21 Troponin 2,076, CRP 9.3. 7/17 Echo - LVEF 40-50%, with LV+RV mildly depressed systolic function + diastolic function. 7/19 Echo- LVEF 50%, low-normal function, slightly improved. 7/19 Cardiac MRI - Mildly decreased global LV systolic function (EF 47%), decreased RV systolic function (EF 37%), small pericardial effusion. 7/21 Echo normal.

CDC Split Type:

Write-up: Chest pain and palpitations, fatigue immediately post vaccine and chest pain starting 43 hours later. Admitted at 48 hours with troponin 20,000 and decreased biventricular function on echo (RVEF 37%) consistent with myocarditis. Symptomatic improvement post IVIG treatment. Hospital stay 4 days without arrhythmia or other events. Treated with IVIG alone.

VAERS ID: 1498080 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: New York

Vaccinated: 2021-07-18

Onset: 2021-07-22

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 1 LA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0198 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Resuscitation, Syncope, Ventricular tachycardia  
SMQs: Torsade de pointes/QT prolongation (narrow), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? Yes

Date died: 2021-07-22

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lopressor 25mg BID

Current Illness: Diagnosed May 2021 hypertrophic cardiomyopathy

Preexisting Conditions: Diagnosed May 2021 hypertrophic cardiomyopathy

Allergies: unknown

Diagnostic Lab Data: none at this time

CDC Split Type:

Write-up: 7/22/2021 Child collapsed on soccer field while playing soccer at a local camp. CPR was initiated immediately. EMS arrived and found patient in vtac. Shock x 5. ACLS, intubation attempted. Transported to Medical Center. Patient had covid in April 2021. Dx in May 2021 hypertrophic cardiomyopathy. Started on lopressor 25mg BID. Patient had reported to parents that he had not recently taken his medications. Patient had his second covid vaccine on Sunday 7/18/2021.

VAERS ID: 1498436 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: California

Vaccinated: 2021-06-08

Onset: 2021-07-09

Days after vaccination: 31

Submitted: 0000-00-00

Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Areflexia, Aspartate aminotransferase normal, Back pain, Blood creatine phosphokinase increased, Blood culture negative, Blood electrolytes normal, C-

reactive protein normal, CSF culture, CSF glucose normal, CSF protein increased, CSF red blood cell count positive, Culture urine negative, Cytomegalovirus test, Cytomegalovirus test negative, Enterovirus test negative, Facial nerve disorder, Facial paresis, Gait disturbance, Gram stain, Guillain-Barre syndrome, Hypoaesthesia, Laboratory test, Loss of personal independence in daily activities, Lumbar puncture abnormal, Magnetic resonance imaging head abnormal, Magnetic resonance imaging spinal abnormal, Muscular weakness, Mycoplasma test, Paraesthesia, Red blood cell sedimentation rate normal, Scan with contrast abnormal, Skin tightness, Stool analysis, Tremor, Varicella virus test, White blood cell count normal

SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Demyelination (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: MRI C-spine 7/18/21: unremarkable MRI Head 7/21/21: unremarkable MRI Head and Spine with Contrast 7/22/21: Diffuse smooth cauda equina enhancement, worse along the ventral cauda equina nerve roots and typical for AIDP. No associated mass or nodularity. No intrinsic cord signal abnormality. Correlate with LP. Lumbar Puncture 7/22/21: gram stain negative, RBC 3 WBC 3, glucose 53, protein 203 Enterovirus PCR CSF 7/22/21: negative, CMV, VZV, Mycoplasma pneumonia in process Serum Mycoplasma pneumonia IgM 7/21/21: in process Serum Campylobacter jejuni Ab 7/21/21: in process Serum CMV IgM and IgG 7/21/21: negative Blood culture 7/21/21: no growth x 24 hours Urine culture 7/21/21: no growth x 24 hours CSF culture 7/22/21: in process CK 7/20/21: 260 Electrolytes 7/20/21: normal ALT/AST 7/20/21: normal CRP/ESR 7/21/21: normal Stool enteric pathogens panel: in process

CDC Split Type:

Write-up: Patient returned from trip and began having bilateral leg

tightness and weakness, difficulty walking, tingling and numbness in hands and feet, low back pain. Got progressively worse over 2 weeks, she was requiring assistance to be carried to the bathroom. Denies other symptoms or illnesses, no fevers. On exam, 3/5 lower extremity strength throughout, absent lower extremity deep tendon reflexes, upper extremity strength 4 or 5/5 with 2+ reflexes, sensation intact throughout, right sided facial nerve weakness with asymmetric smile, other cranial nerves intact, tremor with finger to nose bilaterally, shuffling unsteady gait with inability to lift legs high.

VAERS ID: 1500643 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: South Carolina

Vaccinated: 2021-06-05

Onset: 2021-06-09

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Seizure

SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021870847

Write-up: seizure; This is a spontaneous report from a contactable consumer(patient) via Pfizer sponsored program. A 15-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Lot Number: EW0191, Expiration date was not reported), via an unspecified route of administration, at the age of 15-year-old on 05Jun2021 as single

dose for covid-19 immunization. The patient medical history was reported as no. The patient's concomitant medications were not reported. Patient had no known allergies. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient did not receive any other vaccines within four weeks prior to the vaccination. The patient did not receive any other medications within 2 weeks of vaccination. Historical vaccine included first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Formulation: Solution for injection, Lot number: EW0182, Expiration date was not reported), via an unspecified route of administration on 14May2021 as single dose for COVID-19 immunization. On 09Jun2021, the patient got seizure. The patient reported that he got seizure twice already, which never happened before. 1st time was on 09Jun2021(4 days after 2nd dose), and 2nd time was on 10Jul2021. Each time it was unprovoked grand mal seizure. Patient was hospitalized by 911 on 09Jun2021. Reports revealed no mass/bleed in head, He was given Keppra IV. The adverse event resulted in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. The clinical outcome of event was not recovered. Follow-Up (16Jul2021): Follow-up attempts are completed. No further information is expected.

VAERS ID: 1500756 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-07-17  
Onset: 2021-07-20  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Immunoglobulin therapy, Pyrexia, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: peanut, soy and tree nut

Diagnostic Lab Data: Patient had elevated troponin on admission to the hospital which increased over the subsequent 24 hours after hospitalization. EKG and echo were normal. Due to continuation in rise of troponin he received IVIG and IV steroids.

CDC Split Type:

Write-up: Patient had fever the day after the of receipt of the vaccine (on 7/18) but then on 7/20 started to complain of mid sternal chest pain which lasted that day. He was evaluated in the ER and based on labs and history, admitted for evaluation. His chest pain had resolved by the following day.

VAERS ID: 1501224 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: Alabama

Vaccinated: 2021-05-14

Onset: 2021-05-14

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EL9265 / 1 RA / SYR

Administered by: Private Purchased by: ?

Symptoms: Abdominal discomfort, Abdominal distension, Abdominal pain upper, Abdominal rigidity, Acute kidney injury, Acute respiratory failure, Adverse event, Anxiety, Cardiac failure, Cardiomegaly, Central venous catheterisation, Chest tube insertion, Chills, Feeling cold, General physical health deterioration, Heart injury, Hyperglycaemia, Hypomagnesaemia, Insomnia, Intensive care, Leukocytosis, Mania, Myocarditis, Pleural effusion, Pneumonia, Pneumothorax, Skin candida, Thoracic operation, Type 1 diabetes mellitus

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, venous (narrow), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Acute central respiratory depression (narrow), Psychosis and psychotic disorders

(broad), Accidents and injuries (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? Yes

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 32 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Sertraline, Risperidone, Buspirone, Aripiprazole, CoQ10, Norditropin, Flintstone Complete

Current Illness: None

Preexisting Conditions: Prader Willi Syndrome

Allergies: None

Diagnostic Lab Data: 5-16-21 through 6-17-21 New onset diabetes Type I, Acute Kidney Injury, Adverse Drug Event, Candidal intertrigo, Acute hypoxemic respiratory failue CRP Elevated, Glycosuria, Hyperglycemia, Hypomagnesemia, Leukocytosis, Pleural Effusion, Emyyema Lung, Pneumonia VATS on 5-20-21. Right Lung had no air exchange, Left lung collapsed, heart enlarged, myocarditis, heart failure, heart injury, Two chest tubes and PICC placed.

CDC Split Type:

Write-up: Received 1st dose of Pfizer Covid Vaccine and started becoming increasingly manic within about an hour. Complained of stomach discomfort. Became increasingly anxious and manic and was only able to sleep for two hours (received at 4pm, slept from 12am to 2am). Awake and manic the day following. Complained of stomach pain. Eating normally with no other symptoms. Started complaining of being cold and chills. Applied rotating heated blankets until he feel asleep about 10pm. Woke up at 2am. Manic and anxious. Stomach started swelling more and becoming rigid. Gave him Miralax. No change in swelling. Increased stomach pain. Gave him a suppository. Immediate small bowel movement. After two more hours and no change in swelling, gave a second suppository. Immediate small bowel movement. Stomach becoming distended and complaining of increased pain. Took him to the ER. Pain amplified on the way. Admitted to PICU after EKG in ER. Quickly declined and went into respiratory failure. Right lung had no air exchange and left lung collapsed. Myocarditis, pleural effusion, kidney damage and new onset Type I diabetes. Unexplained pneumonia. No growth from fluid in lung.

VAERS ID: 1501391 (history)



Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Nebraska

Vaccinated: 2021-05-26  
Onset: 2021-06-07  
Days after vaccination: 12  
Submitted: 0000-00-00  
Entered: 2021-07-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 1 UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: Biopsy skin abnormal, C-reactive protein increased,  
Condition aggravated, Cytokine increased, Dermatitis, Neutrophilic  
dermatosis, Pyrexia, Rash, Red blood cell sedimentation rate  
increased, Scar, White blood cell count increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (broad), Malignancy related  
therapeutic and diagnostic procedures (narrow), Skin tumours of  
unspecified malignancy (broad), Hypersensitivity (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (narrow),  
Sepsis (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol, Flovent, Methimazole, Cetirizine,  
Montelukast (partial list)

Current Illness: Alpha thalassemia minor, allergic rhinitis, asthma,  
obesity, asthma, acne, Graves disease, acne, hypertriglyceridemia,  
autism, depression

Preexisting Conditions: Alpha thalassemia minor, allergic rhinitis,  
asthma, obesity, asthma, acne, Graves disease, acne,  
hypertriglyceridemia, autism, depression

Allergies: Bromazefed, carbinoxamine-pseudoephedrine, fexofenadine,  
pseudoephedrine, cefdinir, codeine,, penicillins, Rondec, bleach,  
cats, dogs, grass, mold, seasonal

Diagnostic Lab Data: 6/7/2021: elevated ESR (95mm/hr), elevated WBC  
count, elevated CRP (6.2 mg/dL) 6/9/2021: elevated serum cytokines  
(sCD25, IL-10, IL-6) Skin biopsy on 6/9/2021 revealed neutrophilic  
dermatosis with dermal inflammation.

CDC Split Type:

Write-up: The patient had COVID-19 in July 2020. In August 2020, he  
developed a whole body pustular rash. He was then admitted for an  
"asthma exacerbation" and found to have hilar lymphadenopathy. He

was treated with several courses of prednisone for his asthma during the next few months. Within few days of his first dose of the COVID19 vaccine he developed fever and severe exacerbation of his rash (which thought to be acne at that time) that resulted in hospitalization on 6/7/2021. Interestingly, he received his second dose of the meningococcal vaccine (MCV4P, Menactra, lot # U6877BA) on 6/7/2021. The patient has been treated with antimicrobials (both antibiotics and antivirals, completed course) and high-dose corticosteroids (both oral and IV) and is slowly improving. He has severe skin scarring.

VAERS ID: 1501450 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-05-14

Onset: 2021-05-18

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0172 / UNK LA / SYR

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / UNK LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Asthenia, Blood test normal, Cough, Dizziness, Dyspnoea, Furuncle, Heart rate increased, Hypotension, Laboratory test normal, Monoplegia, Oropharyngeal pain, Pain, SARS-CoV-2 test negative

SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Vestibular disorders (broad), Dehydration (broad), Hypokalaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A  
Preexisting Conditions: N/A  
Allergies: any type of nuts  
Diagnostic Lab Data: 3 covid test done all came out negative  
5/26/2021 at 11 PM i was taken by ambulance to Hospital with all above mentioned trouble. Covid tests were done and all came out negative. kept all night in the waiting area with no treatment given. Dad brought me back home on 5/27/2021 at 7:30 AM and took me to my pediatrician. 5/27/2021 blood test was done by Dr., (my pediatrician) all reports came out negative. medication given by doctor had no effects 5/28/2021 my parents took me to Hospital. I was taken in immediately. all tests came out negative. They gave me medication and sent me home. But the medication didn't help We called my other pediatrician and told my situation and he recommended to go to the ER because my situation was getting worse 6/2/2021 was taken again to Hospital ER and treatment was started and did more test and more medication and i was sent home 6/3/2021 I was taken to Dr. and he gave me medication and i was still having pain but it took me weeks to feel little better and to this day I still have weakness, shortness of breath, arm pain and the boils on my body

CDC Split Type:

Write-up: continues cough, heavy body pain ,shortness of breath, dizziness, low blood pressure, high heart rate, pain full boils on body, sore throat,

VAERS ID: 1502431 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-07-23

Onset: 2021-07-25

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram abnormal, Intensive care, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: migraines  
Allergies: None  
Diagnostic Lab Data: Troponin 7/26 AM - 18  
CDC Split Type:  
Write-up: Approximately 24 hours after receiving his Covid he developed chest pain. This initially was intermittent and then became persistent and severe approximately 48 hours after receiving his vaccine. In the emergency department labs were drawn that showed an elevated troponin to 18 and EKG consistent with myocarditis. He was then admitted to the intermediate care unit

VAERS ID: 1502563 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-21  
Onset: 2021-06-22  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 LA / IM

Administered by: Military Purchased by: ?

Symptoms: Antinuclear antibody negative, Brain natriuretic peptide normal, C-reactive protein normal, CSF myelin basic protein, CSF oligoclonal band, CSF test abnormal, Chest pain, Complement factor C3, Complement factor C4, Computerised tomogram head, Double stranded DNA antibody, Electrocardiogram T wave abnormal, Headache, Hypophagia, Immunology test, Lumbar puncture, Lymphocyte count, Magnetic resonance imaging head normal, Nausea, Neurological symptom, Pain, Photophobia, Pleuritic pain, Procalcitonin, Red blood cell sedimentation rate normal, Roseolovirus test positive, Troponin normal, Urinary system X-ray

SMQs:, Acute pancreatitis (broad), Systemic lupus erythematosus (broad), Guillain-Barre syndrome (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Cardiomyopathy (broad), Corneal disorders (broad), Retinal disorders (broad), Other ischaemic heart disease (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad)

Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations: hematuria following Menactra and Hep A (Given same day)

Other Medications: unknown

Current Illness: hypofibrinogenemia unknown platelet aggregation disorder

Preexisting Conditions: hypofibrinogenemia unknown platelet aggregation disorder

Allergies: none known

Diagnostic Lab Data: Patient is a 15 year old M with hypofibrinogenemia, platelet aggregation disorder and history of COVID admitted to Inpatient Ward from 26 June - 01 July for work-up and management of new onset and severe headache, photophobia, and pain with extraocular movement. Extensive work-up complete but still unclear etiology, though near complete resolution of symptoms with IV steroids. Neuro: CSF positive for HHV-6, still unclear if this fully explains presentation. CT and brain MRI negative, though limited exam due to braces artifact. Headache complicated by clear post-LP postural headache, though this improved throughout hospitalization, with nausea moderately controlled on Benadryl. Neurology and Ophthalmology consulted, who both thought peri-neuritis was plausible, which is consistent given such rapid improvement with steroids. Pain moderately controlled with Tylenol. Oligoclonal bands and MBP CSF studies pending at time of discharge. Plan for 7-day steroid taper as an outpatient (outlined below in patient instructions), and Neurology follow-up in about 1 month. ID: Initially empirically covered with Ceftriaxone and Acyclovir, but once negative CSF, both were discontinued. He remained afebrile throughout remainder of hospitalization, so no further antibiotics started. Had remote history of immunodeficiency (confirmed here to be IgA deficiency), underwent more extensive immune work-up with lymphocyte subset 6 pending at time of discharge. Fen/GI: Nausea and poor PO intake secondary to headache and neurologic symptoms. Unremarkable KUB with no focal findings on exam. Tolerated good liquid PO intake prior to discharge, improving food intake with help of Benadryl and Reglan (Zofran did not help his nausea). Given risk of Reglan side effects, trial of Benadryl alone was given and relieved his nausea. Will discharge with Benadryl PRN for nausea, though expect this to improve. Heme: No blood transfusions required, no history of recent bleeding/trauma, no signs of active bleeding. Received TXA for three days following his LP performed on 6/28. Rheumatology: Patient has preexisting appointment with Rheumatology scheduled on 7/9 due to a history of intermittent joint pain/swelling with skin color changes since April 2020. Ordered requested Rheumatology labs by Doctor while patient is admitted. CRP and ESR resulted normal at 0.31 and 8 (respectively), C3 and C4 within normal limits, dsDNA and ANA negative. Repeat ESR on 6/30 also normal at 10. Pending labs include fecal procalcitonin. Follow up

appointment with Rheumatology on 7/9. CV: Some concern for myocarditis at time of presentation given pleuritic chest pain, history of COVID-19 infection, and recent COVID-19 vaccination. EKG at that time revealed nonspecific T wave changes. However, troponin and BNP resulted negative and patient's chest pain has resolved at this time. Discussed with Cardiology who did not think further work-up was necessary. Chest pain completely resolved at time of discharge.

CDC Split Type:

Write-up: Patient is a 15 year old M with hypofibrinogenemia, platelet aggregation disorder and history of COVID admitted to Inpatient Ward from 26 June - 01 July for work-up and management of new onset and severe headache, photophobia, and pain with extraocular movement. Extensive work-up complete but still unclear etiology, though near complete resolution of symptoms with IV steroids. Neuro: CSF positive for HHV-6, still unclear if this fully explains presentation. CT and brain MRI negative, though limited exam due to braces artifact. Headache complicated by clear post-LP postural headache, though this improved throughout hospitalization, with nausea moderately controlled on Benadryl. Neurology and Ophthalmology consulted, who both thought peri-neuritis was plausible, which is consistent given such rapid improvement with steroids. Pain moderately controlled with Tylenol. Oligoclonal bands and MBP CSF studies pending at time of discharge. Plan for 7-day steroid taper as an outpatient (outlined below in patient instructions), and Neurology follow-up in about 1 month. ID: Initially empirically covered with Ceftriaxone and Acyclovir, but once negative CSF, both were discontinued. He remained afebrile throughout remainder of hospitalization, so no further antibiotics started. Had remote history of immunodeficiency (confirmed here to be IgA deficiency), underwent more extensive immune work-up with lymphocyte subset 6 pending at time of discharge. Fen/GI: Nausea and poor PO intake secondary to headache and neurologic symptoms. Unremarkable KUB with no focal findings on exam. Tolerated good liquid PO intake prior to discharge, improving food intake with help of Benadryl and Reglan (Zofran did not help his nausea). Given risk of Reglan side effects, trial of Benadryl alone was given and relieved his nausea. Will discharge with Benadryl PRN for nausea, though expect this to improve. Heme: No blood transfusions required, no history of recent bleeding/trauma, no signs of active bleeding. Received TXA for three days following his LP performed on 6/28. Rheumatology: Patient has preexisting appointment with Rheumatology scheduled on 7/9 due to a history of intermittent joint pain/swelling with skin color changes since April 2020. Ordered requested Rheumatology labs by Doctor while patient is admitted. CRP and ESR resulted normal at 0.31 and 8 (respectively), C3 and C4 within normal limits, dsDNA and ANA negative. Repeat ESR on 6/30 also normal at 10. Pending labs include fecal procalcitonin. Follow up appointment with Rheumatology on 7/9. CV: Some concern for myocarditis at time of presentation given pleuritic chest pain, history of COVID-19 infection, and recent COVID-19 vaccination. EKG at that time revealed nonspecific T wave changes. However, troponin and BNP resulted negative and patient's chest pain has resolved at this time. Discussed with Cardiology who did not think further work-

up was necessary. Chest pain completely resolved at time of discharge.

VAERS ID: 1502922 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Kentucky

Vaccinated: 2021-05-18

Onset: 2021-05-18

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 RA / SYR

Administered by: Public Purchased by: ?

Symptoms: Dysphonia, Inspiratory capacity decreased, Lip swelling, Throat tightness

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Augmentin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Began having tightness in the throat and difficulty getting a deep breath within 14 minutes of receiving the vaccine. Voice became hoarse. Later lips began to swell. IM Benadryl and epinephrine were given. Then she was taken to the Emergency Room. Symptoms continued and she was given Solumedrol.

VAERS ID: 1505850 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: South Carolina

Vaccinated: 2021-07-09

Onset: 2021-07-15  
Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-07-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FA6780 / 2 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Back pain, Chest pain, Dyspnoea, Ear pruritus,  
Electrocardiogram normal, Feeling abnormal, Laboratory test,  
Malaise, Urine analysis, Vomiting  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Retroperitoneal fibrosis (broad), Dementia (broad), Acute central  
respiratory depression (broad), Pulmonary hypertension (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Buspar, Zoloft, Medroxyprogesterone, Polyethylene  
glycol, Hydrocortisone, Prazosin.  
Current Illness: No.  
Preexisting Conditions: Depression, Anxiety  
Allergies: Latex.  
Diagnostic Lab Data: Lab work, Urinalysis, EKG(normal results)  
CDC Split Type: vsafe  
Write-up: I don't know if any of his adverse events are related I  
wanted the CDC to be aware. He started feeling uneasy, unwell,  
vomiting, itchy ears (both), upper chest pain, upper back pain and  
difficulty breathing. We went to the ER at 17:00 - 22:00 on 7/18 was  
discharged couldn't figure out what was happening was given  
medication for migraine, Benadryl, Loratadine.

VAERS ID: 1509548 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-08  
Onset: 2021-06-30  
Days after vaccination: 53  
Submitted: 0000-00-00  
Entered: 2021-07-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH



EW0182 / 1 - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Abscess, Appendectomy, Computerised tomogram abdomen abnormal, Constipation, Intra-abdominal fluid collection, Pyrexia  
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None.

Current Illness:

Preexisting Conditions: None.

Allergies: None.

Diagnostic Lab Data: CT Scan

CDC Split Type:

Write-up: 3 days of constipation, feverish, fluid in stomach, developed an abscess, healthcare professional decides to remove his appendix.

VAERS ID: 1510195 (history)

Form: Version 2.0

Age: 15.0

Sex: Male

Location: New York

Vaccinated: 2021-07-24

Onset: 2021-07-27

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin elevated \$g300  
CDC Split Type:  
Write-up: Chest pain, Troponin Elevated suggestive of myocarditis,  
hospitalized, ECHO Cardiology was done.

VAERS ID: 1511852 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-07-27  
Onset: 2021-07-28  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest discomfort, Myocarditis, Tachycardia, Troponin  
increased

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome  
(broad), Myocardial infarction (narrow), Anticholinergic syndrome  
(broad), Arrhythmia related investigations, signs and symptoms  
(broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Dehydration (broad), Immune-  
mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Strattera  
Current Illness:  
Preexisting Conditions:  
Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Tachycardia in the 170s, chest pressure, elevated troponin. Diagnosed with myocarditis.

VAERS ID: 1513430 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Montana

Vaccinated: 2021-06-23

Onset: 2021-07-18

Days after vaccination: 25

Submitted: 0000-00-00

Entered: 2021-07-29

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0169 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time prolonged, Anticoagulant therapy, Axillary vein thrombosis, Basophil count, Blood creatinine normal, Blood electrolytes normal, Blood fibrinogen decreased, Blood glucose normal, Blood lactic acid normal, Blood magnesium normal, Blood urea nitrogen/creatinine ratio, Blood urea normal, Brachiocephalic vein thrombosis, Discomfort, Erythema, Full blood count normal, Haematocrit normal, Haemoglobin normal, Immature granulocyte count, International normalised ratio normal, Limb discomfort, Liver function test normal, Lymphocyte count, Metabolic function test abnormal, Monocyte count, Neutrophil count, Peripheral swelling, Platelet count normal, Pregnancy test urine negative, Prothrombin time normal, Thrombolysis, Ultrasound Doppler abnormal, Venogram abnormal, White blood cell count normal

SMQs: Cardiac failure (broad), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage laboratory terms (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none  
Current Illness: none  
Preexisting Conditions: scoliosis  
Allergies: none

Diagnostic Lab Data: Ultrasound. Venogram. PTT 7/22/21 @ 0429-7/23/21 @ 4149: 115.5, 96.3, 39, 48.8, 47.6, 50.6, 43.5, 41.9  
Fibrinogen 7/22/21 @ 1757-7/23/21 @ 1351: 282, 217, 147, 150, 154, 153  
7/21/21 CBC: Normal. WBC 7.95, Hgb 13.2, Hematocrit 38.4, Plts 197  
ANC 5.33, ALC 1.83, AMC 0.42, AEC 0.33, Absolute basophils 0.03, Imm Grans 0.01 K/mcL  
7/21/21 PTT: Normal at 32.3 seconds 7/21/21 PT/INR: Normal at 14.1 and 1.16  
7/21/21 CMP: Normal other than mildly increased BUN/Creatinine ratio of 25 (BUN 16, Cr 0.65). Liver enzymes normal.  
Electrolytes and glucose normal. 7/21/21 Mg: normal at 2.0 7/21/21 Lactate: Normal at 1.1  
7/22/21 UPT: Negative

CDC Split Type:

Write-up: Presented with right arm redness and swelling. Ultrasound evaluation reveal DVT. Underwent heparinization and thrombolysis. Underwent post thrombolysis venogram. Patient is a 15 year old previously healthy female with unprovoked thrombosis located in right upper extremity, per the Admission Note specifically at the right distal subclavian through axillary vein as well as a DVT in the basilic and proximal brachial vein. Associated symptom was sensation of pressure on right arm "like blood pressure" cuff. Duration as of admission of these symptoms and presumably underlying clot was three days with onset of these symptoms was Sunday 7/18/2021. Timing was cyclical with discomfort in the arm worse in the morning than in the evening. Context of this thrombosis was healthy female who does not smoke, does not use hormonal contraception, is not active in sports where upper body workouts are emphasized, and was not injured.

VAERS ID: 1519050 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-28  
Onset: 2021-07-30  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-08-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 (HARD TO / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Electrocardiogram abnormal, Laboratory test abnormal, Myocarditis, Pericarditis

SMQs: Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 8/1 – elevated cardiac markers, and abnormal  
EKG. Echo will be done but pending  
CDC Split Type:  
Write-up: Peri/myocarditis – chest pain, pending treatment. At this  
point, just planning on NSAIDs

VAERS ID: 1525705 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-11  
Onset: 2021-08-03  
    Days after vaccination: 53  
Submitted: 0000-00-00  
Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Acute kidney injury, Blood creatine phosphokinase  
increased, Blood creatinine increased, Creatinine renal clearance,  
Rhabdomyolysis

SMQs:, Rhabdomyolysis/myopathy (narrow), Acute renal failure  
(narrow), Neuroleptic malignant syndrome (broad), Myocardial  
infarction (broad), Retroperitoneal fibrosis (broad), Shock-  
associated circulatory or cardiac conditions (excl torsade de  
pointes) (broad), Torsade de pointes, shock-associated conditions  
(broad), Hypovolaemic shock conditions (broad), Toxic-septic shock  
conditions (broad), Anaphylactic/anaphylactoid shock conditions  
(broad), Hypoglycaemic and neurogenic shock conditions (broad),  
Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Dehydration (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: CK 2,925 (high), SCr 1.94 (high) – estimated creatinine clearance = 41 (using modified Schwartz equation, which is most appropriate for this age).  
CDC Split Type:  
Write-up: Rhabdomyolysis and acute kidney injury.

VAERS ID: 1525956 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-07-06  
Onset: 2021-07-13  
    Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Anti-ganglioside antibody positive, Bacterial test negative, Blood immunoglobulin A normal, C-reactive protein normal, CSF oligoclonal band absent, CSF protein increased, Condition aggravated, Full blood count normal, HIV antibody negative, Headache, Hypoaesthesia, Immunoglobulin therapy, Lumbar puncture abnormal, Magnetic resonance imaging head abnormal, Magnetic resonance imaging spinal abnormal, Metabolic function test normal, Muscular weakness, Neuralgia, Neutropenia, Pain, Paraesthesia, Peroneal nerve palsy, Polyneuropathy, Red blood cell sedimentation rate normal, Respiratory viral panel, Spinal claudication, Stool analysis, Urine analysis normal, Viral test negative, Vomiting  
SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None.  
Current Illness: None.  
Preexisting Conditions: None.  
Allergies: None.

Diagnostic Lab Data: MRI (cranial and spinal): Remarkable for findings suggestive of cauda equina inflammation, including enhancement of the nerve roots and thickening without clumping. Lumbar puncture and analyses: Elevated protein in CSF. Ganglioside antibody testing: Positive for anti-GM1 and anti-GD1A antibodies. Negative or within reference ranges: complete blood count, C-reactive protein, erythrocyte sedimentation rate, HIV antibody testing, meningitis/encephalitis PCR panels, respiratory pathogen PCR panel, stool pathogen PCR panel, urinalysis, serum IgA levels, serum/CSF oligoclonal banding, comprehensive metabolic panel. All lab tests performed 7/15/21 - 7/16/21. Electromyography pending, to be performed at future date.

CDC Split Type:

Write-up: The patient is a 15 year old male in otherwise good health until he began to experience numbness, paresthesias, and weakness of the right foot on the morning of 7/13/21. He had previously received the Pfizer COVID-19 vaccine; first dose on 6/15/21 and second dose on 7/6/21. His symptoms had a waxing and waning course but progressed over the course of 3 days to include right foot drop and burning pain, prompting his father to take him to the emergency room on 7/15/21; he was admitted to the hospital and started on IV immunoglobulin with rapid resolution of his symptoms, receiving 2 total doses. See continuation page for more details. Lumbar puncture showed elevated CSF protein, and MRI findings suggested an acute inflammatory neuropathy. Hospital course was only complicated by a mild positional headache and several episodes of non-bloody non-bilious emesis, attributed to IVIG treatment. After a 3 day stay, patient was discharged on 7/18/21 to follow up at an outpatient neurology clinic for assessment and to undergo electromyography studies. Of note, the patient's 50 year old father had experienced two episodes of progressive motor weakness and paresthesias of the extremities requiring hospitalization, including once in 2008 following a diarrheal illness, and again on 5/27/21 after receiving his first dose of the Moderna COVID-19 vaccine on 5/4/21. Both illnesses were ultimately diagnosed as autoimmune peripheral polyneuropathies and treated with IV immunoglobulin. He was assessed in the emergency room on 5/11/21 presenting with paresthesias of the left extremities and bilateral foot weakness, and left with strict return precautions without treatment or diagnostic testing. On 5/12/21 and 5/15/21 he visited a different emergency room with similar symptoms and received a lumbar puncture that showed slightly elevated protein in the CSF without leukocytes; both times he was discharged without treatment. He returned to the first hospital's

emergency room on 5/16/21 with progression of lower extremity weakness accompanied by neuropathic pain, and was referred to outpatient neurology for further assessment. On 5/27/21 he was admitted from the neurology clinic and successfully treated with 4 doses of IV immunoglobulin during a 4 day hospital stay; the fifth dose was not administered due to neutropenia. He reports gradual improvement of his symptoms with IVIG treatment and physical therapy.

VAERS ID: 1529243 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-07-20

Onset: 2021-07-22

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: elevated troponin, ST elevation on EKG, echo was normal

CDC Split Type:

Write-up: Chest pain, was treated with motrin, tylenol

VAERS ID: 1449906 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Foreign



Vaccinated: 2021-06-18  
Onset: 2021-06-18  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / OT  
Administered by: Other Purchased by: ?  
Symptoms: Anxiety, Blood pressure diastolic increased, Headache,  
Heart rate, Heart rate increased, Investigation, Nausea, Syncope  
SMQs:, Torsade de pointes/QT prolongation (broad), Acute  
pancreatitis (broad), Neuroleptic malignant syndrome (broad),  
Arrhythmia related investigations, signs and symptoms (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Hypertension (narrow), Cardiomyopathy (broad), Hypotonic-  
hyporesponsive episode (broad), Hypoglycaemia (broad), Dehydration  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: Penicillin allergy  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210618; Test Name: heart rate;  
Result Unstructured Data: Test Result:140; Comments: 140 BPM; Test  
Date: 20210618; Test Name: heart rate; Result Unstructured Data:  
Test Result:70; Comments: 70 BPM; Test Date: 20210622; Test Name:  
Currently doing some at the hospital; Result Unstructured Data: Test  
Result:unknown result  
CDC Split Type: CAPFIZER INC2021764353  
Write-up: fainting; Nauseous; constant headache; Spike in BP;  
anxiety; Her heart rate goes from 70BPM to 140BPM; This is a  
spontaneous report from a contactable consumer reported for his  
niece. A 15-years-old female patient received bnt162b2 (PFIZER/  
BIONTECH COVID-19 VACCINE), dose 1 intramuscular, administered in  
Deltoid Left on 18Jun2021 (Batch/Lot number was not reported) as  
DOSE 1, single for covid-19 immunisation. Medical history included  
ongoing Penicillin allergy since years ago. No prior vaccinations  
within 4 weeks. The patient's concomitant medications was none.  
Reported AE Term: Nauseous, constant headache, fainting on  
18Jun2021, 15 min after vaccine, Seriousness Criteria:  
Hospitalization/Prolonged of hosp. admitted 22Jun2021, required  
visit to: Emergency Room, not recovered and no treatment. Spike in  
BP on 18Jun2021, Seriousness Criteria: Important medical event,

required visit to: Emergency Room, not recovered and no treatment. The patient underwent lab tests and procedures which included heart rate: 140 on 18Jun2021 140 BPM, heart rate: 70 on 18Jun2021 70 BPM, Currently doing some at the hospital on 22Jun2021 with unknown result. Detail information was reported as Consumer confirmed that his niece received the BNT162B2 vaccine on 18Jun021. On 18Jun2021, reporter stated that his niece passed out 15 minutes after the vaccine after feeling nauseous and having a headache. She passes out every time she gets up. Her heart rate goes from 70BPM to 140BPM and then she faints. She went to hospital that day (wasn't clear which hospital) but they sent her home after claiming it was anxiety. On 19Jun2021, she went to the Hospital and the doctors gave her a saline drip and sent her home that same day. On 22Jun2021, she was admitted to the Hospital. She is currently undergoing tests (wasn't sure which ones she did) but everything seems to be clear right now. The event outcome of anxiety and Her heart rate goes from 70BPM to 140BPM was unknown, outcome of other event was not recovered. Information about Batch/Lot number has been requested.

VAERS ID: 1456147 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-10  
Onset: 2021-06-10  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC 2229 / UNK LA / OT

Administered by: Other Purchased by: ?  
Symptoms: Blister, Oral disorder, Skin lesion  
SMQs: Severe cutaneous adverse reactions (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data:

CDC Split Type: ITPFIZER INC2021758498

Write-up: Erythematous-erosive lesions spread over the entire body surface and vesiculo-erosive lesions at the oral and perioral level.; Erythematous-erosive lesions spread over the entire body surface and vesiculo-erosive lesions at the oral and perioral level.; Erythematous-erosive lesions spread over the entire body surface and vesiculo-erosive lesions at the oral and perioral level.; This is a spontaneous report from a contactable physician downloaded from the Regulatory Authority, regulatory authority number IT-MINISAL02-746591. A 15-year-old male patient received BNT162B2 (COMIRNATY, solution for injection), intramuscular, administered in left arm (left shoulder) on 10Jun2021 10:47 (Batch/Lot Number: FC 2229; Expiration Date: 30Sep2021) (at the age of 15-years-old) as dose number unknown, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. On 10Jun2021, the patient experienced erythematous-erosive lesions spread over the entire body surface and vesiculo-erosive lesions at the oral and perioral level. On 12Jun2021, the patient started taking desloratadine (AERIUS). On 13Jun2021, the patient started taking betamethasone (BENTALAN) 4 mg / 2 mL intramuscular 1 vial/ day and cetirizine diichlorhydrate (CERCHIO) 25 drops / day for 5-6 days. The outcome of the events was not recovered. Reporter's comment: Attached is the report of the dental specialist visit carried out at the privacy No follow-up attempts are possible. No further information is expected.; Reporter's Comments: Attached is the report of the dental specialist visit carried out at the privacy

VAERS ID: 1471823 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-20  
Onset: 2021-06-20  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC5435 / 1 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Blood pressure measurement, Body temperature, Heart rate, Nausea, Oxygen saturation, Syncope

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210620; Test Name: blood pressure;

Result Unstructured Data: Test Result:60/20 mmHg; Test Date:

20210620; Test Name: blood pressure; Result Unstructured Data: Test

Result:100/50 mmHg; Test Date: 20210620; Test Name: body

temperature; Result Unstructured Data: Test Result:afebrile; Test

Date: 20210620; Test Name: heart rate; Result Unstructured Data:

Test Result:69 bpm; Test Date: 20210620; Test Name: saturation; Test

Result: 98 %

CDC Split Type: FRPFIZER INC2021817716

Write-up: Syncope vasovagal; nausea; This is a spontaneous report from a contactable physician downloaded from the regulatory authority, regulatory authority number FR-AFSSAPS-2021082678. A 15-year-old female patient received first dose of BNT162B2 (COMIRNATY, PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, lot number: FC5435, expiration date: unknown) intramuscular, administered in arm left on 20Jun2021 as 0.3 ML single dose for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. Patient was not considered to be at risk of developing severe form of COVID-19 disease. COVID-19 test was not performed. 1 minute after the injection, the patient becomes unwell without loss of consciousness, then another faint with brief loss of consciousness. The patient was hypotensive (60/20 mmHg), bradycardic and presents with nausea. She was transferred to the emergency room for surveillance. On arrival, her condition improved: Blood pressure at 100 / 50mmHg, heart rate at 69 bpm, Saturation: 98% AA (ambient air) and she was afebrile. The diagnosis of vagal discomfort was retained. She received no treatment (no epinephrine, no antihistamine treatment). She was allowed to return to her home the same day. In total, onset, in a 15-year-old adolescent girl with a history of malaise after vaccination, of vasovagal syncope 1 minute after Dose 1 of the COMIRNATY vaccine. The outcome of the events was recovered on 20Jun2021. Assessed syncope vasovagal/Comirnaty. Did reaction recur on readministration? (NO -- N/A (no rechallenge was done, recurrence was not applicable)) No follow-up attempts are possible. No further information was expected.

VAERS ID: 1473541 (history)

Form: Version 2.0

Age: 15.0

Sex: Female

Location: Foreign

Vaccinated: 2021-06-30  
Onset: 2021-06-30  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA - / 1 - / OT  
Administered by: Unknown Purchased by: ?  
Symptoms: Angina pectoris, Blood glucose, Dyspnoea,  
Electroencephalogram, Heart rate, Urine analysis  
SMQs: Anaphylactic reaction (broad), Acute central respiratory  
depression (broad), Pulmonary hypertension (broad), Cardiomyopathy  
(broad), Other ischaemic heart disease (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Clinical trial participant; Lactation decreased  
Allergies:  
Diagnostic Lab Data: Test Date: 20210630; Test Name: blood sugar;  
Test Result: Inconclusive ; Result Unstructured Data: Low; Test  
Date: 20210701; Test Name: EEG; Test Result: Inconclusive ; Result  
Unstructured Data: no result reported.; Test Date: 20210630; Test  
Name: heart rate; Test Result: Inconclusive ; Result Unstructured  
Data: irregular heartbeats; Test Date: 20210701; Test Name: heart  
rate; Test Result: Inconclusive ; Result Unstructured Data: fast  
heart rate of 120beats per minute; Test Date: 20210701; Test Name:  
Urine Test; Result Unstructured Data: found in urine all tests  
returned clear.  
CDC Split Type: GBMODERNATX, INC.MOD20212  
Write-up: Chest pain - cardiac; Labored breathing; This regulatory  
authority case was reported by an other health care professional and  
describes the occurrence of ANGINA PECTORIS (Chest pain - cardiac)  
and DYSPNOEA (Labored breathing) in a 15-year-old female patient who  
received mRNA-1273 (Moderna Covid-19 Vaccine) for COVID-19  
vaccination. The patient's past medical history included Lactation  
decreased and Clinical trial participant. On 30-Jun-2021, the  
patient received first dose of mRNA-1273 (Moderna Covid-19 Vaccine)  
(Intramuscular) 1 dosage form. On 30-Jun-2021, the patient  
experienced ANGINA PECTORIS (Chest pain - cardiac) (seriousness  
criterion hospitalization) and DYSPNOEA (Labored breathing)  
(seriousness criterion hospitalization). At the time of the report,  
ANGINA PECTORIS (Chest pain - cardiac) and DYSPNOEA (Labored  
breathing) had not resolved. DIAGNOSTIC RESULTS (normal ranges are

provided in parenthesis if available): On 30-Jun-2021, Blood glucose: low (Inconclusive) Low. On 30-Jun-2021, Heart rate: irregular (Inconclusive) irregular heartbeats. On 01-Jul-2021, Electroencephalogram: inconclusive (Inconclusive) no result reported.. On 01-Jul-2021, Heart rate: increased (Inconclusive) fast heart rate of 120beats per minute. On 01-Jul-2021, Urine analysis: normal (normal) found in urine all tests returned clear.. The action taken with mRNA-1273 (Moderna Covid-19 Vaccine) (Intramuscular) was unknown. For mRNA-1273 (Moderna Covid-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Concomitant product use was not provided by the reporter. Treatment information was not provided by the reporter. Very limited information regarding these events have been provided at this time. No further information is expected.; Sender's Comments: Very limited information regarding these events have been provided at this time. No further information is expected.

VAERS ID: 1497835 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-07-01  
Onset: 2021-07-02  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Other Purchased by: ?

Symptoms: Blood creatine phosphokinase, Body temperature, Chest pain, Electrocardiogram, Headache, Magnetic resonance imaging, Nausea, Palpitations, Pyrexia, Troponin, Ultrasound scan, Visual impairment, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data: Test Name: CK; Result Unstructured Data: Test Result:see comments below; Comments: CK was 438 on admission and 118 upon discharge; Test Name: temperature; Result Unstructured Data: Test Result:37.9; Test Name: ECG; Result Unstructured Data: Test Result:see comment below; Comments: ECG changes were noted; Test Name: MRI; Result Unstructured Data: Test Result:see comments below; Comments: Not yet reported; Test Name: Troponin; Result Unstructured Data: Test Result:see comments below; Comments: Troponin fluctuates between 4.98 and 13.95.; Test Name: ECHO; Result Unstructured Data: Test Result:normal; Comments: normal  
CDC Split Type: BHPFIZER INC2021884368

Write-up: Nausea; Vomiting; Palpitation; Headache; Change of vision; Fever; Central chest pain for 2 days. The pain was radiating to his throat.; This is a spontaneous report received from a contactable pharmacist at regulatory authority. This is a report received via email from a regulatory authority. The Regulatory Authority number was unknown. A 15-years-old male patient received second dose of BNT162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Batch/Lot Number: Unknown), via an unspecified route of administration on 01Jul2021 as dose 2, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient experienced, vomiting, palpitation, headache, change of vision, fever, central chest pain for 2 days. the pain was radiating to his throat. on 02Jul2021. The events assessed as serious (hospitalization). The patient was hospitalized for events from 04Jul2021 to 07Jul2021. The patient underwent lab tests and procedures which included troponin: Troponin fluctuates between 4.98 and 13.95, body temperature: 37.9, blood creatine phosphokinase: CK was 438 on admission and 118 upon discharge, electrocardiogram: ECG changes were noted, ultrasound scan: normal, magnetic resonance imaging: not yet reported on unspecified date. The reporter described the severity of the adverse events as Severe. Interval to symptoms was reported to be 2days. The outcome of the events was reported as unknown. Follow-up activities closed: local HA confirmed not to be contacted to provide more information.

VAERS ID: 1506856 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-29  
Onset: 2021-06-29  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FC1439 / 1 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Blood pressure measurement, Body temperature, Disorientation, Electroencephalogram, Fall, Heart rate, Investigation, Loss of consciousness, Magnetic resonance imaging, Magnetic resonance imaging head, Neurological examination, Oxygen saturation, Pain in extremity, Pyrexia, Respiratory rate, Seizure, Syncope, Vaccination site pain

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 20210701; Test Name: blood pressure;

Result Unstructured Data: Test Result:113/70 mmHg; Test Date:

20210701; Test Name: The emergency room examination; Result

Unstructured Data: Test Result:afebrile; Test Date: 20210701; Test

Name: EEG; Result Unstructured Data: Test Result:normal; Comments:

EEG activity without abnormalities; Test Date: 20210701; Test Name:

pulse; Result Unstructured Data: Test Result:67 bpm; Test Date:

20210701; Test Name: Biology; Result Unstructured Data: Test

Result:Normal; Comments: normal ionogram, normal blood count; Test

Date: 20210701; Test Name: Magnetic resonance imaging; Result

Unstructured Data: Test Result:No argument for cerebral

thrombophlebitis; Comments: Magnetic resonance imaging without and

with injection of gadolinium. No peculiarities. No argument for

cerebral thrombophlebitis. No expansive process.; Test Date:

20210701; Test Name: Venous MRI; Result Unstructured Data: Test

Result:No argument for cerebral thrombophlebitis; Comments: Angio

venous MRI. No peculiarities. No argument for cerebral

thrombophlebitis. No expansive process.; Test Date: 20210701; Test



Name: Neurological examination; Result Unstructured Data: Test Result:symmetrical reactive pupils, no nystagmus, no head; Comments: symmetrical reactive pupils, no nystagmus, no headache, no temporo-spatial disorientation, no motor deficit no disturbance of balance, no meningeal syndrome.; Test Date: 20210701; Test Name: Sat; Test Result: 98 %; Test Date: 20210701; Test Name: Respiratory frequency; Result Unstructured Data: Test Result:25; Comments: breath/min  
CDC Split Type: FRPFIZER INC2021883301

Write-up: Faint/syncopal discomfort; convulsive elements; loss of consciousness; fall; a small disorientation of short duration; Fever; Vaccination site pain; pain in the arm; This is a spontaneous report from a contactable physician downloaded from the WEB FR-AFSSAPS-2021088643. A 15-year-old female patient received the first dose of bnt162b2 (COMIRNATY) intramuscularly administered in left arm on 29Jun2021 (at the age of 15 years old) (Lot Number: FC1439) as 0.3 ml single for COVID-19 immunisation. Medical history was none. No history of COVID-19. The patient's concomitant medications were not reported. The patient experienced faint (hospitalization) on 01Jul2021, convulsive elements on 01Jul2021, loss of consciousness on 01Jul2021, fall on 01Jul2021, a small disorientation of short duration on 01Jul2021, fever on 29Jun2021, vaccination site pain on 29Jun2021, pain in the arm on 29Jun2021. Clinical course: syncopal discomfort with convulsive elements 48 hours after vaccination. Injected brain magnetic resonance imaging, normal biology and EEG. Case documentation: First episode with loss of consciousness for a few seconds and eye rolling with fall without head trauma. The 2nd episode is described by the mother with rather choreic movements without generalized tonic-clonic seizure, nor true post-critical phase but with a small disorientation of short duration. The young girl remembers her fall, waking up after the 2nd episode. She also reported a feeling of fever after the vaccination (not measured) and pain in the arm following the injection. On 01Jul2021, the emergency room examination: afebrile, blood pressure 113/70mmHg, Sat 98%, pulse: 67bpm and Respiratory Frequency 25breath/ min. Neurological examination: symmetrical reactive pupils, no nystagmus, no headache, no temporo-spatial disorientation, no motor deficit no disturbance of balance, no meningeal syndrome. EEG: EEG activity without abnormalities. Magnetic resonance imaging without and with injection of gadolinium and angio venous MRI without peculiarity, without argument for cerebral thrombophlebitis. No expansive process. Opinion of the vaccination referrer: no Frans arguments for thrombophlebitis, declare as an adverse event following vaccination. Biology: normal ionogram, normal blood count. Conclusion: syncopal discomfort with no etiology found. The outcome of the events fever, vaccination site pain, pain in the arm was recovered in Jul2021, of the other events was recovered on 01Jul2021. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1526387 (history)  
Form: Version 2.0  
Age: 15.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-21  
Onset: 2021-06-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-08-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / OT  
Administered by: Other Purchased by: ?  
Symptoms: Anti-platelet antibody, Blindness transient, C-reactive protein, Electrocardiogram, Full blood count, Lymphadenitis, Ophthalmic migraine, Ultrasound scan, Vaccination site pain  
SMQs: Anticholinergic syndrome (broad), Embolic and thrombotic events, arterial (narrow), Glaucoma (broad), Optic nerve disorders (broad), Retinal disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: MARVELON; VANNAIR  
Current Illness: Asthma  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Name: Test of antibodies against platelet factor IV; Result Unstructured Data: Test Result:Unknown results; Test Date: 20210629; Test Name: CRP; Result Unstructured Data: Test Result:1 mg/ml; Comments: Normal; Test Date: 20210629; Test Name: ECG; Result Unstructured Data: Test Result:Normal; Test Date: 20210629; Test Name: Hemogram; Result Unstructured Data: Test Result:Mildly elevated red blood cells; Comments: Mildly elevated red blood cells; Test Date: 20210629; Test Name: Ultrasound of soft parts; Result Unstructured Data: Test Result:Left axillary adenopathy; Comments: Left axillary adenopathy of reactive inflammatory appearance, with signs of lymphangitis associates  
CDC Split Type: CLPFIZER INC2021805664  
Write-up: Temporary loss of the visual field in the left eye; Ophthalmic Migraine; Lymphadenitis/Swollen glands/severe pain in the left armpit area/considerable size inflammation in the left armpit area; Severe pain at the site of inoculation; This is a spontaneous report from a contactable consumer (patient's mother) received via a Pfizer colleague. A 15-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection) intramuscular administered to arm Left on 21Jun2021 11:30 (at the age of 15 years old) (Lot number and expiration date was not reported) as dose 1, single for COVID-19 immunization. Medical

history included asthma from 04Apr2021 and ongoing. It was unknown if the patient was pregnant. Concomitant medications included INFLUENZA VACCINE INACT SAG 3V (INFLUVAC) taken for an unspecified indication from 01Jun2021 to an unspecified stop date; Desogestrel, ethinylestradiol (MARVELON) taken for contraception from 2019 and ongoing; Budesonide, formoterol fumarate (VANNAIR) taken for asthma from 2021 and ongoing. On 21Jun2021, patient experienced severe pain at the site of inoculation that lasted for 2 days and was controlled with 1-gram paracetamol and local ice. On 29Jun2021, at 3:30 a.m., the patient woke up due to severe pain in the left armpit area and swollen glands. When reviewing the area, a considerable size inflammation (golf ball size) was detected, which was why they went to the emergency room, and she was admitted for various analyzes. In there, she was treated by the Chief of Surgery who consulted with an infectologist on duty. After the analysis, it was concluded that she experienced lymphadenitis caused in a high probability by Pfizer's COVID -19 vaccine due to the literature of adverse effects for the vaccine in child-adolescent patients where similar events were described on day 9 from vaccination. The patient experienced an ophthalmic migraine on 18Jul2021 for which she was still under study due to its unknown cause. This episode caused her temporary loss of the visual field in the left eye on 18Jul2021. She was treated in the emergency room. Once the vision in her left eye was recovered, she was discharged under observation and complementary tests were in process. The patient underwent lab tests and procedures which included Test of antibodies against platelet factor IV: unknown results, on an unspecified date; C-reactive protein (CRP): 1 mg/ml, on 29Jun2021 (Normal); electrocardiogram (ECG): normal, on 29Jun2021; full blood count (Hemogram): mildly elevated red blood cells, on 29Jun2021; ultrasound scan (Ultrasound of soft parts): left axillary adenopathy of reactive inflammatory appearance with signs of lymphangitis associated, on 29Jun2021. Therapeutic measures were taken as a result of the events. The patient was hospitalized for Lymphadenitis from 29Jun2021 to an unknown date. The patient was hospitalized for Ophthalmic migraine and temporary loss of the visual field in the left eye from 18Jul2021 to an unknown date. The outcome of the event ''ophthalmic migraine'' was unknown, for ''severe pain at the site of inoculation'' was recovered on 23Jun2021, for the other events was recovered on an unspecified date. Information on lot/batch number has been requested. Follow-up (22Jul2021): New information received from a contactable consumer (patient's mother) received via a Pfizer colleague includes: age at vaccination, medical history, lab data, suspect vaccine details (start date, dose number, route of administration and anatomical location), concomitant medication and events ''severe pain at the site of inoculation'', ''Ophthalmic Migraine'' and '' temporary loss of the visual field in the left eye''.

VAERS ID: 1055003 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-01-30  
Onset: 2021-02-01  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-02-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Biopsy skin, Chills, Erythema, Headache, Pruritus, Rash  
papular, Scab, Skin discolouration, Skin lesion, Swelling  
SMQs: Anaphylactic reaction (broad), Angioedema (broad),  
Haemodynamic oedema, effusions and fluid overload (narrow),  
Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: prednisone, mercaptopurine, methotrexate,  
vincristine, trimethoprim-sulfamethoxazole, norethindrone,  
cholecalciferol, calcium carbonate, famotidine  
Current Illness: currently undergoing chemotherapy for B cell acute  
lymphoblastic leukemia  
Preexisting Conditions: B cell acute lymphoblastic leukemia  
Allergies: shellfish and platelet blood products  
Diagnostic Lab Data: Due to concern for reactivation of varicella  
zoster/disseminated varicella zoster, she was urgently biopsied by  
dermatology on 2/25/21 (result pending) and is currently receiving  
IV acyclovir.  
CDC Split Type:  
Write-up: 1. 48 hours after the first vaccine dose, she developed a  
raised, red, bump ~4-5cm area on her back with irregular borders. It  
was slightly itchy but not painful. 2. The area on her back worsened  
over the next 2-3 weeks and developed dark black scabs. 3. 24 hours  
after the second vaccine dose (which was given on 2/20/21), she  
developed scattered lesions on her neck, hairline, ear, face ? some  
with blisters, some with scabbed tops. Again slightly itchy but not  
painful. She also had a transient headache and chills that resolved  
on their own that same day.

VAERS ID: 1062853 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Missouri

Vaccinated: 2021-02-03  
Onset: 2021-02-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-03-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA 016M20A / 1  
LA / IM

Administered by: Public Purchased by: ?  
Symptoms: Off label use, Product administered to patient of  
inappropriate age, Seizure  
SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Generalised  
convulsive seizures following immunisation (narrow), Medication  
errors (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Per MD's note on patient's chart on 2/26/21: Spoke with both the patient's mother and father today. Patient is 16 and received Moderna vaccine. Both state's current guidance and my correspondence with CDC indicate that she should receive 2nd dose of Moderna and not change to Pfizer. Patient does have a history of Rett Syndrome (rare neurologic genetic defect). Parents report 1 week after receiving Moderna vaccination, she experience her first seizure and was transported and treated at Hospital. Seizures can be a feature of this disorder but the patient had not experienced one in the past. Her parents report that her Neurologist does not believe the seizure to be related to vaccination. I informed parents I would search the VAERS system for similar reports. They were not enrolled in V-Safe, but I encouraged them to do so and gave them a link to the CDC site for registration. Correspondence with CDC (via email): "If the Moderna vaccine is inadvertently administered to patients 16 or 17 years old instead of Pfizer-BioNTech as the first dose, CDC currently recommends that the Moderna vaccine may be administered as the second dose (as off-label use). The second dose should be administered as close to the recommended interval as possible, 28 days for the Moderna vaccine. Additional information

regarding administration errors and deviations can be found in CDC's current interim clinical considerations regarding mRNA COVID-19 vaccines.

VAERS ID: 1071409 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-02-21  
Onset: 2021-02-24  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-03-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 UN / IM

Administered by: Other Purchased by: ?

Symptoms: Abdominal pain upper, Blood creatine phosphokinase MB increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Headache, Pericarditis, Pyrexia, Troponin T increased, Troponin increased

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: obesity

Allergies: none

Diagnostic Lab Data: The patient was found to have significantly elevated Troponins and elevated CKMB. His troponin and CKMB down trended during his admission. Echocardiogram was performed to show no significant abnormalities. EKG changes noted were diffuse ST segment elevations, which persisted throughout his entire hospital stay. Troponin T Latest Ref Range: <=0.03 ng/mL 2/25/2021 03:33 :

2.54 (H) 2/25/2021 10:10 : 2.92 (H) 2/25/2021 17:55 : 3.38 (H)  
2/26/2021 03:15 : 3.27 (H) 2/26/2021 10:15 : 2.57 (H) 2/26/2021  
17:56 : 2.39 (H) 2/27/2021 02:00 : 2.01 (H) 2/27/2021 10:45: 2.02

(H) CKMB Latest Ref Range: 0.0 – 7.5 ng/mL 2/25/2021 03:33 – 123.4  
(H) 2/25/2021 10:10 – 104.1 (H) 2/25/2021 17:55 – 63.7 (H) 2/26/2021  
03:15 – 25.9 (H) 2/26/2021 10:15 – 17.3 (H) 2/26/2021 17:56 – 9.7  
(H) 2/27/2021 02:00 – 5.8 2/27/2021 10:45 – 4.9 Echo 2/25 1. This  
was a technically difficult study, possibly affecting  
interpretation. 2. Normal segmental cardiac anatomy. 3. Normal right  
ventricular systolic shortening. 4. Left ventricular systolic  
function was low normal. 5. No evidence of elevated pulmonary artery  
pressure ECG 2/25 Normal sinus rhythm Low voltage QRS, consider  
pulmonary disease, pericardial effusion, or normal variant ST  
elevation consider inferolateral injury or acute infarct \*\* \*\* ACUTE  
MI / STEMI \*\* \*\* Abnormal ECG ECG: 2/26 Normal sinus rhythm Low  
voltage QRS, consider pulmonary disease, pericardial effusion, or  
normal variant ST elevation consider lateral injury or acute infarct  
\*\* \*\* ACUTE MI / STEMI \*\* \*\* Abnormal ECG  
CDC Split Type:

Write-up: Since receiving his second dose of COVID-19 vaccine  
(Pfizer) on Sunday 2/21 he has had fever (tmax 103.0 F), headache,  
and stomach ache. His fever started on 2/21 and had persisted  
through 2/24. He woke up from a nap on 2/24 in the afternoon at 1600  
had onset of severe chest pain. Then reoccurring multiple times  
throughout the evening. He was taken to a local hospital and the  
transferred to another hospital for higher level of care. Pediatric  
cardiology was consulted and treatment was started for suspected  
atypical pericarditis with colchicine 0.6mg BID and ibuprofen 600mg  
QID w/ famotidine 40mg QDay. His chest pain resolved the day of  
admission, even prior to starting treatment. Patient was discharged  
in clinically stable condition to follow up with pediatric  
cardiology in 2 weeks as outpatient.

VAERS ID: 1136945 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Wyoming

Vaccinated: 2021-03-17

Onset: 2021-03-22

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-03-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN6204 / 1 AR / SYR

Administered by: Private Purchased by: ?

Symptoms: Anti-HLA antibody test positive, Atrioventricular block  
first degree, Biopsy heart abnormal, Cardiac arrest, Cardiac  
dysfunction, Complement fixation test positive, Echocardiogram  
abnormal, Electrocardiogram abnormal, Intensive care, Lung assist  
device therapy, Pain in extremity, Resuscitation, SARS-CoV-2  
antibody test, SARS-CoV-2 test negative, Transplant rejection  
SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure  
(broad), Anaphylactic reaction (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Conduction defects

(narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Cardiomyopathy (narrow), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Tacrolimus, Mycophenylate, Losartan, Vitamin D

Current Illness: none

Preexisting Conditions: heart transplant, limb-girdle muscular dystrophy, obesity

Allergies: none

Diagnostic Lab Data: Heart biopsy: 3/22/2021 Acute cellular and acute antibody-mediated rejection HLA testing: 3/22/2021 New donor specific antibody against donor heart Sars CoV PCR 3/22/2021

NEGATIVE Sars CoV Nucleocapsid IgG is pending

CDC Split Type:

Write-up: Sore arm on 3/20/2021. No other symptoms/signs. Presented for routine heart transplant follow up visit 3/22/2021 and was found to have new decreased cardiac function by echo, new 1st degree heart block by ECG, and new gallop. Patient taken to cath lab 3/22/2021 for biopsy and hemodynamic assessment, but he had V fib arrest with anesthesia induction. After initiation of CPR, patient was placed on ECMO. Biopsy shows ACR 2R (moderate cellular rejection) and pAMR 2 (moderate antibody-mediated rejection). Labs show new donor specific, complement-fixing Antibody against the cardiac allograft. Patient is in ICU being treated for acute rejection.

VAERS ID: 1155731 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: North Carolina

Vaccinated: 2021-03-23

Onset: 2021-03-29

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-04-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Public Purchased by: ?

Symptoms: Basal ganglia stroke, Cerebral microhaemorrhage,



Cerebrovascular accident, Hypotonia, Internal capsule infarction, Magnetic resonance imaging head abnormal, Motor dysfunction, Product administered to patient of inappropriate age  
SMQs: Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: wafarin, sotalol

Current Illness: none

Preexisting Conditions: Truncus Arteriosus s/p repair, migraines

Allergies: none

Diagnostic Lab Data: MRI (3/30/21) - Acute infarcts in anterior limb of right internal capsule and right basal ganglia. Findings suggestive of embolic microhemorrhages throughout bilateral cerebral hemispheres and bilateral cerebellar lobes. Hypertensive microangiopathic changes would be unusual in this age group.

CDC Split Type:

Write-up: Patient had a CVA (stroke) to the R internal capsule and basal ganglia while therapeutic on warfarin. She has a history of Truncus Arteriosus s/p repair and has been anticoagulated for \$g10 years without issue. Stroke occurred 1 week after vaccine. She now has L sided motor deficits which are likely permanent. Left arm is flaccid. L leg with poor motor function.

VAERS ID: 1175802 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Arkansas

Vaccinated: 2021-03-15

Onset: 2021-03-22

Days after vaccination: 7

Submitted: 0000-00-00

Entered: 2021-04-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EN6207 / 1 LA / IM  
Administered by: Public Purchased by: ?  
Symptoms: Alopecia, Condition aggravated

SMQs:

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: alopecia areata

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: The teen had a history of autoimmune disorder, alopecia areata for the past 2 years. When received the first dose of pfizer COVID vaccine, she started losing hair rapidly after about 6 to 7 days. She was started on large dose of prednisone 100mg per day after 2 weeks to slow down alopecia. However, in the span of 4 days she lost most of her hair. We are wondering if the vaccine could have exacerbated the autoimmune disorder.

VAERS ID: 1212716 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Arizona

Vaccinated: 2021-04-03

Onset: 2021-04-09

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-04-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Balance disorder, Blood thyroid stimulating hormone normal, CSF glucose normal, CSF protein normal, CSF white blood cell count, Diplopia, Dizziness, Drug screen negative, Dysmetria, Gait disturbance, Guillain-Barre syndrome, Headache, Immunoglobulin therapy, Magnetic resonance imaging head abnormal, Miller Fisher syndrome, Mydriasis, SARS-CoV-2 test negative, Scan with contrast abnormal, Treponema test negative, Vision blurred, Vitamin D decreased

SMQs: Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Parkinson-like events (broad), Guillain-Barre syndrome

(narrow), Noninfectious encephalitis (broad), Glaucoma (broad), Demyelination (narrow), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: 4 day gastrointestinal illness including vomiting, diarrhea, and fever 2 to 3 weeks prior to symptom onset

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: MR Orbit W/+W/O Contrast 04/11/2021 08:57 EXAM: MR Orbit W/+W/O Contrast, MR Brain W + W/O Contrast INDICATION: new onset blurry vision, mydriasis, double vision. COMPARISONS: CT head from 4/10/2021. TECHNIQUE: Multiplanar, multisequence MRI of the brain and orbits was performed before and after the uneventful administration of intravenous gadolinium-based contrast, dosage below. CONTRAST: 7 mL Gadavist. FINDINGS: BRAIN: Normal parenchymal signal intensity. No diffusion abnormality. No pathologic gradient susceptibility. Normal parenchymal volume and morphology. There is asymmetric enhancement of the right cisternal 6th cranial nerve and the very proximal left sixth cranial nerve (series 22 image 3) as well as of the cisternal portion of the right 3rd cranial nerve (series 22 image 6). No evidence of hemorrhage. No extra-axial fluid collection. No midline shift. Basal cisterns maintained. Ventricles unremarkable. Central arterial flow voids preserved. Calvarium unremarkable. Scalp soft tissues normal. ORBITS/FACE: Preseptal soft tissues normal. Globes unremarkable. Extraconal fat preserved. Extraocular muscles normal. There is mildly increased ill-defined hazy enhancement within the intraconal fat of the inferior right orbit, see series 22 image 6 and series 21 image 6, only seen on the postcontrast images with no confirmatory findings on the T1 precontrast or T2 sequences. Lacrimal glands unremarkable. No abnormality in the region of the lacrimal sac. Optic nerves normal in morphology and signal intensity, no pathologic enhancement. No optic nerve sheath dilatation. Optic chiasm normal. Optic tracts normal. Remaining facial soft tissues unremarkable. Visualized portions of the aerodigestive tract normal. Normal appearance of the regional vasculature. No visualized enlarged or morphologically abnormal lymph nodes. Paranasal sinuses normally aerated. Nasal septum is deviated to the right. Temporal bone structures unremarkable. IMPRESSION: 1. Isolated enhancement of the right more than left 6th cranial nerves and of the right 3rd cranial nerve at the cisternal portions. This is nonspecific and may be postinfectious

or inflammatory. Acute demyelinating process such as Miller Fisher syndrome should also be clinically considered. No brain parenchymal abnormality. 2. Subtle hazy enhancement within the intraconal fat of the right orbit inferiorly, which may be artifactual given the absence of abnormal findings on the precontrast T1 or the T2 sequences, however may imply congestion or inflammation, uncertain etiology. Urine drug screen was obtained and negative. RPR negative. TSH WNL at 3.61. Vitamin D low at 18.6 and started on supplementation. COVID IgG Nonreactive, patient received Pfizer vaccine first dose 1 week prior to admission. Lumbar Puncture obtained on 4/11/21. CSF studies remarkable for elevated protein 45 with normal glucose and normal WBC 1. Multiple sclerosis panel sent on CSF fluid and pending. EBV panel, Mycoplasma serology, Cocci serology, EBV serology, ANA with reflex to Lupus panel, anti-GQ1B, anti-GAD, Aquaporin 4, Anti MOG sent and pending.  
CDC Split Type:

Write-up: Admitted to hospital on 4/10 with 2 day history of mydriasis, diplopia with blurry vision, dizziness and balance difficulty. Found to have enhancement of 6th and 3rd CNs on MRI. Patient continued to have blurry and double vision during her stay and mild gait instability. She developed mild frontal headache managed with Tylenol. Her exam was remarkable for mydriasis, mild lateral gaze limitation R>L, mild dysmetria, dizziness and unsteady gait without notable ataxia. No papilledema. Her reflexes were 2+ in her BL UE and LEs. Pediatric Neurology and ophthalmology consulted and followed patient. Eye exam remarkable for bilateral cranial nerve 6 palsy but no other element of CN3 palsy and bilateral dilated but unreactive pupils. Patient treated with IVIG 1mg/kg/day x2 days for likely miller fisher syndrome variant of Guillain-Barre.

VAERS ID: 1215121 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-04-14  
Onset: 2021-04-14  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-04-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Blood creatine phosphokinase, Full blood count, Gait disturbance, Headache, Metabolic function test, Muscular weakness, Urine analysis

SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: Chronic lower back pain  
Allergies: Egg whites  
Diagnostic Lab Data: CBC, CMP, UA, CK – all performed 4/14/21  
afternoon  
CDC Split Type:  
Write-up: 15 min after vaccine administration, pt experienced  
frontal headache, diffuse subjective weakness of LE, and gait  
instability. Admitted to medical center for monitoring and workup.

VAERS ID: 1221633 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Missouri

Vaccinated: 2021-04-15  
Onset: 2021-04-16  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-04-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA - / 1 AR / IM  
Administered by: School Purchased by: ?  
Symptoms: Product administered to patient of inappropriate age  
SMQs:, Medication errors (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Sertraline – 75mg  
Current Illness: unsure  
Preexisting Conditions: Patient had developmental delays as a baby,  
toddler and preschooler. She also had significant hearing loss  
which, aside from affecting her ability to hear and therefore to  
focus well in preschool and early classroom settings, caused adverse

effects on the development of her speech. Patient also has poor vision- her prescription/refraction increases (worsens) every 6 months. She also is diagnosed as probably having glaucoma because her pressures have been borderline for several years.

Allergies: unsure

Diagnostic Lab Data: unknown...Patient's sister claimed in an email on Thurs 4/15 that Patient's pediatrician, had been contacted and that the Dr was going to be "checking on what could be expected" - but nothing was shared with me after that Thurs 4pm email. All attempts to contact Patients Sister and Dad, Patient's grandma- and my daughter, Patient have been to no avail. I've tried all phone numbers- by calling and leaving voice mails & by texting and ?'ve emailed. No response from any one of them. My own brother who claimed to be quite concerned yesterday Th 4/15 has not been in touch with any word on her status.

CDC Split Type:

Write-up: Patient is only 16 and the Moderna vaccine is only approved for those 18 and over. Her 23 year old sister, was forced by her father to take Patient with her to get the vaccine because Sister already had an appointment and it was "convenient" and less of a hassle for him. It is believed that they lied about Patient's birth date because the forms (consent, registration, etc.) provided for the vaccine CLEARLY state the minimum age to receive the Moderna vaccine is 18. However, there should have been some accountability and proof of age should have been required (ie a birth certificate). It is believed that Patient is experiencing side effects, and that they may be serious. Her father and her sister, as well as her grandmother, (the court-mandated "Supervisor" for custody) refuse to provide me, Patient's mom with any information regarding Patient's well-being at this time- 1 1/2 days after the administration of the vaccine---and they have refused my attempts to contact them by simply not replying---which is unlike them. In the past, Patient has been hospitalized for several days and they did not advise me (again, this is against the court mandate.) It is not only illegal that Patient was vaccinated with the Moderna Covid 19 vaccine- and that Sister, Dad, and Grandma are liable (her grandma, knew in advance they were going to have the vaccine administered) but it is also illegal and unethical that my daughter may be quite unwell at this time and may be wanting and /or needing me and yet, I do not know where she is or how to get to her to help her. If she is okay, I want and deserve to know this information as well.

VAERS ID: 1225732 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Virginia

Vaccinated: 2021-04-15

Onset: 2021-04-16

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EP7534 / 1 UN / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN10162 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatinine normal, Blood urea normal, Chest pain, Fibrin D dimer increased, Haematocrit normal, Haemoglobin normal, Headache, Left ventricular dysfunction, Lymphocyte percentage decreased, Malaise, Monocyte percentage increased, Myalgia, Myocarditis, Neutrophil percentage increased, Platelet count normal, Pyrexia, SARS-CoV-2 test negative, Troponin I increased, White blood cell count increased

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Haematopoietic leukopenia (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin, Vitamin B12, and vitamin D

Current Illness: Had transient nausea and emesis following consumption of rare-cooked meat in early February, otherwise was well

Preexisting Conditions: Anxiety, depression, vitamin deficiency

Allergies: None

Diagnostic Lab Data: 4/18/21: WBC 13, Hgb 15, Hct 44, Plt count 298. 73% neutrophils, 17% lymphocytes, 9% monocytes. BUN 14, Creatinine 1. Troponin I 1.58 ng/mL. D-dimer 0.91 microg/mL. SARS-coronavirus 2 PCR from NP sampling negative.

CDC Split Type:

Write-up: On 4/16/21, the day after receipt of the second SARS-CoV-2 vaccine the patient developed new headache, fever, malaise, and myalagias. on 4/17/21 the patient then developed chest pain which worsened over time and lead to diagnosis of myocarditis with decreased left ventricle function of 44-47% and with troponin I of 1.58 ng/mL.

VAERS ID: 1225942 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Wisconsin

Vaccinated: 2021-03-19

Onset: 2021-03-28

Days after vaccination: 9

Submitted: 0000-00-00

Entered: 2021-04-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 1 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Cardiac arrest, Death, Laboratory test, Lung assist device therapy, Oral contraception, Pulmonary embolism, Resuscitation

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-30

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Reported to be on Drospirenone-Ethinyl Estradiol 3-0.02 MG per tab

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared dead by neurologic criteria 3/30/21.

VAERS ID: 1227884 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: North Carolina

Vaccinated: 2021-03-24



Onset: 2021-03-29

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-04-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 LA / OT

Administered by: Unknown Purchased by: ?

Symptoms: Basal ganglia infarction, Echocardiogram, Facial paralysis, International normalised ratio, Investigation, Ischaemic cerebral infarction, Magnetic resonance imaging, Motor dysfunction, SARS-CoV-2 test

SMQs:, Peripheral neuropathy (broad), Ischaemic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: SOTALOL; WARFARIN

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Arrhythmia; Cardiac valve prosthesis user; Implantable defibrillator insertion; Truncus arteriosus persistent

Allergies:

Diagnostic Lab Data: Test Date: 20210329; Test Name: TTE; Result

Unstructured Data: Test Result:unchanged from prior; Test Date:

20210329; Test Name: INR; Result Unstructured Data: Test

Result:2.68; Test Date: 20210329; Test Name: exam; Result

Unstructured Data: Test Result:L sided motor deficits, L facial

droop; Test Date: 20210329; Test Name: MRI; Result Unstructured

Data: Test Result:Acute Infarct of R internal capsule and R basal

ga; Comments: Acute Infarct of R internal capsule and R basal

ganglia; Test Date: 20210329; Test Name: Covid-19 nasal swab test;

Test Result: Negative ; Test Date: 20210330; Test Name: Covid-19

nasal swab test; Test Result: Negative

CDC Split Type: USPFIZER INC2021366410

Write-up: Acute Infarct of R internal capsule and R basal ganglia;

Acute Infarct of R internal capsule and R basal ganglia; Left (L)

sided motor deficits; L facial droop; This is a spontaneous report

from a contactable physician. A 16-year-old female patient received

bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection),

dose 1 intramuscular, administered in left arm on 24Mar2021 (Batch/

Lot number was not reported) as single dose for COVID-19

immunisation. Medical history included truncus arteriosus (status post (s/p) right ventricle-to-pulmonary artery (RV-PA) conduit and prosthetic aortic valve s/p automatic implantable cardioverter defibrillator (AICD) placement) and arrhythmias. The patient have no known allergies to medications, food, or other products. The patient was not diagnosed with COVID-19 prior to vaccination. The patient was not pregnant at the time of vaccination. Concomitant medications included sotalol taken for arrhythmias and warfarin. The patient was therapeutic on warfarin (INR 2.68) at admission and has been historically very compliant with medication. On 29Mar2021 14:00, the patient experienced acute infarct of right (R) internal capsule and R basal ganglia as diagnosed (dx) on magnetic resonance imagine (MRI), concerning for (C/f) cardio-embolic etiology in the setting of patient's complex cardiac history. However, cannot rule out other causes of infarct. Left (L) sided motor deficits on exam, L facial droop. Transthoracic echocardiogram (TTE) was unchanged from prior. The patient was hospitalized for the events from 29Mar2021 to 05Apr2021. The patient underwent other lab tests and procedures which included COVID-19 nasal swab test was negative on 29Mar2021 and on 30Mar2021. Therapeutic measures were taken as a result of the events and included treatment with anticoagulation. Outcome of the events was recovered with sequel on 2021. The following information on the batch number has been requested.; Sender's Comments: As there is limited information in the case provided, the causal association between the events and the suspect vaccine BNT162B2 cannot be excluded. Consider also possible contributory effects from patient's pre-existing cardiac history. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1229179 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-03-25  
Onset: 2021-04-15  
Days after vaccination: 21  
Submitted: 0000-00-00  
Entered: 2021-04-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER2613 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Citrobacter infection, Culture urine positive,  
Hypotension, Hypothermia, Intensive care, Lethargy, Mental status  
changes, Sepsis

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome

(broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Cardiomyopathy (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Diazepam (sch), famotidine (sch), gabapentin (sch), MVI (sch),

Current Illness: none

Preexisting Conditions: Cerebral palsy, seizures, autism spectrum, constipation, reflux, non-verbal

Allergies: No known allergies

Diagnostic Lab Data: Urine culture positive for citrobacter

04/15/2021

CDC Split Type:

Write-up: lethary and altered mental status 2.5 weeks after COVID vaccine. Found to be septic (hypotension, hypothermia, suspected infection). Admitted to ICU. Required 15L vapotherm for respiratory support and several fluid boluses for blood pressure. Urine culture resulted positive for a bacterial infection. Started on antibiotics and improved. Concern for vaccine adverse event is low.

VAERS ID: 1238456 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: North Carolina

Vaccinated: 2021-04-16

Onset: 2021-04-16

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-04-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

ER8729 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Magnetic resonance imaging heart, Myocarditis, Troponin increased

SMQs: Cardiac failure (broad), Myocardial infarction (narrow),

Arrhythmia related investigations, signs and symptoms (broad),

Pulmonary hypertension (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol

Current Illness: None.

Preexisting Conditions: Asthma.

Allergies: None.

Diagnostic Lab Data: 4/18 labs: troponin 9.46 (normal 0 - 0.034ng/mL), CRP 29.9 (normal 0-10mg/L), pro-BNP 547 (normal 0-93pg/mL) -

EKG: diffuse ST segment elevation - Echocardiogram: low normal left ventricular systolic function (ejection fraction = 58%) 4/19:

troponin 16.7, CRP 40.3, pro-BNP 1,140 4/21: troponin 2.34, CRP

15.5, pro-BNP 630 - Cardiac MRI pending

CDC Split Type:

Write-up: Presented with chest pain, found to have diffuse ST elevation, elevated troponin/CRP/pro-BNP and echo concerning for low normal left ventricular systolic function. Ultimately diagnosed with myopericarditis.

VAERS ID: 1249757 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Oregon

Vaccinated: 2021-04-14

Onset: 2021-04-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0164 / 1 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Blood lactate dehydrogenase increased, Chills, Fatigue, Fibrin D dimer, Headache, Lymphadenopathy, Magnetic resonance imaging head normal, Neutrophil count decreased, Pancytopenia, Periorbital oedema, Platelet count decreased, Pyrexia, Viral test negative, White blood cell count decreased

SMQs: Anaphylactic reaction (broad), Agranulocytosis (narrow), Angioedema (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Neuroleptic malignant

syndrome (broad), Systemic lupus erythematosus (broad),  
Anticholinergic syndrome (broad), Periorbital and eyelid disorders  
(narrow), Hypersensitivity (narrow), Myelodysplastic syndrome  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: OCP

Current Illness:

Preexisting Conditions: Exercise induced asthma

Allergies: Amoxicillin (rash)

Diagnostic Lab Data: 4/20 CBC showed a WBC of 4.2, H/H of 7.2/23 and  
a platelet count of 99K. LD was mildly elevated at 344, ANC was 865.  
D-dimer was positive. An MRI of the brain was done to rule out deep  
venous sinus thrombosis and this was negative. Viral studies were  
also negative (EBC, CMV, HIV) making vaccine reaction causing  
pancytopenia more likely etiology. F/up CBC on 4/23 shows improving  
labs (WBCV now 8.6, H/H 8.6/29 and platelets up to 150).

CDC Split Type:

Write-up: Patient developed fatigue and headache within 24 hrs of  
receiving 1st vaccine, over the next several days she developed  
periorbital edema and cervical LAD. 6 days after vaccine she  
developed fever and chills and was febrile to 103. She went to the  
ER and labs revealed pancytopenia. She was admitted on the evening  
of 4/20 and was observed for 36 hrs. Symptoms improved without  
antibiotics

VAERS ID: 1252055 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Arizona

Vaccinated: 2021-04-19

Onset: 2021-04-21

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-04-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0162 / 2 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Distributive shock, Eosinophil count abnormal, Full blood  
count normal, Metabolic function test, Respiratory viral panel,  
Syncope, Urticaria

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haematopoietic leukopenia (broad), Arrhythmia related investigations, signs and symptoms (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Asthma

Allergies: None

Diagnostic Lab Data: CBC normal, respiratory pathogen panel normal,

CMP normal, absolute eosinophils 0.1

CDC Split Type:

Write-up: Diffuse urticarial reaction leading to mild distributive shock and syncope

VAERS ID: 1256179 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Unknown

Vaccinated: 2021-04-21

Onset: 2021-04-23

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-04-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / SYR

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Myocarditis, Nausea

SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic

procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-

mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions:  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myopericarditis 48 hours after 2nd dose of Pfizer vaccine  
with chest pain, shortness of breath, and nausea.

VAERS ID: 1258642 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-03-31  
Onset: 2021-04-04  
    Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-04-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Blood albumin abnormal, Cytomegalovirus test, Epstein-Barr  
virus infection, Guillain-Barre syndrome, Helicobacter test  
negative, Influenza virus test negative, Lumbar puncture abnormal,  
Magnetic resonance imaging spinal abnormal, Polymerase chain  
reaction  
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome  
(narrow), Demyelination (narrow), Drug reaction with eosinophilia  
and systemic symptoms syndrome (broad), Opportunistic infections  
(broad), Immune-mediated/autoimmune disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 7 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:

Current Illness:

Preexisting Conditions: Neurofibromatosis 1 and scleroderma

Allergies:

Diagnostic Lab Data: MRI spine with peripheral nerve enhancement  
Lumbar puncture with albuminocytologic dissociation She was also positive for a remote infection with EBV. We tested for influenza (negative) and Campylobacter (negative.) CMV PCR is pending.

CDC Split Type:

Write-up: Guillan Barre Syndrome (ascending paralysis with labs/imaging below)

VAERS ID: 1262194 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Iowa

Vaccinated: 2021-04-22

Onset: 2021-04-24

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-04-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0162 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin

SMQs: , Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Troponin 1500

CDC Split Type:

Write-up: Patient received vaccination on 4/22 and started developing chest pain on 4/24. patient presented to the Emergency Department on 4/25 and was evaluated and found to have a troponin of 1500 and was diagnosed with myocarditis. The source is unknown at this point but may be related to the vaccine.



VAERS ID: 1262397 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-04-23  
Onset: 2021-04-26  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-04-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Arrhythmia, Atrioventricular block, Chest pain,  
Echocardiogram normal, Electrocardiogram abnormal, N-terminal  
prohormone brain natriuretic peptide increased, Nodal rhythm,  
Troponin increased, Ventricular extrasystoles  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow),  
Arrhythmia related investigations, signs and symptoms (broad),  
Disorders of sinus node function (narrow), Conduction defects  
(narrow), Ventricular tachyarrhythmias (narrow), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific  
(narrow), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Irritable bowel syndrome

Allergies: Penicillin (maybe)

Diagnostic Lab Data: Trop elevation 5.38. NT-proBNP 428. EKG/  
telemetry with complete heart block, junctional rhythm, PVCs. Normal  
echocardiogram.

CDC Split Type:

Write-up: Suspected myocarditis. Chest pain with multiple  
intermittent dysrhythmias including complete heart block,  
junctional, PVCs. Trop leak. Elevated NT-proBNP. Planning for IVIG.

VAERS ID: 1263942 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Minnesota

Vaccinated: 2021-04-22  
Onset: 2021-04-24  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-04-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 UN / SYR  
Administered by: School Purchased by: ?  
Symptoms: Chest pain, Computerised tomogram thorax normal,  
Echocardiogram normal, Electrocardiogram normal, Oropharyngeal pain,  
Pain, Polymerase chain reaction, Rhinorrhoea, Troponin increased  
SMQs:, Myocardial infarction (narrow), Oropharyngeal conditions  
(excl neoplasms, infections and allergies) (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: none  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Work up with EKG and chest CT did not show  
acute pathology. However, troponin 4ng/ml up to 10.5ng/ml (4/25)--  
\$g up to 11.84 ng/ml on 4/27. PCRs for other viral etiologies of  
myocarditis pending.  
CDC Split Type:  
Write-up: COVID-19 in Nov 2020. At the time had sore throat, runny  
nose, and body aches for about 3 days. No chest pain at the time.  
Patient developed episodic chest pain starting Saturday 4/24 (2 days  
after vaccination). First episode 4/24 and then again 4/25 PM. Found  
to have elevated troponins, cardiac imaging normal (EKG, ECHO, chest  
CT). Depending on trend of troponin may receive IVIG, although  
currently not indicated given improvement in troponins.

VAERS ID: 1264148 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-04-23  
Onset: 2021-04-25  
Days after vaccination: 2

Submitted: 0000-00-00  
Entered: 2021-04-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 1 LA / UN  
Administered by: Private Purchased by: ?  
Symptoms: Arthralgia, Eye swelling, Full blood count, Gait disturbance, Haematocrit normal, Haemoglobin normal, Joint swelling, Platelet count normal, Swelling of eyelid, Urticaria, White blood cell count increased  
SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Periorbital and eyelid disorders (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: NKDA  
Diagnostic Lab Data: 4/27/21 CBC WBC 20,700 PLTS: 390K H/H: 16.7/50.4 Patient was admitted on 4/27/21 to the Hospital  
CDC Split Type:  
Write-up: Extensive hives, joint swelling; swelling over left eye. I saw him on 4/26/21. He had some minor hives. I prescribed an epiPen, prednisone (40 mg daily), and benadryl (25 mg tid prn rash, hives). He came back on 4/27/21. He had more hives, swollen left upper eyelid, joint pain, difficulty walking because of hives on soles of feet. He had no respiratory distress. His chest was clear. I admitted him on 4/27/21 to the Hospital.

VAERS ID: 1270531 (history)

Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: New Hampshire

Vaccinated: 2021-04-10  
Onset: 2021-04-12

Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-04-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: C-reactive protein normal, Dizziness, Epstein-Barr virus  
antibody positive, Exposure to SARS-CoV-2, Fatigue, Full blood count  
normal, Headache, Magnetic resonance imaging head normal,  
Oropharyngeal pain, Pyrexia, SARS-CoV-2 test negative, Vision  
blurred  
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Oropharyngeal conditions (excl neoplasms,  
infections and allergies) (narrow), Glaucoma (broad), Lens disorders  
(broad), Retinal disorders (broad), Vestibular disorders (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Hypoglycaemia (broad), Opportunistic infections (broad),  
COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: patient has had direct exposure to covid cases,  
therefore has had a total of 12 covid pcr tests done in last 19  
days, all negative Brain MRI normal CBC, CRP all in normal range EBV  
serology positive for IgG.  
CDC Split Type:  
Write-up: From 2 days post vaccine, fever, fatigue, sore throat and  
headaches, lasting about a week. Persistent symptoms of headaches,  
dizziness, and blurring of vision still present at 19 day post  
vaccine.

VAERS ID: 1277983 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-04-27  
Onset: 2021-04-28  
Days after vaccination: 1  
Submitted: 0000-00-00

Entered: 2021-05-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Myocarditis

SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: myocarditis

VAERS ID: 1278576 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Unknown

Vaccinated: 2021-04-23

Onset: 2021-04-28

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-05-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Blood electrolytes normal, Chest X-ray normal, Chest pain, Computerised tomogram neck, Computerised tomogram thorax normal, Dyspnoea, Echocardiogram abnormal, Electrocardiogram, N-terminal prohormone brain natriuretic peptide, Tachycardia, Throat tightness, Troponin

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Dehydration (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Adderall XR 20 mg every morning and currently has Nexplanon

Current Illness: None

Preexisting Conditions: ADHD

Allergies: None

Diagnostic Lab Data: EKG 4/28: Sinus tachycardia Echocardiogram 4/29: Normal CXR 4/28: Normal CT chest 4/28: Normal (ruled out PE) CT neck 4/28: Normal (ruled out soft tissue swelling leading to airway compression) Troponin and NT-proBNP 4/28: Normal Electrolytes 4/28: Normal

CDC Split Type:

Write-up: Five days following her first Pfizer COVID vaccine, she woke up from a dead sleep with sharp chest pain, shortness of breath, and feelings of her throat closing. She was given one dose of oral steroids by PCP, but continued to have the feeling that she couldn't breathe due to her throat closing throughout the day so she presented to the ED. There, she reported continued chest pain, worsening SOB, and the feeling that she could not breathe. She was tachycardic to 140 bpm, but otherwise vitals were stable. She was admitted and monitored on continuous telemetry and pulse oximetry overnight. By the following day on 4/29, her symptoms had largely resolved and she was discharged.

VAERS ID: 1278639 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Indiana

Vaccinated: 2021-04-08

Onset: 2021-04-08

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Aphasia, Asthenia, Blood lactic acid, Blood lactic acid increased, Dizziness, Dysstasia, Hyperglycaemia, Incoherent, Mobility decreased, Off label use, Paraesthesia, Product use issue,

SARS-CoV-2 test, Somnolence, Vomiting, White blood cell count, White blood cell count increased

SMQs: Acute pancreatitis (broad), Lactic acidosis (narrow), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Medication errors (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Asplenia syndrome; Autism; Diabetes; Ehlers-Danlos syndrome

Allergies:

Diagnostic Lab Data: Test Date: 20210408; Test Name: lactate value;

Result Unstructured Data: Test Result:increased; Test Date:

20210409; Test Name: Nasal Swab; Test Result: Negative ; Test Date:

20210408; Test Name: white blood cells; Result Unstructured Data:

Test Result:increased

CDC Split Type: USPFIZER INC2021423390

Write-up: Difficulty awakening; tingling to hands; difficulty standing up; difficulty with mobility; unable to answer questions; hyperglycemic; incoherent; vomiting; weakness; dizziness; increased white blood cells; increased lactate value; Concomitant medication included an unspecified vaccine given on 08Apr2021; Concomitant medication included an unspecified vaccine given on 08Apr2021; This is a spontaneous report from a contactable consumer (patient). A 16-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiry date unknown), via an unspecified route of administration, on 08Apr2021 13:45, as single dose, for COVID-19 immunization, at a hospital. Medical history included asplenic, diabetes, Ehlers-Danlos syndrome (EDS), and autism. The patient did not have COVID-19 prior to vaccination. The patient previously took gabapentin and lactose and experienced allergies. Concomitant medications included an unspecified vaccine (reported as "other vaccine") given on 08Jan2021; and other unspecified

medications. On 08Apr2021 at 22:00, the patient experienced difficulty awakening, tingling to hands, difficulty standing up, difficulty with mobility, unable to answer questions, hyperglycemic, incoherent, vomiting, weakness, dizziness, increased white blood cells, and increased lactate value. These events resulted to physician's office and emergency room visits; and hospitalization for one day (unspecified date). Treatment for the events included IV fluid and IV antibiotics. The patient had COVID nasal swab on 09Apr2021 and tested negative. The patient recovered from the events on an unspecified date. Information on batch/lot number was requested.

VAERS ID: 1279549 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-04-17

Onset: 2021-04-20

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Appendicitis, Computerised tomogram, Ultrasound scan, Urine analysis, Vomiting

SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Urine test - 4/21/21, Ultrasound - 4/22/21, CT Scan - 4/22/21.

CDC Split Type:

Write-up: Abdominal pain and vomiting starting the night of April 20, 2021. Went to the emergency department on April 21, but was not diagnosed to be appendicitis. Went again on April 22 and was diagnosed to be appendicitis with possible perforation.



VAERS ID: 1279956 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-04-20  
Onset: 2021-04-29  
Days after vaccination: 9  
Submitted: 0000-00-00  
Entered: 2021-05-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Guillain-Barre syndrome, Immunoglobulin therapy,  
Laboratory test, Lumbar puncture, Magnetic resonance imaging head,  
Magnetic resonance imaging spinal  
SMQs: Peripheral neuropathy (narrow), Guillain-Barre syndrome  
(narrow), Demyelination (narrow), Immune-mediated/autoimmune  
disorders (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: MRI brain/spine Lumbar puncture routine labs  
CDC Split Type:  
Write-up: Guillain Barre syndrome - treated with IVIG - undergoing  
PT/OT; still hospitalized

VAERS ID: 1280493 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-04-26  
Onset: 2021-04-26  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-02  
Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 AR / IM

Administered by: Other Purchased by: ?

Symptoms: Adenovirus test, Adverse reaction, Blood culture negative, Borrelia test, C-reactive protein increased, Chest pain, Cytomegalovirus test negative, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Enterovirus test negative, Epstein-Barr viraemia, HIV antibody negative, HIV antigen negative, Myalgia, Myocarditis infectious, Parvovirus B19 test negative, Pyrexia, Respiratory viral panel, Troponin I increased, Troponin increased, Viral test

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sepsis (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ADHD meds

Current Illness: None. This was second dose Pfizer COVID-19 vaccine given. No history COVID-19 disease.

Preexisting Conditions: ADHD, otherwise healthy.

Allergies: None

Diagnostic Lab Data: above summary From Hospital records: 4/29 Blood

Cx NGTD 4/29 RVP negative 5/1 HIV antigen/antibody negative 4/29

Blood PCR for Adenovirus, CMV, EBV, Enterovirus, Parvovirus B19 all negative. 5/2 Lyme serologies pending ECHO 4/30 Interpretation

Summary Limited follow-up study to assess left ventricular function

Normal left ventricular size and function Normal right ventricular

systolic function Normal septal curvature No pericardial effusion

4/30 HEART MRI INTERPRETATION 1. The left ventricular (LV) size is

normal with normal LV wall thickness. The indexed LV end diastolic

volume is 90 mL/m<sup>2</sup>. There is low normal systolic function of the LV

with an ejection fraction of 50%. There is late gadolinium

enhancement involving 50-75% of the epicardial inferior and

inferolateral LV myocardium with increased T1 and T2 signal. 2. The

right ventricle is normal size with normal systolic function. 3.

Normal atrial size bilaterally. 4. No evidence of significant

valvular abnormalities. 5. Normal pericardium with no pericardial

effusion. Conclusion: Epicardial late gadolinium enhancement present

in the basal and mid lateral wall with elevated T1 and T2 values

consistent with acute myocarditis.

CDC Split Type:

Write-up: MYOCARDITIS. Patient is a 16 year old boy with ADHD who presented with fever and myalgias for 3 days, that progressed to sharp parasternal chest pain and some SOB. Patient received second dose Pfizer COVID-19 vaccine on 4/26, and after that shot experienced fever to 102 at home and myalgias. Subsequently his symptoms of chest pain have occurred. He underwent workup revealing of elevated Troponin, and EKG with some ST segment elevation, a slightly elevated CRP at 32, and a normal ECHO. Admitted for observation and concern for infectious myocarditis vs MIS-C. Cardiac MRI was done confirming Myocarditis, Troponin I was elevated and peaked at 23, 325pg/mL. Workup unrevealing of SARS. Other testing showed Resp virus panel negative, blood pcr for EBV, CMV, Parvovirus B19, enterovirus, and adenovirus all negative, HIV antigen/antibody testing negative. Patient treated with Ketorolac with steady improvement in symptoms over several hospital days. Discharged home 5/2 with Troponin I well down and symptoms resolved. Given reports in lay press regarding other cases of COVID-19 mRNA vaccine associated myocarditis, we are reporting this as a vaccine associated adverse event.

VAERS ID: 1281031 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Pennsylvania

Vaccinated: 2021-04-30

Onset: 2021-05-01

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Fibrin D dimer increased, Pain in extremity, Palpitations, Troponin I increased, White blood cell count increased

SMQs: Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: Troponin I 4.52 D-dimer 0.58, WBC 15.1, EKG - early repolarization, slight ST elevation.  
CDC Split Type:  
Write-up: The patient received the second dose of the Covid vaccine on 4/30/21, on 5/2/21 at 0230 the patient reported an episode of palpitations, chest pain, and left arm pain that was relieved after 1 hour. On 5/3/21 at 0230 the patient reported a second episode of palpitations, chest pain, and left arm pain that was not relieved, pt presented to the Clinic, to ED at 0340 on 5/3/21, the patient had an EKG and lab work done. Troponin I lab level was 4.52, which is over 100 times the normal limit. Pediatric cardiology was consulted and the patient was sent to Hospital via life flight.

VAERS ID: 1282202 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-04-08  
Onset: 2021-05-02  
Days after vaccination: 24  
Submitted: 0000-00-00  
Entered: 2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8737 / 1	AR / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8736 / 2	AR / IM	

Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest discomfort, Chronic sinusitis, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Inflammatory marker increased, Myocarditis, Red blood cell sedimentation rate increased, Systolic dysfunction, Troponin increased, White blood cell count increased  
SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: Found to be Rhino/enterovirus positive at time of admission, though asymptomatic from it  
Preexisting Conditions: Recurrent chronic sinusitis  
Allergies: Augmentin  
Diagnostic Lab Data: Troponin 5/3: 12.7 5/2 labs: WBC 10.4K, initial troponin 6.17, and elevated inflammatory markers with CRP 80.6mg/L and ESR 26mm/hr. EKG: diffuse ST segment elevation ECHO: Mild to moderately decreased left ventricular systolic function  
CDC Split Type:  
Write-up: Received dose #1 on 4/8/21 and dose #2 on 4/30/21. On 5/1 evening developed chest pain and tightness. He told his family about the chest pain the following day, on 5/2, which prompted his Mom to take him to an ED. In ED on 5/2 and found to have ST elevation, elevated troponins and elevated inflammatory markers. ECHO with mildly decreased systolic function. Picture consistent with perimyocarditis. Admitted to Hospital 5/3 AM. Currently clinically stable but admitted for close monitoring.

VAERS ID: 1282242 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-04-14  
Onset: 2021-04-24  
    Days after vaccination: 10  
Submitted: 0000-00-00  
Entered: 2021-05-03

Vaccin-ation / Manu-facturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 1 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Multisystem inflammatory syndrome in children  
SMQs:, Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 9 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: MIS-C

VAERS ID: 1282487 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-04-13  
Onset: 2021-04-13

Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 2 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Blood test, Magnetic resonance imaging, Status migrainosus  
SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: MRI, Blood work, numerous IV Infusions for  
emergency migraine relief

CDC Split Type:

Write-up: Status Migrainosus. - IN ER for severe migraines that  
began 6 hours after the vaccine shot on 4/13/201 In Hospital for IV  
Infusions, Neurology specialist are following her. Migraines are  
still happening

VAERS ID: 1283185 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Washington

Vaccinated: 2021-04-30

Onset: 2021-05-01

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 AR / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: C-reactive protein increased, Chest X-ray, Chest X-ray normal, Chest pain, Chills, Dyspnoea, Echocardiogram, Electrocardiogram ST segment elevation, Full blood count abnormal, Magnetic resonance imaging heart, Metabolic function test abnormal, Myalgia, Myocarditis, Pyrexia, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: EKG, ECHO, Cardiac MRI, CXR, Labs (CBC, CMP, Trop, Inflamm markers,

CDC Split Type:

Write-up: Previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. He was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of COVID pfizer vaccine. He improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. He had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. Family activated EMS who gave 325 mg of aspirin en route to the ED. In the ED, he was afebrile and hemodynamically stable. He was mildly

diaphoretic, but otherwise, unremarkable on physical exam. STAT EKG showed ST elevations in V5 and V6 and ST depressions in V1 and V2 as well as PR depressions, which persisted on repeated EKG. Given concern for myopericarditis, they ordered labs including CBC, CMP, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and CRP 3.5. Chest x-ray was normal. Cardiology was consulted and they recommended transthoracic echo which is pending. Cards also recommended starting Ibuprofen 600 mg q8 hrs and admission to cards for further management.

VAERS ID: 1284476 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-04-30

Onset: 2021-05-01

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / SYR

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Anion gap, Aspartate aminotransferase increased, Basophil count normal, Basophil percentage, Blood albumin normal, Blood alkaline phosphatase increased, Blood bilirubin increased, Blood calcium normal, Blood chloride normal, Blood creatine normal, Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Blood glucose normal, Blood magnesium increased, Blood urea normal, Brain natriuretic peptide normal, C-reactive protein increased, Carbon dioxide normal, Cardiac imaging procedure abnormal, Chest pain, Chills, Cytomegalovirus test, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Eosinophil count normal, Eosinophil percentage, Globulin, Haematocrit increased, Haemoglobin normal, Headache, Hepatitis B core antigen, Hepatitis B surface antigen negative, Hepatitis C virus core antigen, Lymphocyte count normal, Lymphocyte percentage, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Monocyte count increased, Monocyte percentage increased, Myocarditis, Neutrophil count normal, Neutrophil percentage, Pain, Platelet count normal, Protein total normal, Pyrexia, Red blood cell count normal, Red blood cell sedimentation rate decreased, Red cell distribution width normal, Reticulocyte count decreased, SARS-CoV-2 antibody test negative, Vomiting, White blood cell count normal  
SMQs:, Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Haematopoietic erythropenia (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Biliary system related investigations, signs and symptoms (narrow), Gastrointestinal nonspecific symptoms



and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Obesity

Allergies: None

Diagnostic Lab Data: 5/2/2021 18:58 WBC: 7.49 RBC: 5.49 (H) Hgb:

15.5 Hct: 45.1 MCV: 82.1 MCH: 28.2 MCHC: 34.4 RDW: 12.4 Plt: 205

Differential type: Automated Abs neut: 4.22 Abs immature grans:

0.02 Abs lymphs: 1.99 Abs monos: 1.10 (H) Abs eos: 0.09 Abs basos:

0.07 Neuts: 56.3 Immature grans: 0.3 Lymphs: 26.6 Monos: 14.7 Eos:

1.2 Basos: 0.9 NRBCs: 0.0 Abs NRBCs: 0.00 Sed rate (ESR): 2 BNP: <10

Magnesium: 2.0 Troponin I: 3.357 (H) Na: 138 K: 3.5 (L) Cl: 99 CO2:

27 Anion gap w/o K: 12 BUN: 12 Creatinine: 0.82 Glucose: 93 SGOT/

AST: 37 SGPT/ALT: 18 Alk Phos: 230 Bilirubin total: 1.6 (H) Protein:

7.3 Albumin: 4.4 Globulin (calc): 2.9 A:G Ratio: 1.5 Calcium: 9.0 C-

reactive protein: 5.7 (H) 5/2/2021 20:47 Hep B Surface Ag: Negative

Hep C Ab: 0.07 Hep B Core Total Ab: Negative Hep B Surf Ab: 0.69

Cytomegalovirus IgG: 1.6 (H) Cytomegalovirus IgM: <0.2

Interpretation: Prior infection, probably not active COVID 19 ab igG:

Negative Comment: (note) 5/3/2021 03:30 Troponin I: 4.768 (H) C-

reactive protein: 4.4 (H) 5/3/2021 11:00 Troponin I: 6.240 (H) CK:

559 (H) CK-MB: 42.6 (H) Index: 7.6 (H) Interpretation: MB(CK2) is

associ... C-reactive protein: 3.6 (H) 5/3/2021 11:00 CK: 559 (H)

5/3/2021 18:45 5/3/2021 18:50 Troponin I: 5.361 (H) C-reactive

protein: 2.3 (H) EKG 5/2 and 5/3 with ST segment elevation.

Echocardiogram 5/3 with normal function and no wall motion

abnormalities Cardiac MRI 5/3 with evidence of myocarditis, no

ischemia, normal coronary arteris

CDC Split Type:

Write-up: 16 year old male who got first Pfizer Covid vaccine 4/30,

then by the next morning experienced non-bilious emesis for a few

hours, as well as fever, chills, body aches, and HA. The body aches

and HA continued through today when he began experiencing chest pain

while lying down. Chest pain improved on sitting up, standing,

sitting forward. No shortness of breath.

VAERS ID: 1285671 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: West Virginia

Vaccinated: 2021-04-16  
Onset: 2021-04-19  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8737 / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Life support, Seizure, Unresponsive to stimuli  
SMQs: , Hyperglycaemia/new onset diabetes mellitus (broad),  
Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus  
(broad), Convulsions (narrow), Acute central respiratory depression  
(broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis  
(broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode  
(broad), Generalised convulsive seizures following immunisation  
(narrow), Respiratory failure (broad), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: unknown  
Current Illness: none  
Preexisting Conditions: unknown  
Allergies: NKDA  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient was given dose #1 at a vaccine community clinic on  
Friday. There were no reports of him being ill. Parents were present  
at the time of the vaccine. He went to school on Monday and had a  
seizure and was transported to hospital. He was placed on life  
support and was unresponsive. He began improving and was taken of  
life support on Wednesday and was discharged after a few days.

VAERS ID: 1286225 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Unknown  
Location: New Mexico

Vaccinated: 2021-04-28  
Onset: 2021-04-30  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Echocardiogram normal, Electrocardiogram normal,  
Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None known.  
Preexisting Conditions: Gender dysphoria. Female to male  
transitioning, on testosterone injections, but none for at least 1  
month prior to covid-19 immunization  
Allergies: None known  
Diagnostic Lab Data: Elevated Troponin to 17 ng/mL. EKG normal.  
Echocardiography with structurally normal heart, with borderline  
diastolic function.  
CDC Split Type:  
Write-up: The patient developed acute perimyocarditis 2 days  
following Covid-19 vaccination. Ultimately this was mild, with  
recovery with NSAIDs alone.

VAERS ID: 1291846 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Maryland

Vaccinated: 2021-05-03  
Onset: 2021-05-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Factor 5 leiden  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient with chest pain 5/5. Elevated troponin, peak of 2.96 at time of report. Chest pain resolved at this time. ECHO by cardiology team completed and normal. Admitted to cardiology service for monitoring

VAERS ID: 1295509 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-04-10  
Onset: 2021-04-14  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / SYR

Administered by: School Purchased by: ?  
Symptoms: Amnesia, Angina pectoris, Dyspnoea, Heart rate irregular, Intensive care, Loss of consciousness, Myocarditis  
SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Other ischaemic heart disease (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Vitamin C  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: My 16-year-old daughter, very healthy without any health conditions, got her first dose of the Pfizer vaccine on Saturday evening, April 10th, at around 5pm. On Wednesday, she started complaining of shortness of breath, chest pains, which she described as a feeling of someone stubbing her heart. By Thursday, she began blacking out repeatedly throughout the day, each blackout lasting about a minute. These progressed and whenever she blacked out, she would not remember what happened. At first, she and I brushed it off as maybe lack of calcium since she rarely drinks milk. But as they intensified, I began to become more concerned. I told her I cannot leave her by herself in the house as I prepared to go pick up her young siblings from school then schedule an appointment with her doctor. On our way back home, she blacked out again, however, it was for more than a minute. Straight away, I drove to the ER close by. The doctor came back to inform me that her heartbeat was irregular and concerning based on her age. In that same moment, she began complaining of excessive pain like someone punching her heart out, and then she passed out again. Still with my two other children, the whole ordeal began to frighten them and illicit some heavy tears. Being that this ER was general admission, the doctors insisted they call in the paramedics to transport her to another ER for children. However, after being transported to the other ER, her condition began to intensify rather quickly and the pediatric doctor at the second ER informed us we would have to be transferred to Childrens intensive care unit where the cardiologists could check her heart, find the ultimate cause, and monitor her closely. In that moment, as a mother, I was speechless and extremely terrified. Seeing my daughter being transferred from ER to ER, made it even tougher on me so much that I could no longer hold myself together. Here she was in terrible pain and being moved around with no clear diagnosis and treatment. From there on, we spent a couple days in the Cardiac ICU waiting and praying with friends for answers and the best treatment she could get to ease the pain. By about the third day of being in the ICU, the cardiologists informed me, she had Acute Myocarditis. This was so shocking in a sense that both sides of the family have no history of heart issues. Secondly, she is a very healthy child.

VAERS ID:           1296650 (history)  
Form:     Version 2.0  
Age:      16.0  
Sex:      Female

Location: Kansas

Vaccinated: 2021-04-14

Onset: 2021-04-17

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH

EW0162 / 1 - / IM

Administered by: Other Purchased by: ?

Symptoms: Blood thyroid stimulating hormone normal, C-reactive protein normal, Chest X-ray normal, Chest pain, Cough, Dyspnoea, Endotracheal intubation, Full blood count normal, Heart rate decreased, Laryngoscopy, Metabolic function test normal, Red blood cell sedimentation rate normal, Respiratory tract congestion, SARS-CoV-2 antibody test positive, Spinal X-ray normal, Stridor, Thyroxine free normal, Vocal cord dysfunction

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: intermittent singulair use, not taking medications day of vaccination

Current Illness: Congestion at time of vaccination

Preexisting Conditions: Situational anxiety Allergic rhinitis

Allergies: NKA

Diagnostic Lab Data: 4/21/21 CXR, CBC, CMP, CRP, ESR, TSH, Ft4, covid antibodies. 4/29/21 CXR, neck/soft tissue xray 4/30/21 direct laryngoscopy

CDC Split Type:

Write-up: Patient was seen at the urgent care clinic on 4/19/2021 having congestion for a couple of days as well as cough, new throat the head and troubles breathing was noted to have normal oxygen saturation and was given an albuterol inhaler and told that she had a virus. She followed up in the PCP office on 4/21/2021 with worsening troubles breathing and was given Decadron in the office, 4days of prednisone, CXR and labwork. CXR showed possible reactive airway disease and was to do steroid and continue out albuterol every 4 hours. Had negative/normal lab work and positive Covid

antibodies. History of Covid 10/2020. Felt almost completely back to normal by Sunday, her last day of steroids. On Monday had worsening of her breathing throughout the day, increased troubles breathing again after softball that night. Albuterol did seem to help up. Called the office as she woke up Tuesday morning with worsening and would started on Flovent. With no improvement return to PCP office on 4/29/2020 with marked inspiratory stridor. Was admitted to the hospital for work-up of return of stridor. Had a normal chest x-ray and neck/soft tissue x-ray. With continued troubles breathing and chest pains with decreased heart rate was elected to go to Hospital where she could have further work-up. When the ARNP came helicopter, was concerned about her airway and she intubated to fly to hospital. Was dx there with Sudden Acute Onset of Vocal Cord Dysfunction and is continuing with therapies.

VAERS ID: 1299961 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-04  
Onset: 2021-05-06  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8736 / 2	RA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0169 / 1	RA / IM	

Administered by: Work Purchased by: ?  
Symptoms: Antinuclear antibody, Blood test normal, Blood thyroid stimulating hormone normal, Chest pain, Coxsackie virus test, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Full blood count normal, HIV test negative, Hepatitis B surface antigen, Intensive care, Magnetic resonance imaging abnormal, Malaise, Metabolic function test normal, Myalgia, Myocarditis, Nausea, Pericardial effusion, Pyrexia, Respiratory syncytial virus test negative, SARS-CoV-2 test negative, Troponin increased, Urine analysis normal, Vomiting  
SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Zyrtec PRN, Flonase PRN  
Current Illness: none  
Preexisting Conditions: Asthma, well controlled, not on medications.  
Allergies: none  
Diagnostic Lab Data: EKG 5/6/2011 Echo 5/6/2011 Cardiac MRI -  
5/7/2011 Troponin T -5/6/2021-5/9/2021 TSH, FT4 - 5/7/2021 HIV,  
HbsAg- 5/7/2021 Respiratory viral PCR - 5/6/2021 COVID-19 PCR -  
5/6/2021

CDC Split Type:

Write-up: Patient is a previously healthy 16 year-old M presenting with acute onset chest pain, shortness of breath, nausea, vomiting, malaise, fever and myalgia to ED on 5/6/2021 at 20:44. He started experiencing symptoms on 5/6/2021 morning at 06:07 AM. He received his second dose of Pfizer COVID-19 vaccine on 5/4/2021 10:00 AM. In the ED, CBC, CMP and UA was within normal limits. EKG at 20:46 and again at 21:14 showed ST segment elevation in inferolateral leads with possible myocardial injury, ischemia or pericarditis. Troponin 0 hour was 835 and at 2 hours 1674. Patient was admitted to the PICU for further evaluation and management. Echo on 5/6/2021 showed normal LV systolic function with SF 31%. Cardiac MRI on 5/7 showed contrast enhancement of inferolateral wall consistent with myo-pericarditis with small pericardial effusion. Troponins were trended every 12 hours and plateaued in the 1800's on 5/8/2021. Patient was diagnosed with acute myo-pericarditis. Respiratory viral PCR and COVID-19 PCR on 05/06/2021 were negative. Thyroid studies were normal. ANA titer is pending. Viral serology for HbsAg was negative and HIV was non-reactive. Results for additional viral serologies for Coxsackie viruses, EBV, CMV and HHV6 are awaited. Patient was treated with NSAIDs and Colchicine. IVIG was not given based on clinical judgement. Pediatric Cardiology was involved in patient's care and clinical decision making. Patient remained hemodynamically stable on room air throughout his PICU course. He was discharged on 5/9/2021 with Pediatric Cardiology outpatient follow up in 2-3 weeks. He will continue Ibuprofen 600 mg every hours and Famotidine 20 mg 2 times daily until his follow up.

VAERS ID: 1303530 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-04-27  
Onset: 2021-04-29  
Days after vaccination: 2



Submitted: 0000-00-00

Entered: 2021-05-10

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

ERS736 / 2 UN / UN

Administered by: Pharmacy Purchased by: ?

Symptoms: Adenovirus test, Antineutrophil cytoplasmic antibody negative, Antinuclear antibody positive, Blood immunoglobulin M, C-reactive protein increased, Chest pain, Dyspepsia, Electrocardiogram ST-T segment abnormal, Enterovirus test positive, Epstein-Barr virus test negative, Human herpes virus 6 serology negative, Human rhinovirus test positive, Interferon gamma release assay positive, Laboratory test, Myocarditis, Pain, Pain in extremity, Pain in jaw, Protein total, Pyrexia, Respiratory viral panel, Rheumatoid factor negative, SARS-CoV-2 test negative, Troponin I increased, Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Osteonecrosis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Melatonin QHS PRN

Current Illness: None known

Preexisting Conditions: None

Allergies: None known

Diagnostic Lab Data: Besides labs and tests described in 18, he also had an ECG at hospital upon presentation that reportedly showed diffuse ST segment changes. He had a viral respiratory panel at hospital on 4/30 or 5/1 that was positive for rhinovirus/enterovirus. He had Parvovirus serologies on 5/1 that was positive for IgG, negative for IgM. Enterovirus, HHV-6, and adenovirus PCRs from blood were sent on 5/5 and were negative. On 5/1, the following labs were also sent from the hospital, and their results: Rheumatoid factor: Neg c-ANCA titer: Neg p-ANCA titer: Neg Atypical p-ANCA: Neg Myeloperoxidase ab: Neg Serine Protease 3 ab: Neg EBV DNA (PCR): Neg Anti-Nuclear antibody: Positive ANA homegenous pattern: 1:320 (high) CDC Split Type:

Write-up: Patient received his 2nd Pfizer COVID vaccine on Tuesday

4/27/2021; he had low grade fever (100.3 deg F) on Wed 4/28/2021. On Thursday 4/29/2021, he developed "heartburn", and on Friday 4/30/2021 he developed chest pain that radiated to his jaw and left arm. He presented to Hospital on late 4/30/2021 or early 5/1/2021 for evaluation; initial labs showed a CRP of 1.23, POC troponin of 6.56 ng/mL (03:18 on 5/1) and lab level of 17.6 ng/mL (03:05 on 5/1) that increased to 24 ng/mL later in the morning on 5/1. COVID-19 PCR was negative. He was transferred to another Hospital mid-day on 5/1/2021 due to concerns for myocarditis/myopericarditis. He was started on NSAIDs. His troponin level improved, had decreased to 9.69 ng/mL on 5/2/2021; at that point as his chest pain had improved and labs were improving, parents requested that he be discharged from the hospital. He had 2 echocardiograms at PCH which reportedly showed normal biventricular systolic function. He had an echo at the hospital on 5/2/2021 which showed normal biventricular systolic function, no pericardial effusion, and normal valves. As an outpatient, he had repeat troponin-I levels: 2.49 ng/mL on 5/3; 0.31 ng/mL on 5/5; the troponin level was reportedly normal on 5/10/2021 per his primary cardiologist

VAERS ID: 1306598 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-05-06  
Onset: 2021-05-09  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Cardiogenic shock, Dyspnoea, Electrocardiogram ST segment elevation, Haemoptysis, Hypoxia, Myocarditis, Nausea, Oxygen saturation decreased, Pericarditis, Respiratory failure, Troponin increased, Vomiting

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome

(broad), Infective pneumonia (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt came to ER with nausea, vomiting, difficulty breathing. Pt was coughing up blood O2 sat 90 room air initially then down to low 80's. Put on high flow 10 L nasal cannula. Diagnosis hypoxia, dyspnea at rest, pericarditis, elevated troponin 35. Transferred to second hospital. Update from them : likely myopericarditis with cardiogenic shock, respiratory failure, diffuse ST elevation on EKG, on Inotropes

VAERS ID: 1306981 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Virginia

Vaccinated: 2021-05-01

Onset: 2021-05-03

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 LA / IM

Administered by: Public Purchased by: ?

Symptoms: Blood test, Campylobacter infection, Computerised tomogram, Guillain-Barre syndrome, Laboratory test, Lumbar puncture, Magnetic resonance imaging head, Magnetic resonance imaging spinal, Narcolepsy, Polymerase chain reaction

SMQs:, Peripheral neuropathy (narrow), Convulsions (broad),

Guillain-Barre syndrome (narrow), Demyelination (narrow),

Generalised convulsive seizures following immunisation (broad),

Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Vyvanse 30mg/d, children's multivitamin  
chewable.  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Cats, ragweed.  
Diagnostic Lab Data: Full blood and metabolic panel, GI PCR panel,  
CT scan, lumbar puncture, brain and spinal cord MRI. Tests &  
hospitalization ongoing.  
CDC Split Type:  
Write-up: Acute narcolepsy. Suspected Guillain-Barre Syndrome. Could  
be related to concurrent-onset campylobacter infection.

VAERS ID: 1307020 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-05-06  
Onset: 2021-05-07  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0158 / 2 - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Dizziness, Dyspnoea, Fatigue, Headache,  
Palpitations, Troponin increased  
SMQs: Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Acute central  
respiratory depression (broad), Pulmonary hypertension (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad), Vestibular disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Calcium supplements on occasion to help with

growth

Current Illness: None

Preexisting Conditions: None

Allergies: Ceftriaxone as a younger child (rash)

Diagnostic Lab Data: Troponin levels (max 3.7) Cardiac monitoring

Viral studies Cardiac MRI to be done 5/12

CDC Split Type:

Write-up: 5/7: c/o fatigue and headache 5/8: Chest pain, shortness of breath, headache and heart racing 5/9: Worsening left sided chest pain with dizziness. Presented to an urgent care and then transferred to the hospital.

VAERS ID: 1310120 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Ohio

Vaccinated: 2021-05-06

Onset: 2021-05-10

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Lymphadenopathy, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Myocarditis, Troponin T increased SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: EKG 5/10/21 abnormal, diffusely elevated ST segments Troponin T (ng/L) 5/10/21 were 849, 869 Echo (TTE) on

5/10/21 (limited) and 5/11/21 (full) with normal EF and grossly unremarkable Cardiac MRI 5/11/21 showed focal inflammatory changes in the lateral and apical walls consistent with myocarditis. reactive appearing left axillary lymphadenopathy consistent with recent vaccine

CDC Split Type:

Write-up: The patient developed severe chest pain on the 4th day after the vaccine, he presented to the local emergency room and had the abnormal tests as described below. His symptoms improved rapidly but due to active myocarditis was given recommendations for limited activity to reduce risk of fatal arrhythmia

VAERS ID: 1310719 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Texas

Vaccinated: 2021-05-05

Onset: 2021-05-09

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain upper, Adenovirus test, Alanine aminotransferase increased, Aspartate aminotransferase increased, Back pain, Basophil count decreased, Basophil percentage, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood calcium normal, Blood chloride normal, Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Blood creatinine increased, Blood glucose normal, Blood magnesium increased, Blood phosphorus normal, Blood potassium increased, Blood sodium normal, Blood urea normal, Brain natriuretic peptide normal, C-reactive protein increased, Carbon dioxide normal, Chest pain, Computerised tomogram abdomen normal, Computerised tomogram pelvis abnormal, Computerised tomogram thorax normal, Cytomegalovirus test positive, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Enterovirus test negative, Eosinophil count decreased, Eosinophil percentage decreased, Epstein-Barr virus antibody negative, HIV antibody negative, HIV antigen negative, Haematocrit normal, Haemoglobin normal, Human metapneumovirus test, Human rhinovirus test, Immunology test, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, Lymphocyte count decreased, Lymphocyte percentage decreased, Mean cell haemoglobin concentration decreased, Mean cell haemoglobin decreased, Mean cell volume normal, Mean platelet volume increased, Monocyte count normal, Monocyte percentage, Nausea, Neutrophil count, Pain, Pain in extremity, Platelet count decreased, Protein total increased, Red blood cell count normal, Red blood cell sedimentation rate increased, Red cell distribution width normal, Serum ferritin normal, Tri-iodothyronine normal, Troponin I

increased, Troponin increased, White blood cell count normal  
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (broad),  
Liver related investigations, signs and symptoms (narrow), Acute  
pancreatitis (broad), Haematopoietic leukopenia (narrow),  
Haematopoietic thrombocytopenia (narrow), Neuroleptic malignant  
syndrome (broad), Systemic lupus erythematosus (broad), Myocardial  
infarction (narrow), Arrhythmia related investigations, signs and  
symptoms (broad), Retroperitoneal fibrosis (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow),  
Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis  
syndrome (narrow), Tendinopathies and ligament disorders (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Opportunistic infections (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA, NKFA

Diagnostic Lab Data: Results for patient as of 5/12/2021 12:43

5/10/2021 16:03 C Reactive Protein: 2.3 (H) CK: 508 (H) CK MB: 22.6

(H) CK MB Relative Index: 4.4 Ferritin: 78 T3: 163 Troponin I:

11.786 (H) Sed Rate: 16 CMV IgG: Positive (A) EBV IgG: <10.0 EBV IgG

Interpretation: Negative EBV IgM: <10.0 EBV IgM Interpretation:

Negative EBV Nuclear Antigen: <3.0 EBV Nuclear Antigen

Interpretation: Negative EBV Interp: See Comment Results for patient

as of 5/12/2021 12:43 5/10/2021 16:04 Adenovirus Quant PCR (Copies/

mL), Plasma: <172 Adenovirus Quant PCR (log), Plasma: <2.24 CMV

Quant PCR (IU/mL), Plasma: <182 CMV Quant PCR (log), Plasma: <2.26

EBV Quant PCR (IU), Whole Blood: <261 EBV Quant PCR (log), Whole

Blood: <2.42 Enterovirus PCR, Blood: Not Detected HIV Ab ELISA:

Nonreactive HIV Ab/Ag Combo: Nonreactive HIV Comment: See Comment

HIV Ag/Ab Screening Interpretation: Negative Results for patient as

of 5/12/2021 12:43 5/10/2021 22:26 Influenza A: Not Detected

Influenza B: Not Detected Resp Syncytial Virus: Not Detected

Parainfluenza 1: Not Detected Parainfluenza 2: Not Detected

Parainfluenza 3: Not Detected Parainfluenza 4: Not Detected

Metapneumovirus: Not Detected Adenovirus: Not Detected Rhinovirus:

Not Detected Results for patient as of 5/12/2021 12:43 5/11/2021

05:23 Sodium: 139 Potassium: 4.8 Chloride: 106 (H) CO2: 26 Glucose:

155 (H) BUN: 17 Creatinine: 0.88 Calcium: 8.9 Magnesium: 2.2

Phosphorus: 4.2 AST: 96 (H) ALT: 88 (H) Alkaline Phosphatase: 101

Total Bilirubin: 0.5 Albumin: 4.3 Total Protein: 10.8 (H) BType Natr

Peptide (WC): 62.4 C Reactive Protein: 1.8 (H) Troponin I: 10.904

(H) WBC: 6.88 RBC: 5.15 Hemoglobin: 13.4 HCT: 42.2 MCV: 81.9 MCH:

26.0 MCHC: 31.8 RDWCV: 13.6 RDWSD: 40.1 Platelet: 149 (L) MPV: 12.9 (H) Differential Type: Auto Seg%: 84.5 (H) Lymph%: 8.6 (L) Mono%: 6.0 Eos%: 0.0 Baso%: 0.6 IG%: 0.3 IG Abs: <0.03 Neutrophil, Absolute (ANC): 5.82 Lymph Abs: 0.59 (L) Mono Abs: 0.41 Eos Abs: <0.03 (L) Baso Abs: 0.04 NRBC%: 0.0 NRBC Absolute: <0.01

CDC Split Type:

Write-up: presented to outside ED with complaints of new onset chest pain that radiated to the back and down his arms with concurrent nausea. Patient was sitting in the living room around 2030-2045 when he developed midsternal and epigastric region pain. Pain radiated to his upper middle back and down both left and right arms. There were no notable exacerbating or relieving factors. Pain was a 4-7 in severity. He was also nauseated. He was given tums by his mother without significant change in symptoms. After 45 minutes they decided to go to the ER. At ER labs were notable for elevated troponin (2-- \$g15-- \$g9). EKG with J-point elevation. Non-contrast CT chest/abd/pelvis was unremarkable. He was given ASA 325 and famotidine in the ED. Pain eventually subsided around 2345. He was transferred to another hospital for further evaluation of troponinemia.

VAERS ID: 1314326 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Washington

Vaccinated: 2021-04-17

Onset: 2021-05-06

Days after vaccination: 19

Submitted: 0000-00-00

Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0164 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray abnormal, Chest pain, Pneumothorax

SMQs: Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ibuprofen, Vitamin D, MVI

Current Illness: none

Preexisting Conditions: headaches history of leukemia



Allergies: none known

Diagnostic Lab Data: labs, xray and surgery 05/11/2021 CHEST 2 VIEWS

X-RAY Clinical: decrease aeration on right side in all 3 right lobes, SpO2 from 95-97%; 2nd Covid shot 5/8/2021 Procedure: Chest 2 Views. This service was furnished during a public health emergency. Additional time and supplies were utilized to accommodate the recommended safety protocols. Comparison: November 20, 2018

Findings: There is a large right pneumothorax with marked collapse of the underlying right lung and mild shift of the mediastinum to the left. Left lung is clear. Heart size is normal. No obvious displaced rib fractures identified. IMPRESSION: Large right pneumothorax with pronounced collapse of the right lung. Patient immediately sent to the emergency room for further

CDC Split Type:

Write-up: 1. Right-sided chest pain and decreased aeration on Right lung (3 lobes) The pt was imaged to rule out spontaneous pneumothorax - MBI:XRY Chest, PA and Lateral (STANDARD) IMPRESSION: Large right pneumothorax with pronounced collapse of the right lung

VAERS ID: 1314459 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: North Carolina

Vaccinated: 2021-05-03

Onset: 2021-05-08

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0172 / 2 LA / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Blood test normal, Colonoscopy normal, Decreased appetite, Endoscopy normal, Inflammatory bowel disease, Nausea, Peripheral swelling

SMQs: Cardiac failure (broad), Acute pancreatitis (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Nothing  
Current Illness:  
Preexisting Conditions: Nothing  
Allergies: Nothing  
Diagnostic Lab Data: Blood exams : May 10th and May 11th. Endoscopy/  
Colonoscopy: May 12th.  
CDC Split Type:  
Write-up: Patient started swelling in the left hands on Saturday May  
08th and inflammation in the bowel during Monday morning May 10th.  
She was not able to eat and had nausea. Patient stayed at Hospital  
until May 13th and got many exams as endoscopy and colonoscopy and  
did not find any reason for such inflammation. Also, blood exams  
were ok. The swelling in the hands combined with inflammation on the  
bowel sound suspect of reaction of Pfizer vaccine as there is no  
event close to this date to create abnormal effects of swelling and  
inflammation.

VAERS ID: 1315154 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-05-04  
Onset: 2021-05-05  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / -

Administered by: Unknown Purchased by: ?

Symptoms: Activated partial thromboplastin time prolonged, Blood  
ethanol normal, Blood thyroid stimulating hormone normal, Chest X-  
ray normal, Chest pain, Computerised tomogram head normal,  
Disorientation, Electrocardiogram normal, Electroencephalogram  
normal, Fall, Fatigue, Full blood count normal, International  
normalised ratio increased, Malaise, Metabolic function test normal,  
Muscle rigidity, Muscle spasms, Nausea, Posture abnormal,  
Prothrombin time prolonged, Seizure like phenomena, Sleep disorder,  
Tremor, Troponin normal, Unresponsive to stimuli

SMQs: Liver-related coagulation and bleeding disturbances (narrow),  
Acute pancreatitis (broad), Haemorrhage laboratory terms (broad),  
Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic  
malignant syndrome (broad), Anticholinergic syndrome (broad),  
Dementia (broad), Convulsions (narrow), Dystonia (broad), Parkinson-  
like events (narrow), Guillain-Barre syndrome (broad), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Accidents and injuries (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode  
(broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Sertraline and Methylphenidate  
Current Illness: ACL tear  
Preexisting Conditions: Asthma, Depression, and ADHD  
Allergies: Penicillin  
Diagnostic Lab Data: EKG, CBC, PT/PTT/INR, CMP, TSH, Ethanol,  
Troponin, Head CT, Chest xray, Video EEG  
CDC Split Type:  
Write-up: Patient is a 16-year-old male patient admitted with seizure like activity. One day prior to admission patient received his second COVID vaccine, Pfizer brand. On the day of admission Patient woke at 0200 with pain in the left side of the chest, mid-axillary per patient's description it was cramp-like pain and he was able to go back to sleep. At 0500 he got up to use the restroom and went into the kitchen. He told his mom he didn't feel well and fell forward making a gurgling sound, arms rigid, was unresponsive, and this lasted 1.5minutes according to mom. Mom called EMS and when he awoke he stated he was nauseous. After EMS arrived it was 2-3 minutes and he did not feel well again, he stood up and head fell back, eyes open, he was shaking, and making a gurgling noise again, this episode lasted 30 seconds. Upon awaking he was disorientated for a few minutes then back to baseline, he was nauseous again and very tired. He came to the ED where EKG (pending), CBC (normal), PT/PTT/INR (slight elevation), CMP (normal), TSH (normal), Ethanol (None), Troponin (normal), Head CT (normal), and chest xray (normal) were done. He received a NS bolus was given. He was admitted to the pediatric hospitalist for further evaluation and management. This is where he had a 24hour Video EEG with normal EEG he was discharged home.

VAERS ID: 1315645 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Wisconsin

Vaccinated: 2021-04-24  
Onset: 2021-04-25  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-13  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 1 RA / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain upper, Appendicectomy, Vomiting

SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Child taken to his pediatrician's office on 04/27/2021 and examined. Diagnosed with possible inflamed appendix and urged to go to emergency room immediately. Appendix was removed on 04/27/2021 and patient was hospitalized until 04/30/2021 for recovery and observation.  
CDC Split Type:  
Write-up: Constant stomach pain , and vomiting - symptoms occurred 24 hours after injection of 1st vaccine shot.

VAERS ID: 1317615 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Utah

Vaccinated: 2021-04-19  
Onset: 2021-05-06  
Days after vaccination: 17  
Submitted: 0000-00-00  
Entered: 2021-05-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0169 / 2 UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: COVID-19, Continuous positive airway pressure, Culture negative, Cytomegalovirus test negative, Differential white blood cell count, Enterovirus test negative, Epstein-Barr virus test negative, Frequent bowel movements, Full blood count, HIV test negative, Haemoglobin decreased, Intensive care, Lymphocyte count decreased, Neutrophil count decreased, Pancytopenia, Parvovirus B19 test negative, Platelet count decreased, Pyrexia, Respiratory failure, Respiratory viral panel, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Skin disorder, White blood cell count decreased

SMQs:, Anaphylactic reaction (broad), Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic erythropenia (broad), Haematopoietic

leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Myelodysplastic syndrome (broad), Noninfectious diarrhoea (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Enbrel, Epidiolex, felbamate, keppra, topiramate

Current Illness: JIA, encephalopathy, central line dependence

Preexisting Conditions: JIA, encephalopathy, central line dependence, cerebral palsy

Allergies: cephalosporins, erythromycin, ketamine, metronidazole

Diagnostic Lab Data: 5/7 CBCd WBC 1.1, Hgb 6.7, Plts 23, ANC 0.8, ALC 0.7; Cultures negative. 5/5 COVID PCR negative, 5/9/2021 COVID Ab positive Viral workup included negative Biofire respiratory film array 2.1 (5/5), BioFire GI-film array 5/6, and serum HIV, EBV, CMV, parvovirus, parecho/enterovirus and adenovirus PCRs.

CDC Split Type:

Write-up: 16-year-old medically complex female, JIA, bronchiectasis and chronic nighttime oxygen requirement who presented to the hospital on 5/6 with fever, increased stool output, and perianal skin breakdown. Her course was complicated by respiratory failure (requiring ICU admission for CPAP), pancytopenia, diarrhea with buttock skin breakdown requiring rectal tube for wound and stool management, and extensive workup which was unrevealing for an infectious cause. She clinically improved with respect to pancytopenia with discontinuation of felbamate, and completed a treatment course with Zosyn for suspected buttock SSTI.

VAERS ID: 1321726 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Ohio

Vaccinated: 2021-05-03  
Onset: 2021-05-14  
Days after vaccination: 11  
Submitted: 0000-00-00  
Entered: 2021-05-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Differential white blood cell count abnormal, Full blood  
count abnormal, Haemoglobin decreased, Leukopenia, Oropharyngeal  
pain, Platelet count decreased, Pyrexia, Thrombocytopenia, White  
blood cell count decreased  
SMQs:, Haematopoietic erythropenia (broad), Haematopoietic  
leukopenia (narrow), Haematopoietic thrombocytopenia (narrow),  
Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome  
(broad), Systemic lupus erythematosus (narrow), Anticholinergic  
syndrome (broad), Oropharyngeal conditions (excl neoplasms,  
infections and allergies) (narrow), Myelodysplastic syndrome  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: omeprazole and claritin  
Current Illness: Sore throat of unknown etiology  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: 5/14/21: CBC WBC 2.1, Platelets 94, Hb 13.9  
5/14/21 (repeat): WBC 2.9, Platelet 99, Hb 13.9  
CDC Split Type:  
Write-up: Thrombocytopenia. Had sore throat and intermittent fevers,  
as part of evaluation PCP obtained CBC with differential that showed  
leukopenia and thrombocytopenia. No bleeding or bruising, no  
petechiae.

VAERS ID: 1323784 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-05-15  
Onset: 2021-05-15  
Days after vaccination: 0

Submitted: 0000-00-00  
Entered: 2021-05-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8732 / 1 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Bacterial test, Pruritus, Rash  
SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: MYCOPHONELATE, TACROLIMUS, CALCITRIOL, VIT D,  
ZYRTEC, KEFLEX, LOESTRIN FE  
Current Illness: NONE  
Preexisting Conditions: S/P KIDNEY TRANSPLANT OCT 2007  
Allergies: OXYCODONE, RED FOOD DYE  
Diagnostic Lab Data: 5/17/21: HOSPITAL- SKIN/LESION CULTURE FOR  
VARICELLA - PENDING.  
CDC Split Type:  
Write-up: SMALL BUMPS/RASH WITH WHITE HEADS OVER BODY THAT BEGAN ON  
CHEST AND GROIN APPROX 6 HRS AFTER; PROGRESSED TO ENTIRE BODY WITHIN  
24 HOURS- ITCHING. APPEARS AS CHICKEN POX.

VAERS ID: 1323903 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-05-13  
Onset: 2021-05-14  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 1 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Dizziness, Heavy menstrual bleeding, Immunoglobulin  
therapy, Platelet count decreased, Pyrexia, SARS-CoV-2 test  
positive, Thrombocytopenia, Vaccination complication, Vaginal  
haemorrhage  
SMQs:, Haematopoietic thrombocytopenia (narrow), Haemorrhage terms  
(excl laboratory terms) (narrow), Neuroleptic malignant syndrome

(broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Cetirizine 10 mg once daily

Current Illness: None

Preexisting Conditions: Obesity, ADHD, seasonal allergies

Allergies: No known allergies

Diagnostic Lab Data: COVID-19 Nasal Swab PCR: Positive on 5/14

Platelets: 8 on 5/14/21, 6 on 5/15/21, 6 on 5/16/21, 16 on 5/17/21.

CDC Split Type:

Write-up: Patient presented to the ED with dizziness, fever and heavy vaginal bleeding around 24 hours after receiving her first dose of the Pfizer-BioNTech COVID-19 vaccine. She was tested for active COVID-29 infection via nasal swab PCR and tested positive. Upon presentation labs were drawn and her platelet count was found to be 8 on 5/15. Repeat labs were drawn that day to confirm low platelet count and confirmed diagnosis and thrombocytopenia secondary to an immune reaction to the vaccine was suspected. She was admitted and was started on tranexamic acid, medroxyprogesterone, dexamethasone and IV immunoglobulin (Ig) to help treat low platelet count and vaginal bleeding. As of writing, she is still admitted and her most recent platelet count on 5/17 was 16.

VAERS ID: 1323977 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Ohio

Vaccinated: 2021-05-17

Onset: 2021-05-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0158 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Anticoagulant therapy, Chest pain, Computerised tomogram thorax abnormal, Deep vein thrombosis, Intensive care, Pulmonary



embolism, Ultrasound Doppler abnormal  
SMQs:, Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: norgestimate-ethinyl estradiol, ferrous sulfate  
Current Illness: none  
Preexisting Conditions: iron deficiency anemia, prolonged uterine bleeding  
Allergies: none known  
Diagnostic Lab Data: ultrasound of R leg with DVT Chest CT with bilateral pulmonary emboli  
CDC Split Type:  
Write-up: Presented with acute onset chest pain, found to have right lower extremity DVT and bilateral PEs. Required short stay in ICU for close monitoring given clot burden in her lungs. Required heparin infusion and then transitioned to lovenox for home-going therapy.

VAERS ID: 1326646 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-05-13  
Onset: 2021-05-14  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase increased, Brain natriuretic peptide normal, Chest X-ray normal, Chest pain, Condition aggravated, Echocardiogram, Electrocardiogram, Electrocardiogram ST segment elevation, Fibrin D dimer, Red blood cell sedimentation rate increased, Troponin increased, Urine analysis, White blood cell count normal

SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Gastrointestinal

nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: No known  
Allergies: No known  
Diagnostic Lab Data: 5/15: EKG with diffuse ST elevation, troponin elevated to 2.39, bedside Echo w/o evidence of effusion, Chest Xray unremarkable. WBC 11.9, ESR 15, CK 366. Electrolytes, d-dimer, BNP were unremarkable; Utox negative. 5/16: CK-MB 99.3, CK 1,328, Trop 20.27-\$g 13.42-\$g6.56-\$g8.38, proBNP 170, echo with normal LV function and no effusion 5/17: Troponin 8.29 -\$g 3.63 -\$g2.98  
CDC Split Type:

Write-up: Received second Pfizer Covid-19 vaccine on Thursday 5/13 without acute adverse events. The following day he developed substernal non radiating pleuritic chest pain that kept him awake all night. The following morning pain progressively worsened so he went to the emergency room.

VAERS ID: 1327104 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-05-18  
Onset: 2021-05-18  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Biopsy, Dizziness, Fall, Head injury, Headache, Loss of consciousness

SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode

(broad), Generalised convulsive seizures following immunisation  
(broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations: All vaccinations. dermatology biopsy

Other Medications: None known

Current Illness: None known or reported by patient

Preexisting Conditions: None known or reported by patient

Allergies: None known or reported by patient

Diagnostic Lab Data: Unknown

CDC Split Type:

Write-up: Patient received vaccine in her left arm. It was made aware to the immunizing technician prior to vaccinating that the patient had a history of dizziness after vaccines. Patient was seated when receiving shot and after stayed seat. About 30 seconds after the shot patient lost consciousness and fell out of the seat hitting her head on the way down. The pharmacist and mother helped patient back to her seat. As she came to consciousness patient reports a little headache and dizziness. Pharmacist took blood pressure which read 84/52, temp 97.9 and gave patient some water and 911 was called. As EMS arrived patient reported still some dizziness but was feeling better.

VAERS ID: 1327571 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: California

Vaccinated: 2021-05-12

Onset: 2021-05-12

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Headache, Myalgia, Pyrexia, Viral myocarditis

SMQs:, Rhabdomyolysis/myopathy (broad), Neuroleptic malignant

syndrome (broad), Anticholinergic syndrome (broad), Cardiomyopathy

(broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament

disorders (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: unknown  
Current Illness: unknown  
Preexisting Conditions: unknown  
Allergies: none  
Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient notes that he about 3d PTA he had his 2nd Pfizer Covid vaccine (received on 5/12/21) after which he had about 24 hrs of myalgias, low-grade fever, headache that all resolved. Patient was admitted to the hospital on 5/15/21 with likely post-viral myocarditis.

VAERS ID: 1330866 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-04-26  
Onset: 2021-05-10  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8733 / 1	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0162 / 2	LA / IM	

Administered by: Unknown Purchased by: ?

Symptoms: Crying, Dizziness, Dyspnoea, Palpitations, Sensory disturbance, Tachycardia

SMQs: Anaphylactic reaction (broad), Peripheral neuropathy (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Dehydration (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: clindamycin 1% lotion apply 1 application topically two times daily

Current Illness: n/a

Preexisting Conditions: LMNA muscular dystrophy, scoliosis, congenital VSD, congenital pulmonary valve stenosis, migraines

Allergies: minocycline (rash, nausea)

Diagnostic Lab Data:

CDC Split Type:

Write-up: is a 16-year-old female patient admitted with tachycardia. Starting 1-1/2 weeks ago, mom notes that she has had episodes where she feels her heart racing. It began 1-1/2 weeks ago with her crying and her watch that her heart rate was 208. They went to the ED, where she was given some fluids and her heart rate improved so she was sent home. She had had prior episodes of mild tachycardia up to the 140s in the past but which has always improved with fluids. Mom states that she used to have a lot of trouble maintaining her hydration and would not drink a lot of water. Since the last 1-1/2 weeks, she has been having these episodes 1-2 times a day that last about 1 to 2 minutes with a max of 5 minutes. When it comes on, she feels dizzy and lightheaded, and after the episode she feels a big rush of blood to her head. She also has some associated shortness of breath. She denies having any episodes of chest pain at all. She has never passed out, she has never felt like she was going to pass out, she has never felt like she was out of balance. She denies any nausea or vomiting during episodes. She denies any headaches during the episodes. She does have history of migraines, but has not had one in the last couple weeks. Her prior resting heart rate was in the 80s per her watch, and lately it has been in the 110s to 120s while awake in 80s while asleep. Along with the episodes, she also feels some pulsating sensation in her abdomen. She does not have any abdominal pain. Today, her heart rate was again in the 200s, but it was worse than before because it lasted about 30 minutes total. Lately they have been using an app that continuously monitors her heart rate. Since these episodes started, she has cut down on her caffeine intake and she has increased her water intake. Does not feel that this helped. She has never had syncope in the past and has never had seizures in the past. Patient was started on carvedilol which has helped control heart rate and was encouraged to drink fluids. Per primary care team, her current episode of tachycardia was not due to the vaccine.

VAERS ID: 1331110 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Illinois

Vaccinated: 2021-05-01

Onset: 2021-05-05

Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 2 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Appendicitis perforated, Cellulitis, Computerised  
tomogram, Full blood count  
SMQs:, Gastrointestinal perforation (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness:  
Preexisting Conditions: no  
Allergies: none  
Diagnostic Lab Data: CT scan, CBC  
CDC Split Type:  
Write-up: Ruptured appendix with minimal clinical prodrome. Resulted  
in phlegmon/abscess.

VAERS ID: 1332393 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-04-09  
Onset: 2021-04-27  
Days after vaccination: 18  
Submitted: 0000-00-00  
Entered: 2021-05-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Central nervous system lesion, Imaging procedure abnormal,  
Protein total, White blood cell count normal  
SMQs:, Malignancy related therapeutic and diagnostic procedures  
(narrow), Guillain-Barre syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 14 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: aspirin 81mg

Current Illness: Patient was admitted on 3/30-3/31/21. To briefly summarize her prior hospital course, she was first evaluated at hospital for RUE numbness, RUE/RLE weakness and garbled speech. NIHSS 5, CT head and CTA/CTV head and neck was normal with no evidence of infarct or vessel abnormality. She was started on aspirin 81mg daily

Preexisting Conditions: Patient is a 16 yr 3 mon-old female with history of presumed L internal capsule stroke 3/30, from which she recovered with residual R sided weakness deficits, who had recurrent headaches for the past month then presented with sudden onset worsening of existing residual RUE and RLE weakness, CN 7, 11, 12 deficits on right, and multifocal lesions on brain imaging. LP was performed and showed lymphocyte predominant pleocytosis (WBC 8) with normal protein and glucose (15/55). ID was consulted for recommendations on infectious workup. While many tests were run to rule out infectious etiology, COVID-related complication or post-COVID postinfectious process was considered. Both neurologic events occurred in proximity to either COVID infection or vaccination. Acute COVID-19, including even mild illness has been associated with stroke and other CNS pathology, though we would have expected it to occur sooner than 1.5 months after her initial infection (COVID in February, first neurologic episode 3/30. It could be a postinfectious COVID complication. Infectious Disease team unaware of reports of Pfizer being associated with brain lesions though it theoretically could boost the immune response to the virus and result in additional damage related to a postinfectious process. She does not meet criteria for MIS-C as no fevers or evidence of systemic inflammation. However, given the absence of any other apparent triggering events, ID recommended filing a VAERS report given that her first episode in late March occurred after she developed covid and this episode occurred within 3 weeks of receiving the Pfizer vaccine.

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: see prior

VAERS ID: 1333197 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: California

Vaccinated: 2021-05-15

Onset: 2021-05-16

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray normal, Chest pain, Computerised tomogram  
thorax normal, Dehydration, Echocardiogram normal, Electrocardiogram  
normal, Intensive care, Laboratory test normal, SARS-CoV-2 antibody  
test positive, Troponin increased, Vaccination complication  
SMQs: Hyperglycaemia/new onset diabetes mellitus (broad),  
Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Infective pneumonia (broad), Dehydration (narrow), Opportunistic  
infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin with mineral taken daily

Current Illness: None

Preexisting Conditions: None

Allergies: No Known Allergies

Diagnostic Lab Data: As mentioned above -troponin was elevated  
(1.546 at peak, then declined to 0.585 prior to discharge home).

Other tests normal.

CDC Split Type:

Write-up: Patient received first dose of Pfizer vaccine (lot EW0170)  
on 4/24/21 at University and received 2nd dose of Pfizer vaccine  
(lot EW0182) on 5/15/21 also at University. Came to hospital ED on  
5/16 AM with diagnosis of acute chest pain, acute dehydration, and  
adverse reaction to vaccine administration. Was discharged to home  
and returned to ED on 5/17/21 for continued chest pain (central,  
throbbing, non-radiating chest pain). Medical tests and laboratory  
results revealed elevated troponin level (1.546 at peak, then  
declined to 0.585 prior to discharge home). Patient was admitted to  
PICU for close monitoring. CT angiogram of chest was negative, chest  
x-ray was negative, EKG showed normal sinus rhythm, echocardiogram  
was done and it was a normal study. Dr. discussed with the  
cardiology department at Hospital. Possible myocarditis due to  
vaccine. COVID-10 IgG IgM antibodies were positive for the patient  
which indicates good efficacy of the vaccine. Patient to have  
follow-up with outpatient pediatric cardiology Dr. Discussion with  
father on 5/20/21 indicates that patient's symptoms were improving.

VAERS ID: 1334612 (history)

Form: Version 2.0



Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-15  
Onset: 2021-05-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW-0182 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Alanine aminotransferase increased, Angiogram normal, Aspartate aminotransferase increased, C-reactive protein increased, Chest pain, Computerised tomogram abnormal, Electrocardiogram ST-T change, Fatigue, Fibrin D dimer increased, Headache, Liver function test increased, Lymphadenopathy, Myocarditis, Pyrexia, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 antibody test, SARS-CoV-2 test negative, Troponin increased  
SMQs: Liver related investigations, signs and symptoms (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ibuprofen

Current Illness: none

Preexisting Conditions: in utero diagnosis of agenesis of corpus callosum- asymptomatic, no meds, no seizures

Allergies: none

Diagnostic Lab Data: EKG- Ste elevation (v1+v3, possible R ventricle hypertrophy CT scan- enlarged R axillary lymphnodes ALT/AST 102/241. (5/19) Troponin 23,642 - $\$g19.4$ - $\$g15.28$ - $\$g13.41$ - $\$g11.18$ - $\$g 10.72$  (am 5/20) 5/19: CRP 11.3 (nl), D dimer 1.19, ESR 15, COVID AB (spike protein IgG): POS, COVID PCR NEG. Viral respiratory panel NEGATIVE $\$g$  infectious workup otherwise pending (adeno, entero, CMV, EBV, bartonella, Parvo, HHV6) Nucleocapsid COVID antibody pending  
CDC Split Type:

Write-up: Chest pain, fever, headache and fatigue starting morning after vaccination. Progression of chest pain prompting evaluation in the emergency room where he was found to have a Troponin of 23,000

(nl less than 50). D-Dimer mildly elevated. ST changes on EKG. CTA negative. LFT mildly elevated. Sent to hospital where admitted to cardiology service pm 5/19 and given a diagnosis of myocarditis. Still under care at this time of report.

VAERS ID: 1335999 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-05-16

Onset: 2021-05-17

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Echocardiogram abnormal, Fibrin D dimer normal, Intensive care, Pericarditis, Respiratory viral panel, SARS-CoV-2 RNA undetectable, SARS-CoV-2 antibody test positive, Troponin increased

SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None reported

Current Illness: None

Preexisting Conditions: None

Allergies: None reported

Diagnostic Lab Data: 5/18: troponin 1163 ng/L 5/19: troponin 1225 ng/L 5/20: troponin 1136 ng/L D dimer normal, CRP 4.26 mg/dl

Respiratory PCR panel negative Covid RNA negative COVID IgG +

CDC Split Type:

Write-up: Patient developed chest pain starting 3 PM on 5/17. Presented to a local ED for this on 5/18 and was found to have elevated troponin level. Transferred to a hospital with pediatric floor and was seen by a pediatric cardiologist. Echocardiogram

notable for evidence of pericarditis but normal cardiac function. Given concern for development of arrhythmia, transferred to a hospital PICU. Chest pain was mild to moderate, stabbing, and was somewhat relieved by antiinflammatory therapy. He never had fever, chills, vomiting, diarrhea or rash. He had no ill contacts. He had no history of prior COVID nor did his family

VAERS ID: 1336480 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-17  
Onset: 2021-05-19  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 LA / IM

Administered by: Other Purchased by: ?  
Symptoms: Chest pain, Chills, Pyrexia, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: elevated troponins - no other etiology found at this time

CDC Split Type:

Write-up: fever and chills followed by chest pain - elevated troponins

VAERS ID: 1336609 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-08  
Onset: 2021-05-11  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Axillary pain, Chest X-ray abnormal, Chest pain, Pain,  
Pleurodesis, Pneumothorax spontaneous  
SMQs: Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Infective pneumonia  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 10 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Riboflavin 400mg once daily Vitamin D3  
Multivitamin  
Current Illness: None  
Preexisting Conditions: pre-B cell leukemia survivor (completed  
therapy 7 years ago), connective tissue disorder NOS  
Allergies: NKA  
Diagnostic Lab Data: Chest x-ray 5/11/2021  
CDC Split Type:  
Write-up: Patient developed dull R chest/axilla pain "around the  
time of vaccine". On 5/11/2021 diagnosed with spontaneous  
pneumothorax. s/p 10 day hospital stay including pleurodesis

VAERS ID: 1337056 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-05-01  
Onset: 2021-05-19  
Days after vaccination: 18  
Submitted: 0000-00-00  
Entered: 2021-05-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 1 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Computerised tomogram thorax

abnormal, Dyspnoea, Hypotension, Immunoglobulin therapy, Interleukin level increased, Leukocytosis, Lung consolidation, Myalgia, Myocarditis, Oropharyngeal pain, Pneumonia, Pyrexia, Respiratory viral panel, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Sepsis, Serology abnormal, Serum ferritin increased, Shift to the left, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: n/a

Current Illness:

Preexisting Conditions:

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is a 16yo girl admitted on 5/19 with sepsis secondary to myocarditis and pneumonia, s/p IVIG, after presenting with fever, myalgia, sore throat, hypotension, elevated troponin, elevated CRP, and leukocytosis with left shift. Sore throat has been present for about a week and fevers began on 5/17 with a Tmax of 103. On 5/18, she began developing shortness of breath and upon evaluation by the PCP on 5/19, she was admitted. During initial workup on 5/19 upon admission, hospitalist was high concerned as she developed hypotension of 91/48 on 5/20 at 08:35am. CT of chest on 5/20 showed patchy consolidation of the posterior lower lobes bilaterally. At that point, I was contacted and recommended broadening regimen to clindamycin, ceftriaxone, and azithromycin. Upon transfer to Hospital, further serologies were collected which showed leukocytosis with left shift, highly elevated CRP, elevated troponin, elevated IL-6, elevated ferritin, negative Covid abs test, negative RVP, and negative Covid PCR. IVIG (2grams/kg) started on 5/20 at 22:57. Cardio and ID on board and all regular myocarditis infectious workup has been collected. ID consulted for workup and management. Of note, patient received the Covid vaccine on 5/1/21

VAERS ID: 1337921 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: New Mexico

Vaccinated: 2021-04-23  
Onset: 2021-04-25  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / -

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Anti-thyroid antibody positive, Antinuclear antibody positive, Antiribosomal P antibody positive, Arthralgia, Arthritis, Beta-2 glycoprotein antibody positive, Biopsy bone marrow, Biopsy kidney, C-reactive protein increased, Cardiolipin antibody, Chest X-ray normal, Coombs test positive, Diarrhoea, Double stranded DNA antibody positive, Dyspnoea, Echocardiogram normal, Fibrin D dimer increased, Hypocomplementaemia, Inflammatory marker increased, Liver function test increased, Mucosal ulceration, Myalgia, Pancytopenia, Proteinuria, Red blood cell sedimentation rate increased, Rheumatoid factor positive, Splenomegaly, Systemic lupus erythematosus, Ultrasound abdomen abnormal, Ultrasound liver, Von Willebrand's factor antigen increased, Weight decreased

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Liver related investigations, signs and symptoms (narrow), Haemolytic disorders (narrow), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Systemic lupus erythematosus (narrow), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypothyroidism (broad), Hyperthyroidism (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Arthritis (narrow), Myelodysplastic syndrome (broad), Noninfectious diarrhoea (narrow), Proteinuria (narrow), Tubulointerstitial diseases (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: No reported concurrent or antecedent illness  
Preexisting Conditions: None documented prior to 4/2021; noted to be obese .  
Allergies: NKA  
Diagnostic Lab Data: pancytopenia; +ANA, +dsDNA, +Coombs, +anti-ribosomal P, +RF, +TPO; hypocomplementemia; borderline anticardiolipin IgA, beta-2-glycoprotein IgG and IgA positivity; elevated inflammatory markers (ESR/CRP/DDimer/VWAG); proteinuria. NL CXR; NL echo; splenomegaly and liver echogenicity (with mild elevated LFTs) on abd US \*several labs, imaging studies, and bone marrow/renal biopsy are pending  
CDC Split Type:  
Write-up: 48hrs post-vaccine began with polyarthralgia, progressed to myalgias, arthritis, weight loss, abdominal pain/diarrhea, mucosal ulceration, and dyspnea, now admitted for evaluation which is suggestive of systemic lupus erythematosus.

VAERS ID: 1338582 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-04-06  
Onset: 2021-04-12  
    Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8737 / 1 - / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood creatinine increased, Dizziness exertional, Dizziness postural, Erythema, Full blood count, Hyperhidrosis, Hypotension, Lip swelling, Neutrophil count increased, Pallor, Rash, Trypsase

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Pulmonary hypertension (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: none  
Diagnostic Lab Data: Tryptase was not done at time of reaction (4/12/2021). Cr slightly elevated as was neutrophil count. Tryptase at time of allergy eval normal and CBC had normalized (4/16/2021)  
CDC Split Type:

Write-up: 6 days following vaccination, patient was exercising for the first time. started feeling dizzy. She had some water and realized that her skin was red. She had a rash on face and puffy lips. Mom came to get her she stood up and was extremely dizzy. Mom did not notice that her lips were swollen but did notice that her skin was rashy and red. Mom, who is a nurse, also thought she appeared pale and diaphoretic. By the time they got the ED she was hypotensive. She got a cocktail of meds in the ED including a couple doses of EPI. She got IV fluids. She started to improve quickly after giving the medications.

VAERS ID: 1340501 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-12  
Onset: 2021-05-13  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 2 LA / OT

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation, Myocardial infarction, Myocarditis, Pain in extremity, SARS-CoV-2 test negative, Troponin, Troponin increased  
SMQs: Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No



Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Acne  
(No medications)

Allergies:

Diagnostic Lab Data: Test Date: 20210515; Test Name: POC SARS-COV-2;

Test Result: Negative ; Comments: Nasal Swab; Test Date: 20210515;

Test Name: ST elevated; Result Unstructured Data: Test

Result:elevated; Test Date: 20210515; Test Name: troponin; Result

Unstructured Data: Test Result:in the 1000s

CDC Split Type: USPFIZER INC2021550439

Write-up: have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis; 36 hours of left chest pain radiates to left arm; This is a spontaneous report from a contactable Physician. A 16-year-old male patient received bnt162b2 (BNT162B2), dose 2 intramuscular, administered in arm left on 12May2021 10:15 (Batch/Lot Number: EW0167) as single dose at the age of 16-year-old for COVID-19 immunisation, administered ad hospital. Medical history included acne with no medications. The patient's concomitant medications were not reported. patient received bnt162b2 (BNT162B2), dose 1 intramuscular, administered in arm left on 21Apr202110:15 (Batch/Lot Number: ER8735) as single dose at the age of 16-year-old for COVID-19 immunisation. No past drug history. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. No other medications the patient received within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis, 36 hours of left chest pain radiates to left arm on 13May2021. The course of events was as follows: Previously healthy 16 year old male complaining of 36 hours of left chest pain radiates to left arm. Had Pfizer vaccine dose #2 about one day prior to chest pain onset. Found to have ST elevated with elevated troponins in the 1000s, concerning myocardial infarction vs myopericarditis. Admitted to the Pediatric ICU for further management on 15May2021 7:00AM. The patient was hospitalized for the events, considered life threatening. Since the vaccination, the patient has been tested for COVID-19: Sars-cov-2 test: negative on 15May2021 Nasal Swab. Therapeutic measures were taken as a result of events, treatment in process. The outcome of events was unknown.; Sender's Comments: Based on the current available information and the plausible drug-

event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of reported events cannot be excluded. The case will be reassessed if additional information becomes available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1343709 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-04-15

Onset: 2021-04-19

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood culture, C-reactive protein increased, Chest X-ray normal, Chest pain, Culture urine, Dizziness, Dyspnoea, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Fatigue, Full blood count, Headache, Intensive care, Metabolic function test, Myocarditis, Neck pain, Pain, Presyncope, Pyrexia, SARS-CoV-2 test negative, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: NSAIDs

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered at outside facility. Patient is a 16 yo girl, admitted on 4/19 with myocarditis, s/p IVIG (4/19) after presenting with progressive new onset chest pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (4/15). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Patient is a 16 yo girl, s/p admission (4/19-4/23/21) with myocarditis, s/p IVIG (4/19), has now been readmitted on 5/10 with myocarditis after presenting with headache and neck pain for 2 days. Following discharge from the PICU on 4/23, patient states that symptoms have lingered (low grade fevers, feeling tired, on and off chest pain). After developing a progressive headache and neck pain, she came back to the ER for re-evaluation. Upon readmission, her troponin was elevated (2.06 on 5/10). Her CBC and CMP were reassuring. Blood culture collected on 5/11 and urine culture collected on 5/10. ID consulted for workup.

VAERS ID: 1343775 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Texas

Vaccinated: 2021-04-24

Onset: 2021-04-26

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood electrolytes normal, Brain natriuretic peptide normal, C-reactive protein increased, Chest pain, Dyspnoea, Electrocardiogram abnormal, Full blood count normal, Headache, Myocarditis, Pain, Pyrexia, Red blood cell sedimentation rate normal, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and

therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: tretinoin (RETIN-A) 0.025 % cream

Current Illness: n/a

Preexisting Conditions: Acne vulgaris

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered at outside facility. Pt. is a 16 yo male with no significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. Pt. states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reports having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics.

VAERS ID: 1344290 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Pennsylvania

Vaccinated: 2021-05-21

Onset: 2021-05-22

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Cough, Echocardiogram normal, Myalgia, Pyrexia, Troponin increased  
SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction

(broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: coenzyme q 10, multivitamin

Current Illness:

Preexisting Conditions: gastritis

Allergies: amoxicillin-rash

Diagnostic Lab Data: 5/24 trop 2.8 trop 12.8 crp 40

CDC Split Type:

Write-up: Day after vaccine patient went to er with cp, cough, myalgias and fever, he was sent home. (No known covid exposure) The following day sent to the er with same symptoms and bedside echo normal. the third day came back to the er and labs were done with an elevated troponin to 2.7 increased to 12. Still currently monitoring.

VAERS ID: 1347445 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: California

Vaccinated: 2021-04-26

Onset: 2021-04-26

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA

007C21A /

1 - / IM

Administered by: Other Purchased by: ?

Symptoms: Ageusia, Alanine aminotransferase increased, Aspartate aminotransferase increased, Epstein-Barr virus antibody positive, Headache, Hepatic enzyme increased, Hepatitis infectious mononucleosis, Liver function test, Pregnancy test urine negative, Product administered to patient of inappropriate age, Pyrexia, SARS-CoV-2 test negative, Weight decreased

SMQs: Liver related investigations, signs and symptoms (narrow),

Liver infections (narrow), Hyperglycaemia/new onset diabetes

mellitus (broad), Neuroleptic malignant syndrome (broad), Taste and

smell disorders (narrow), Anticholinergic syndrome (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Ibuprofen, Naproxen, fluticasone nasal sp, triamcinolone top

Current Illness: none

Preexisting Conditions: none

Allergies: NKA

Diagnostic Lab Data: COVID 19 negative, urine pregnancy: negative.

ALT: 577\$g 126 (5/21/21); AST: 349 \$g74 (5/21/21), EBV titer AB IgG: 40.1, IgM: \$g 160.

CDC Split Type:

Write-up: 16yoF patient came to our Moderna Mass Vax clinic on 4/26/21, inadvertently received COVID-19 vaccine Moderna lot 007C21A ext 10/12/21. EUA for moderna is for age over 18. Patient reported later that patient had fever, HA, loss of taste, weight loss, increase in liver enzymes. Patient went to ED on 5/14/21 and came back again on 5/21/21, getting admitted to Ped unit x2days. She was diagnosed with infectious mononucleosis hepatitis, unlikely related to vaccine admin as per Dr., Ped ID specialist\*\*. Patient became afebrile, LFT improved (ALT 577\$g 126, AST 349\$g74), condition stable and discharged on 5/23/21. Dr. follows up with the patient at his OP clinic.

VAERS ID: 1347513 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 2021-05-20

Onset: 2021-05-21

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 2 AR / IM

Administered by: Public Purchased by: ?

Symptoms: Blood creatine phosphokinase, Blood creatine phosphokinase MB increased, Borrelia test, C-reactive protein increased, Cardiac telemetry normal, Chest pain, Computerised tomogram thorax normal,

Coxsackie virus test, Cytomegalovirus test, Dyspnoea, Echocardiogram, Echovirus test, Ejection fraction, Electrocardiogram ST segment abnormal, Magnetic resonance imaging heart, Mononucleosis heterophile test, Mycoplasma test, Myocarditis, N-terminal prohormone brain natriuretic peptide increased, Parvovirus B19 test negative, Respiratory viral panel, Troponin T increased, Troponin increased, Varicella virus test

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Occasional multivitamin; otherwise none

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA, no known allergies

Diagnostic Lab Data: Included in #18 - cardiac enzyme levels, transthoracic echocardiogram, cardiac MRI, etc.

CDC Split Type:

Write-up: Patient developed chest pain and difficulty breathing when lying down; symptoms started at 7pm on 5/21/2021. Seen in the emergency room at Hospital for chest pain, found to have elevated troponin level of 11.6 ng/mL (normal <0.05). CT chest negative for pulmonary embolism. Patient transferred to Medical Center. Initial high sensitivity Troponin-T level 1224 ng/L (normal <15), BNP 805 pg/mL (nl <300). EKG with diffuse ST segment changes. Echocardiogram (5/23 AM) with normal systolic and diastolic function, LVEF 58%; no pericardial effusion, no pathologic valve regurgitation. Patient admitted to telemetry monitoring bed (no arrhythmias noted during hospitalization). Patient treated initially with Ibuprofen 400 mg PO q6 hours and famotidine 20 mg PO q12 hours for presumed myopericarditis. Workup sent for viral causes of myocarditis: Respiratory viral panel negative. Infectious Myocarditis workup sent: CMV, Cocksakievirus A and B antibody, CMV IgG/IgM, Echovirus antibody, Infectious Mononucleosis Screen, Lyme C6 AB IgG/IgM, Mycoplasma IgG/IgM, Parvo IgG/IgM, Varicella IgG/IgM. Follow-up echocardiogram on 5/23 (PM) and 5/24 (AM) demonstrated no change in LV systolic or diastolic function. Cardiac enzymes, including high-sensitivity troponin T, CK and CKMB, were trended. Cardiac MRI was performed - preliminary results show evidence of myocarditis Lab Trends (earliest to most recent, as of 1 pm on 5/25/2021): High

sensitivity Troponin T: 1224, 732, 664, 1058, 1332, 1141 CKMB: 65.6, 41.6, 19.3, 11.4, 6.3, 3.2 Pro-NT-BNP: 803,493, 392, 293 CRP: 58.2, 32.8, 28.6, 14.9. At the time of submission of this report, the patient remains in the hospital. Further results will be communicated to VAERS.

VAERS ID: 1350637 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-05-23  
Onset: 2021-05-24  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Chills, Cough, Dizziness, Drug screen negative, Echocardiogram normal, Electrocardiogram ST segment elevation, Feeling hot, Hyperhidrosis, Insomnia, Pain, Pyrexia, Red blood cell sedimentation rate normal, Respiratory viral panel, Troponin increased, Viral myocarditis, Viral test negative  
SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: for ESR 10, CRP 3.0, BNP 24. RP2 PCR was negative. UDS was negative except for opiates (s/p morphine). IV was placed and patient was started on IV fluids. EKG was obtained and showed Outside hospital Labs & EKG: 5/25/21 @ 16:33: BNP=661, EKG



shows normal sinus rhythm, with possible left atrial enlargement. No evidence of arrhythmia or heart block. At current hospital: 5/25/21 @ 20:10 ECHO: normal, EKG: normal sinus rhythm, with possible left atrial enlargement, ST elevation. Troponin 16.8 ng/mL. BNP 24 pg/mL. ESR 10, CRP 3.0. RP 2 PCR negative. Urine drug screen positive only for opiates, which was expected given morphine administered at outside facility.

CDC Split Type:

Write-up: Previously healthy 16 year old male presenting to hospital as a transfer for chest pain and elevated Troponin levels concerning for myocarditis. Patient has otherwise been healthy. Two days ago he received his second dose of COVID vaccination. He initially felt fine, but later that day had some body aches. The next day he felt feverish off and on and had dull left upper sternal border chest pain intermittently. Today, he reports sharp 7/10 mid sternal chest pain, lightheadedness, sweating, chills, and intermittent non-productive cough. He presented to original hospital for evaluation. The patient admits to tactile warmth since Sunday with no documented temperatures. He recently received his second dose of Pfizer just before onset of these symptoms. He reports difficulty sleeping since Sunday, but no shortness of breath, rashes, syncope, nausea, or vomiting. He has not had any other recent illness, fevers, or known COVID-19 exposures. He denies any history of prior cardiac disease and there is no known family history of cardiac disease, arrhythmias, or sudden death in the child or adolescent period. He denies illicit or recreational drug use. In the ED, he was well appearing with pain now 1 out of 10. POC troponin was 16.8 ng/mL. He had labs pertinent for ESR 10, CRP 3.0, BNP 24. RP2 PCR was negative. UDS was negative except for opiates (s/p morphine). IV was placed and patient was started on IV fluids. EKG was obtained and showed questionable left atrial enlargement per ED read. Cardiology was consulted and performed Echocardiogram in the ED at bedside and was within normal limits. Cardiology resident team contacted for admission. Past Medical History: No major medical diagnoses Past Surgical History: Orchiopexy, T&A Family History: No cardiac family history Social History: Lives at home with mother. Has two healthy siblings not living at home Immunizations: Up to date Medications: None Allergies: NKDA Etiology of likely myocarditis remains unclear at this time. In his age group, this would most likely represent a viral myocarditis. He would likely benefit from cardiac MRI during this admission for further evaluation of myocarditis. His EKG findings with his age group are unlikely to be secondary to myocardial infarct. No arrhythmias or heart block noted on EKG at time of admission or telemetry in ED. There is no family history of autoimmune disease or cardiac disease to suggest an autoimmune component or genetic etiology.

VAERS ID: 1350887 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Florida

Vaccinated: 2021-05-21

Onset: 2021-05-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 LL / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain upper, Arthralgia, Condition aggravated,  
Migraine, Pyrexia  
SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow), Arthritis  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Omeprazole 40 mg, Famotidine 40 mg, Gabapentin  
300 mg , Paxil 5 mg , Promethazine 25 mg , Cyproheptadine,  
Hyoscyamine 0.375 mg , Magnesium 250 mg , Rizatriptan Benzoate ,  
Zofran 8 mg , Fluocinolone 0.1% , Eucrisa 2% , QVAR Rdeihaler ,  
Midod  
Current Illness:  
Preexisting Conditions: Migraine history; Benign Hypermobility  
Syndrome Type III; on an NG feeding tube due to GI stomach problems,  
acid reflux; seasonal allergies  
Allergies: Lactose intolerant; allergic to Amoxicillin, grasses, ant  
bites, dust; adhesive and latex sensitivities  
Diagnostic Lab Data: none  
CDC Split Type:  
Write-up: 103 degree fever, migraine, severe joint pain, GI got  
significantly worse (pain in stomach); went to ER; admitted  
overnight to hospital since they could not get the fever and  
migraine resolved; spent two days in the hospital treated with  
various medications including Tylenol and magnesium

VAERS ID: 1351157 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-10  
Onset: 2021-05-13  
Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Arteriogram coronary normal, Back pain, Brain natriuretic peptide normal, Chest pain, Dyspnoea, Echocardiogram, Echocardiogram normal, Electrocardiogram normal, Fibrin D dimer normal, Hypoaesthesia, SARS-CoV-2 test negative, Troponin increased

SMQs: Anaphylactic reaction (broad), Peripheral neuropathy (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad),

Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: levonorgestrel/ethin.estradiol (Portia 28)

0.15-0.03 mg Oral Tab trazODone (DESYREL) 50 mg Oral Tab

Escitalopram (LEXAPRO) 10 mg Oral Tab Albuterol (PROAIR/PROVENTIL/ VENTOLIN) 90 mcg/actuation Inhl HFAA inhaler, assist device, med mask (AeroC

Current Illness:

Preexisting Conditions: Mood disorder

Allergies: Cephalexin

Diagnostic Lab Data: Patient was found to have elevated troponin to 0.71 in ED, and therefore admitted for observation, trending of troponins, and TTE. Cardiology consulted. Less likely ACS, as serial EKG w/o acute ischemia and trop downtrended (0.71-- \$g0.67--0.29-- \$g0.22). Utox T''Follow for benzodiazepines, though likely false positive from cross reactivity with home SSRI. CTA showed no e/o dissection. Echo returned with normal systolic/diastolic function (w/ normal BNP), no e/o valvular dz or myocarditis. CP nonpleuritic and VSS with normal d-dimer, lowering suspicion for PE. Also low suspicion for infectious etiology, possible viral uri 1mo ago with mild sx that have since resolved. Less likely MSK as pain is not reproducible. Given negative workup, likely that CP has psychiatric component I/s/o h/o anxiety/depression and notably stressful week per pt. Patient remained asx inpatient and was discharged home with clear precautions. She is to have no to minimal physical activity for next week, followed by avoidance of strenuous activity for 3 months at which time Cardiology will perform stress test.

CDC Split Type:

Write-up: Presented to ED on 5/13/21 with trouble breathing, chest

pain, back pain and numbness. Had been exposed to boyfriend with flu like symptoms 3 weeks prior and had had some symptoms around that time but had been improved. SARS-CoV-2 PCR negative in ED. patient afebrile but workup in ED revealed troponin of 0.71, no EKG changes. Symptoms resolved in ED but given troponin was admitted to the hospital for further evaluation. Echo performed and normal. Troponin trended in hospital and patient discharged without events.

VAERS ID: 1351401 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-21  
Onset: 2021-05-26  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Other Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Cardiomegaly, Chest X-ray abnormal, Chest pain, Echocardiogram abnormal, Fibrin D dimer normal, Left ventricular dysfunction, Tachycardia, Troponin normal

SMQs: Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Infective pneumonia (broad), Dehydration (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Albuterol Ritalin

Current Illness:

Preexisting Conditions: Asthma

Allergies: NO

Diagnostic Lab Data: 5/26: Xray cardiomegaly Echo severe Left Ventricle Function decrease Labs BNP elevated 250 Ddimer normal Trop normal CRP elevated

CDC Split Type:

Write-up: patient presented w/ acute onset Chest pain, tachycardia Found to have cardiomegaly on xray elevated BNP, elevated CRP and Echo with severe decreased Left Ventricle Function

VAERS ID: 1351585 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-22  
Onset: 2021-05-25  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, C-reactive protein increased, Chest discomfort, Chest pain, Chills, Drug screen negative, Echocardiogram normal, Electrocardiogram ST segment elevation, Fatigue, Headache, Laboratory test normal, Pyrexia, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 test negative, Sleep disorder, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: ELECTROCARDIOGRAM (5/25) from hospital reviewed by Cardiology- notable for sinus rhythm with absence of tachycardia, mild non-specific ST segment elevation with no specific evidence of ischemia, normal amplitudes and normal T waves ECHOCARDIOGRAM (5/25) done at the bedside by Cardiology shows normal segmental and intracardiac anatomy with normal biventricular chamber size, wall thickness, and systolic function. There are no regional wall motion abnormalities. The proximal L main coronary was well visualized and is normal. The origin of the R coronary was normal (was not visualized well through rest of its course). There are no pericardial or pleural effusions. There are no atrial or ventricular

septal defects. There is a normal L aortic arch with typical branching and no obstruction. There was no significant valvar stenosis or regurgitation. Pertinent labs: 5/25 at hospital: Troponin 5.4 (with nl up to 0.03), nl chemistry, neg SARS-CoV2, neg respir pathogen panel including adenovirus, neg Urine tox screen 5/26 at medical center: Troponin 1079 (nl up to 14) CRP 1.4 (nl up to 0.5) 5/27 at medical center: Troponin 947 (nl up to 14) CRP 1.0 (nl up to 0.5) ESR 17 (nl up to 15)

CDC Split Type:

Write-up: Patient is a 16 y.o. previously healthy male transferred from different Hospital for chest pain and elevated troponin. He had received his 2nd dose Covid vaccine (Pfizer) on Saturday 5/22, then had a fever to 103 on Sunday and then 101 on Monday measured by laser thermometer to forehead, associated with chills. Mother gave him Advil for fever. States he was awakened from sleep on Tuesday 5/25 at ~4am by a sharp chest pain. He describes a non-radiating, aching pain with some sense of pressure in the LUSB that initially lasted 2 hours. Once he arrived to Hospital it went away completely, but then returned several times after lasting about 30-60min each. Denies pleuritic pain, positional pain, dyspnea, or exertional pain. Tried Ibuprofen which he feels helped, but then the pain returned 30min later. Also endorsed headache and fatigue. At Hospital he had elevated troponin concerning for mild myocarditis. EKG had diffuse ST elevation suggestive of possible pericarditis.

VAERS ID: 1351684 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Hawaii

Vaccinated: 2021-05-22

Onset: 2021-05-24

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Intensive care, Myocardial necrosis marker increased, SARS-CoV-2 antibody test, SARS-CoV-2 test negative, Troponin T increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: mild intermittent asthma  
Allergies: dog hair  
Diagnostic Lab Data: ST elevation on ECGs (5/25/21) Normal  
echocardiogram (5/25/21) Elevated troponin T and CKMB (5/25/21 and  
5/26/21) Negative COVID RT-PCR (nasopharyngeal swab) and IgG  
(5/25/21)

CDC Split Type:

Write-up: Patient developed acute chest pain 2 days after  
administration of the 2nd dose of the COVID vaccine. Contacted PCP  
on the third day post vaccination. PCP directed him to be seen in  
the ED. Patient noted to have ST elevation on ECG with elevated  
cardiac enzymes (CKMB and troponin) thus was admitted to the PICU.  
Echocardiogram showed normal cardiac function. Troponin level  
increased further following admission, however CKMB started to trend  
down. Remained hemodynamically stable and did not require any  
significant interventions (IVIg, vasopressors, ECMO, steroids, etc).  
Chest pain resolved on admission to PICU.

VAERS ID: 1354360 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-04-10  
Onset: 2021-04-11  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / SYR

Administered by: Private Purchased by: ?

Symptoms: Abnormal loss of weight, Aspiration bone marrow, Blood  
triglycerides increased, Decreased appetite, Differential white  
blood cell count, Dizziness, Epstein-Barr virus antibody negative,  
Feeling hot, Full blood count, Gait disturbance, Haematocrit  
decreased, Haemoglobin normal, Haemophagocytic lymphohistiocytosis,  
Influenza A virus test positive, Middle ear effusion, Neutrophil  
count decreased, Oropharyngeal discomfort, Pain, Pain in extremity,  
Pancytopenia, Platelet count decreased, Pyrexia, Serum ferritin  
normal, White blood cell count decreased  
SMQs: Agranulocytosis (narrow), Dyslipidaemia (narrow),  
Haematopoietic cytopenias affecting more than one type of blood cell  
(narrow), Haematopoietic erythropenia (broad), Haematopoietic  
leukopenia (narrow), Haematopoietic thrombocytopenia (narrow),  
Peripheral neuropathy (broad), Haemorrhage laboratory terms (broad),  
Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic

malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Hearing impairment (narrow), Vestibular disorders (broad), Lipodystrophy (broad), Myelodysplastic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 16 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: None

Preexisting Conditions: Morbid obesity

Allergies: Iodine, Shellfish, Shrimp

Diagnostic Lab Data: CBC with diff and Bone marrow on 5/5/2021 Bone marrow showed hemophagocytosis. CBC showed significant pancytopenia Ferritin (13446) and triglycerides (345) were elevated on 5/7/2021

All consistent with diagnosis of HLH

CDC Split Type:

Write-up: Diagnosed with hemophagocytic lymphohistiocytosis on 5/7/2021 after bone marrow performed on 5/5/2021. Presented to our office on 5/5/2021 for evaluation due to the finding of pancytopenia on 4/28. Mom states he received his second COVID vaccine on the 10th of April and since then he has been hurting head to toe, complaining of his throat, and feeling dizzy. He has had low grade temps mostly from 100-101, but it has gone as high as 103.6 deg F. They presented to urgent care 1 week after the vaccine and was told that it was likely due to the vaccine, he had fluid in his ears and he was prescribed an antihistamine. He went back to urgent care a few days later and saw the same NP who told them to go to their PCP. At their PCPs office he tested "faintly positive for Flu A" and was given tamiflu and zofran which has since completed. No bruising, bleeding, gum bleeding, nose bleeds. He has been having leg pain/difficulty walking and his friends brought him a cane to use. He has had possible night sweats, mom reports he "burns up constantly."

Decreased appetite, lost 4lbs, hasn't eaten much since last week.

Labs were performed at the PCPs office on 4/28/2021: WBC 1.7 Hgb 10.3 Hct 30.1 Plts 118K ANC 500 Mono was negative. A referral was placed to our office on 5/4/2021 and he was brought to our clinic today for evaluation.

VAERS ID: 1354500 (history)

Form: Version 2.0



Age: 16.0  
Sex: Female  
Location: North Carolina

Vaccinated: 2021-05-04  
Onset: 2021-05-23  
Days after vaccination: 19  
Submitted: 0000-00-00  
Entered: 2021-05-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Aphasia, Blood test, Computerised tomogram head,  
Dysphemia, Electroencephalogram, Head titubation, Headache, Magnetic  
resonance imaging head, Muscle twitching, Scan with contrast,  
Seizure like phenomena, Stress, Urine analysis

SMQs: Dementia (broad), Convulsions (narrow), Dyskinesia (broad),  
Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Conditions associated with central nervous system haemorrhages and  
cerebrovascular accidents (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: MRI with and without contrast. CT scan without  
contrast. Blood work. Urinalysis. EEG

CDC Split Type:

Write-up: The afternoon of May 4th, (the patient) had a headache at  
the back of her head. She took an Ibuprofen and went to bed. Over  
the course of the next 3 weeks, the headache would return, but was  
alieved with Ibuprofen. On the evening of May 23rd, 2021 (the  
patient) came to me and said she had a twitching in her neck. I  
looked, but did not see anything that was concerning. It was just a  
twitch. On the evening of May 24th, (the patient) went to dinner  
with her father. On the way to dinner, they were having a regular  
conversation when (the patient) began to stutter really bad. Her  
father pulled the car over and looked at her. He noticed her head  
was shaking uncontrollably and she could not talk. He immediately  
took her to the emergency room. When I arrived, it looked like she  
was having a seizure. (The patient) has never had any kind of speech  
problem, so she has never stuttered. the drs told us that they did

not have a neurology dept, so we took her to another hospital. After numerous tests, we were told to take her home and it was probably something like stress and she should see mental health

VAERS ID: 1355142 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-04-29  
Onset: 2021-05-14  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-05-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Cardiac imaging procedure abnormal, Chest pain,  
Echocardiogram, Magnetic resonance imaging heart, Myocardial  
fibrosis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Troponin 5/23/2021-5/24/2021 cardiac MRI  
5/25/2021 echocardiogram 5/24/2021  
CDC Split Type:  
Write-up: Patient was admitted to healthcare facility on 5/23 with  
chest pain and elevated troponin. Normal biventricular systolic  
function. Cardiac MRI showed myocardial fibrosis

VAERS ID: 1355780 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-05-17  
Onset: 2021-05-25

Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-05-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
I DON'T KNOW / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Musculoskeletal chest pain, Pain in extremity, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: OTC acetaminophen  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: chest pain, mostly around the sternal area, more with on palpation, extremely elevated troponin levels (high normal is 0.04 for our labs, patient had 20) echocardiogram negative transferred to a more complex center, Hospital  
CDC Split Type:  
Write-up: arm pain, mild chest pain, mostly around the sternal area, more with on palpation, extremely elevated troponin levels (high normal is 0.04 for our labs, patient had 20) echocardiogram negative transferred to a more complex center, Hospital

VAERS ID: 1357155 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-25  
Onset: 2021-05-26  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest X-ray normal, Chest pain, Electrocardiogram normal, Full blood count, Musculoskeletal chest pain, Troponin increased,

White blood cell count increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: some tylenol for fever after vaccination.  
Current Illness: no  
Preexisting Conditions: none  
Allergies: nkda  
Diagnostic Lab Data: chest xray is negative. EKG is ok. however Troponin is elevated at 4.95. cbc shows wbc of 13.6K.  
CDC Split Type:  
Write-up: c/o chest pain began 1 day (may 26) after 2nd pfizer vaccination (May 25). Patient came to ER on 5/27. C/o chest pain. Physical exam shows chest wall Tenderness to palpation.

VAERS ID: 1357174 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-05-01  
Onset: 2021-05-03  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 1 LA / -  
Administered by: Public Purchased by: ?  
Symptoms: Areflexia, Campylobacter infection, Guillain-Barre syndrome, Polymerase chain reaction, Somnolence  
SMQs: Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Demyelination (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: VYVANSE  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Campylobacter infection  
Allergies:  
Diagnostic Lab Data: Test Date: 20210509; Test Name: PCR; Test  
Result: Negative ; Comments: Nasal Swab  
CDC Split Type: USPFIZER INC202153552  
Write-up: Acute somnolence; Flaccid Areflexia in legs; Suspected  
Guillain-Barre Syndrome; Possible linkage to simultaneous  
campylobacter infection; This is a spontaneous report from a  
contactable consumer (patent). A 16-years-old male patient received  
bnt162b2 (FIZER-BIONTECH COVID-19 MRNA VACCINE), dose 1 via an  
unspecified route of administration, in Arm Left (at the age of 16  
years old) on 01May2021 at 10:00 (Batch/Lot Number: ER8736) as 1ST  
DOSE, SINGLE for covid-19 immunization. Medical history included  
campylobacter infection from an unknown date and unknown if ongoing.  
The patient had no known allergies. Concomitant medication included  
lisdexamfetamine mesilate (VYVANSE) taken for an unspecified  
indication, start and stop date were not reported. The facility in  
which the most recent COVID-19 vaccine was administered was a Public  
Health Clinic/Administration facility. No other vaccines were given  
within 4 weeks. Prior to vaccination, the patient was not diagnosed  
with COVID-19. The patient experienced Acute somnolence, Flaccid  
areflexia in legs, Suspected Guillain-Barre Syndrome, Possible  
linkage to simultaneous campylobacter infection on 03May2021 at  
0000. The events required an emergency room visit. The patient was  
hospitalized for acute somnolence, flaccid areflexia in legs,  
suspected guillain-barre syndrome, possible linkage to simultaneous  
campylobacter infection from 2021 to an unknown date for 5 days. The  
patient underwent lab tests and procedures which included polymerase  
chain reaction (post vaccination) results: negative on 09May2021  
(Nasal Swab). Therapeutic measures were taken as a result of acute  
somnolence, flaccid areflexia in legs, suspected guillain-barre  
syndrome, possible linkage to simultaneous campylobacter infection.  
Treatment included IV immunoglobulin. The clinical outcome of the  
events was not recovered. Additional information was requested.

VAERS ID: 1357884 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-04-15  
Onset: 2021-04-17  
Days after vaccination: 2

Submitted: 0000-00-00  
Entered: 2021-05-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram abnormal, Fatigue, Left  
ventricular dysfunction, Magnetic resonance imaging heart,  
Myocarditis, Presyncope, Troponin increased  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow),  
Anticholinergic syndrome (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Hypotonic-hyporesponsive episode (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 10 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness: None  
Preexisting Conditions: Asthma  
Allergies:  
Diagnostic Lab Data: Echocardiogram showed mild left ventricular  
systolic dysfunction. MRI showed no scarring.  
CDC Split Type:  
Write-up: Myocarditis. Chest pain started 2 days after the 2nd shot.  
Elevated troponin and went upto 20. Near syncope and tiredness.

VAERS ID: 1358115 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Florida

Vaccinated: 2021-04-12  
Onset: 2021-04-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8729 / UNK - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest X-ray abnormal, Chest tube insertion, Computerised  
tomogram thorax, Cough, Exercise tolerance decreased, Fatigue,  
Feeling abnormal, Laboratory test abnormal, Lung consolidation,

Pleural effusion, SARS-CoV-2 test negative, Scan with contrast, Thoracic cavity drainage, Wheezing  
SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Systemic lupus erythematosus (broad), Dementia (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: multiple OTC vitamins

Current Illness: none

Preexisting Conditions: none

Allergies: NKDA

Diagnostic Lab Data: Multiple labs done by our office and the hospital with only a few mild abnormalities

CDC Split Type:

Write-up: The patient was previously well then shortly after the first COVID vaccine she began experiencing fatigue slowing to her swim times ( she is an high level swimmer) and felt "Off". She presented to my office on May 6, 2021 three days after her second COVID vaccine I examined her and heard a slight hint of a wheeze and in addition to labs did a CXR which was Abnormal with evidence of a LLL consolidation and a pleural effusion. We then did a CT scan with contrast and started her on antibiotics and I called Pulmonology to get her in quickly since swimming trials were approaching and we had to do our best to get her in shape to compete. We also did a rapid COVID test which was negative at my office on May 7, 2021-- The pediatric pulmonologist repeated the CXR 5 days later and there was more fluid and she was now having more sx of cough and feeling worse so she was Admitted to the Hospital on May 11th and had a Chest tube placed and drained 950 cc of serous fluid . Pulmonology, oncology and rheumatology consulted to rule out various other causes of the pleural fluid in an otherwise healthy girl. Surgery did the procedure and followed up outpt. She was in the hospital for approximately 4 days. Proximity of sx onset to doses and other sources being essentially ruled out lead to concern for vaccine complication.

VAERS ID: 1360747 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Indiana

Vaccinated: 2021-05-07  
Onset: 2021-05-08  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8737 / 1 LA / SYR  
Administered by: Work Purchased by: ?  
Symptoms: Computerised tomogram normal, Electroencephalogram normal,  
Loss of consciousness, Magnetic resonance imaging normal  
SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/  
new onset diabetes mellitus (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode  
(broad), Generalised convulsive seizures following immunisation  
(broad), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: sertraline 100 mg  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: About 18 hours after she got the shot, she started passing  
out. This happened 9 times over the 24 hour period. She got a CT,  
MRI, 2 hour EEG and a 24 hour EEG. All of her test came back normal.

VAERS ID: 1360831 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-26  
Onset: 2021-05-27  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-29  
Vaccination / Manufacturer Lot / Dose Site / Route



COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis, Red blood cell sedimentation rate normal,  
Troponin increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: High sensitivity troponins of 640 on 5/29/2021  
Normal ESR of 9  
CDC Split Type:  
Write-up: Myocarditis

VAERS ID: 1361628 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-27  
Onset: 2021-05-29  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Myocarditis, Troponin  
increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Normal echo, admitted to hospital for  
observation/monitoring.  
CDC Split Type:  
Write-up: Chest pain with elevated troponin consistent with  
myocarditis.

VAERS ID: 1361977 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-05-26  
Onset: 2021-05-29  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / UNK - / -

Administered by: Other Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Myocarditis,  
Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: elevated high sensitivity troponin ~19k CRP 3.2  
CDC Split Type:

Write-up: myocaritis – chest pain with elevated troponin reequiring hospital admission. symptoms started 3 days after vaccination which was his second dose of the Pfizer vaccine. First dose was on 5/1/21.

VAERS ID: 1362637 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-07  
Onset: 2021-05-30  
Days after vaccination: 23  
Submitted: 0000-00-00  
Entered: 2021-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0173 / 1 - / IM		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0186 / 2 - / -		

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Electrocardiogram ST segment elevation, Myocarditis, Troponin I increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: No  
Current Illness: No  
Preexisting Conditions: No  
Allergies: No

Diagnostic Lab Data: Transthoracic echocardiogram 5/31/21: low normal left ventricular function with normal size. Elevated troponin I levels: peak 9.6 ng/mL at 0536 on 5/31 ECG 5/31: normal sinus rhythm with diffuse ST segment elevations

CDC Split Type:

Write-up: Patient received first COVID-19 vaccine as noted above on 5/7/21 at University Health without significant side effects. He received his second vaccine dose as noted above on 5/28/21 at University Health. Two days later (5/30/21) he noted persistent, crushing substernal chest pain. He was brought to the emergency department where he was given the diagnosis of myopericarditis and

admitted to the hospital for pain control and monitoring.

VAERS ID: 1362815 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-26  
Onset: 2021-05-27

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0171 / 1	UN / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0173 / 2	UN / IM	

Administered by: Other Purchased by: ?

Symptoms: Brain natriuretic peptide, C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Red blood cell sedimentation rate normal, Troponin T increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: Pt received first dose of vaccine on 4/25/2021. He received 2nd dose on 5/26/21. In the time between the 2 vaccine doses, he tested positive for SARS-CoV-2 on 5/8/21. His symptoms lasted appx 1 week. He was tested for SARS-CoV-2 again on the day of admission (5/29/21) and the result was negative

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin T 5/29: 640ng/L, repeat 2hrs = 744 ng/L Troponin T 5/29: 690 ng/L B-Type Natriuretic Peptide 5/29: 828 pg/mL ESR 5/29: 6 mm/hr CRP 5/29: 1.57 mg/dL Troponin T 5/30: 750 ng/L CRP 5/30: 1.22 mg/dL Troponin T 5/31: 920 ng/dL CRP: 5/31: 0.72 mg/dL EKG 5/29: early repolarization EKG 5/30: ST segment elevation in lateral leads Echocardiogram 5/29: normal Echocardiogram 5/30: normal

CDC Split Type:

Write-up: Pt developed chest pain appx 24-36 hours after receiving the 2nd Covid-19 vaccination. Three days after receiving the 2nd vaccination, he went to the emergency room to be evaluated for chest pain. He was admitted to the hospital on 5/29/21 because of elevated troponin levels. He was given a dose of Ketorlac for pain. He was observed x 2 days and then discharged to home on 5/31/21

VAERS ID: 1365290 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-25  
Onset: 2021-05-25  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 1 LA / SYR

Administered by: School Purchased by: ?

Symptoms: Blepharospasm, Chills, Condition aggravated, Fall, Gaze palsy, Loss of consciousness, Seizure, Tremor

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Periorbital and eyelid disorders (narrow), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Pt. had seizures when she was between the ages of 2 and 3. She took Neurontin daily for 2 years and had not had any seizures or ticks since.

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: My daughter had a mild seizure 5 minutes or less after receiving her first vaccine. She fell out of her chair, her eyes fluttered and rolled in the back of her head, her teeth were clacking and chattering and her body was shaking mildly. She lost consciousness for approximately 2 minutes. At 8:33 pm she felt a second seizure begin, her step father grabbed her before she could fall and again, her eyes fluttered and rolled in back of her head, her teeth were clicking and chattering and her whole body was shaking. The second episode lasted approximately 2 minutes as well, with her losing consciousness again. She was taken to the emergency room and stayed overnight for observation.

VAERS ID: 1365555 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Pennsylvania

Vaccinated: 2021-04-26

Onset: 2021-04-28

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0170 / 2 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood test, Brain natriuretic peptide increased, Chest X-ray, Chest pain, Computerised tomogram

SMQs: Cardiac failure (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: she was on day 2 of Macrobid but doctor took her off on 4/28 because UTI culture came back negative

Current Illness: uti symptoms a few days before but specimen was found negative

Preexisting Conditions: NA

Allergies: amoxicillin

Diagnostic Lab Data: CT Scan, full extensive blood work, chest X-ray  
CDC Split Type:

Write-up: chest pain ER visit BNP was elevated

VAERS ID: 1365905 (history)

Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-29

Onset: 2021-05-30

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Troponin I increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vitamin D, Banzel, zonisamide, Onfi, Lamictal and  
clonazepam

Current Illness: None

Preexisting Conditions: Lennox-Gastaut Syndrome von Willebrand  
Disease

Allergies: Amoxicillin & Coconut

Diagnostic Lab Data: 6/1: Troponin elevated to 40.15, diffuse ECG  
ST-elevations

CDC Split Type:

Write-up: Chest pain, troponin I elevation to 40.15, with diffuse  
ST-elevations on ECG. The patient was vaccinated on 5/29, developed  
chest pain on 5/30 and presented to our hospital on 6/1.

VAERS ID: 1366568 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: California

Vaccinated: 2021-05-06

Onset: 2021-05-08

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Echocardiogram abnormal, Electrocardiogram abnormal,  
Laboratory test, Postural orthostatic tachycardia syndrome, Troponin  
SMQs:, Arrhythmia related investigations, signs and symptoms  
(broad), Cardiomyopathy (broad), Dehydration (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: He has had two EKGs, an echocardiogram, lab  
tests including troponin and has worn a smart watch with heart rate  
monitoring function  
CDC Split Type:  
Write-up: I am a physician. My so developed POTS syndrome after the  
second dose. He was completely healthy before this., a competitive  
tennis player.

VAERS ID: 1368047 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-04-27  
Onset: 2021-04-30  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 LA / IM  
Administered by: School Purchased by: ?  
Symptoms: Abdominal pain upper, Constipation, Infrequent bowel  
movements, Intestinal obstruction, X-ray gastrointestinal tract  
abnormal  
SMQs:, Acute pancreatitis (broad), Gastrointestinal perforation,  
ulcer, haemorrhage, obstruction non-specific findings/procedures  
(broad), Gastrointestinal obstruction (narrow), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No



Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations: chicken pox , MMR  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies: amoxicillin  
Diagnostic Lab Data: xray , checked BP  
CDC Split Type: vsafe

Write-up: april 29 started complaining about stomach pain, may 10 got hospitalized because still had not been able to poop since vaccine. they gave her a whole bottle of meds to help her go. xray showed the left side was completely blocked. may 18th got 2nd vaccine and still hadn't been able to really use bathroom just a little bit. may 20 was finally able to go to bathroom after Dr prescribed her a different medication but now she is having to remain on that medication. she had covid back in Jan

VAERS ID: 1368721 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-29  
Onset: 2021-06-01  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / EV0168 / 2	UN / IM	PFIZER/BIONTECH

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Condition aggravated, Cough, Echocardiogram normal, Electrocardiogram PR segment depression, Electrocardiogram T wave abnormal, Myocarditis, Troponin increased  
SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Gummy multivitamin  
Current Illness: None reported  
Preexisting Conditions: none reported  
Allergies: Allergic to pollen  
Diagnostic Lab Data: Cardiac troponin level increased with evolving EKG changes (depressed PR segment and t-wave changes) and preserved ventricular function Noted when he came in with coughing and associated chest pain. Received second dose of covid vaccine 72 hrs prior ( 5/30/21). Echo notes normal cardiac function.  
CDC Split Type:  
Write-up: Myocarditis: Patient reports developing intermittent non-radiating substernal chest pain (5/30/21 at 7am) one day following his second Pfizer vaccine. He had also been experiencing cough for the last few weeks starting in early May about a week after his first Pfizer vaccine . He states having an intermittent non-productive cough since receiving his first COVID vaccine in early May. Symptoms are worsened by walking or exertion. No leg swelling. Patient presented to the ER where troponin was elevated to 9000 and EKG was consistent with myocarditis . Patient admitted for NSAID treatment, cardiology evaluation and observation. Troponins quickly down-trended and patient clinically stable. Anticipate discharge home in next 24-48 hours.

VAERS ID: 1370567 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-06  
Onset: 2021-05-08  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-03  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Myocarditis, SARS-CoV-2 test  
SMQs: Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: none  
Allergies:  
Diagnostic Lab Data: Test Date: 20210509; Test Name: COVID-19 test;  
Test Result: Negative ; Comments: Nasal Swab  
CDC Split Type: USPFIZER INC2021565225  
Write-up: myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the first of two reports. A 16-year-old male patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 06May2021 (Batch/Lot number was not reported) (at the age of 16-year-old) as single dose for COVID-19 immunisation. Medical history was none. Prior to vaccination the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. The patient previously took ceftriaxone and received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) for COVID-19 immunisation. On 08May2021, the patient experienced myocarditis, chest pain and shortness of breath. The patient was hospitalized for 4 days due to the events. The patient underwent lab tests and procedures which included COVID-19 test (nasal swab): negative on 09May2021. Therapeutic measures were taken as a result of the events and included treatment with ibuprofen. The patient outcome of the events was recovering. Information on lot/batch number has been requested.; Sender's Comments: Based on temporal association a contributory role of BNT162B2 to the reported myocarditis, chest pain and shortness of breath cannot be totally excluded. Additional information is needed to better assess the report. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.,Linked Report(s) : US-PFIZER INC-2021565275 same reporter/AEs/vaccine, different patient.

VAERS ID: 1371348 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-04-07  
Onset: 2021-04-22  
Days after vaccination: 15

Submitted: 0000-00-00  
Entered: 2021-06-03  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / SYR  
Administered by: Public Purchased by: ?  
Symptoms: Chest pain, Dizziness, Dyspnoea, Myocarditis, Vaccine  
positive rechallenge  
SMQs: Anaphylactic reaction (broad), Anticholinergic syndrome  
(broad), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular  
disorders (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: DM2  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis (with chest pain, shortness of breath,  
dizziness) starting after first dose, worsening after second

VAERS ID: 1371365 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-04-24  
Onset: 2021-05-27  
Days after vaccination: 33  
Submitted: 0000-00-00  
Entered: 2021-06-03  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / SYR  
Administered by: Public Purchased by: ?  
Symptoms: Pneumothorax spontaneous  
SMQs:  
Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Spontaneous pneumothorax 5/27/21 in a young healthy athlete with no preexisting conditions Pfizer vaccine 4/24/21 & 5/15/21

VAERS ID: 1371704 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-15  
Onset: 2021-05-18  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / -

Administered by: Unknown Purchased by: ?

Symptoms: Arthralgia, Cardiac imaging procedure abnormal, Chest discomfort, Chest pain, Electrocardiogram PR segment depression, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Intensive care, Magnetic resonance imaging heart, Mycoplasma test negative, Mycoplasma test positive, Myocardial oedema, Myocarditis, Pain, Sleep disorder, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None

Diagnostic Lab Data: 5/18 - EKG with diffuse PR depression and ST elevation. Troponin elevated at 4.5. 5/19 - Mycoplasma IGM + but PCR neg 5/21 - Cardiac MRI - Late gadolinium enhancement pattern and edema on T2 STIR images are consistent with acute myocarditis (and other nonischemic cardiomyopathies). Normal biventricular size and systolic function. Pericardial inflammation without significant effusion.

CDC Split Type:

Write-up: 16-year-old male with no significant past medical history, now presenting with chest pain. Patient had 2 episodes of left-sided mid-chest pain. The initial episode was at ~ 3 am on 5/18 when the pain woke him up from sleep, lasted for ~ 20 minutes and he was able to fall back to sleep, he did not mention it to his parents at that time. Then it recurred at 2.30 pm - pressure-like pain in the same area, which radiated to his left shoulder. There were no significant worsening or alleviating factors. No change in pain quality or intensity with position. No shortness of breath, near-syncope or syncope, no palpitations. Upon his second pain episode, he called his parents on video chat and they instructed him to take 81 mg of aspirin and the pain subsided after 30 minutes. His parents promptly took him to the urgent care where he was found to have ST elevation and elevated troponin. He was transferred to CICU for further management. Admitted for myopericarditis with ST elevation and elevated troponin. On motrin q8h ATC, 12 lead EKG and troponin levels q6h. Underwent cardiac MRI on 5/20 which confirmed the diagnosis.

VAERS ID: 1371850 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-22  
Onset: 2021-05-23  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Anticoagulant therapy, Back pain, Blood bicarbonate increased, Blood chloride increased, Blood creatinine normal, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood

urea normal, C-reactive protein increased, Chest X-ray normal, Chest discomfort, Chest pain, Discomfort, Echocardiogram normal, Electrocardiogram ST segment abnormal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Haemoglobin normal, Headache, Pain, Painful respiration, Platelet count normal, Respiratory viral panel, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Sinus arrhythmia, Troponin I increased, White blood cell count normal

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tubulointerstitial diseases (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Labs at outside hospital 5/25/2021 Troponin I 1.924 glucose 111 Sodium 145 potassium 4.5 chloride 107 bicarb 29 BUN 10 creatinine 0.7 R CRP 6.0 with normal value of 0-0.3 WBC 10 hemoglobin 15.2 platelets 192 BUN 10 creatinine 0.77 . Radiology results: Chest x-ray 5/25/2021 No acute cardiopulmonary abnormality EKG at outside hospital ST elevation anterolateral and inferior EKG with diffuse ST changes Sinus rhythm with marked sinus arrhythmia Echocardiogram Non Congenital Complete Event Date: 05/25/2021 10:25:00 CONCLUSIONS: - No structural abnormalities seen.

Qualitatively normal left ventricular systolic function. 5/26 - Troponin 0.8. RPP, Sars Cov, and Covid Ig negative.

CDC Split Type:

Write-up: 16-year-old male with no significant past medical history who presented on 5/25/2021 with 2-day history of chest pain. Patient had his second dose of Pfizer Covid vaccine on 5/22/2021 and on 5/23/2021 he developed headache and body aches. In the afternoon of that same day patient developed retrosternal chest pain that he described as a pressure and radiated to the back. He took 2 Tylenols and went to sleep and he reports improvement of the pain. He woke up the next day on 5/24/2021 without any pain and was most of the day doing well but in the afternoon early evening the pain returned stronger. He describes as at least 5 out of 10 in severity, no shortness of breath but the pain got worse when yawning or taking a deep breath. The pain would improved if he lay on his left side. Given the symptoms he was taken to outside hospital where he was

found to have ST segment elevation and elevated troponin concerning for myo/pericarditis he was transferred from this facility for further management. He was given 2 aspirins and the pain improved down to a 1 out of 10 and has remained the same. Interval history 05/26/2021: No acute events overnight. Denies chest pain, SOB, or headache. Eating well. VSS. No emesis. Almost back to baseline very minimal residual discomfort

VAERS ID: 1371956 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-05-25  
Onset: 2021-05-29  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Alanine aminotransferase normal, Anion gap, Aspartate aminotransferase normal, Basophil count decreased, Basophil percentage decreased, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin decreased, Blood calcium, Blood chloride normal, Blood creatinine normal, Blood glucose normal, Blood magnesium increased, Blood potassium normal, Blood sodium normal, Blood urea normal, C-reactive protein normal, Carbon dioxide normal, Chest X-ray normal, Chest pain, Cytomegalovirus test negative, Echocardiogram normal, Electrocardiogram normal, Eosinophil count decreased, Eosinophil percentage, Globulin, Haematocrit normal, Haemoglobin normal, Immature granulocyte count, Lymphocyte count, Magnetic resonance imaging heart, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte count increased, Monocyte percentage increased, Neutrophil count increased, Neutrophil percentage, Platelet count normal, Protein total normal, Red blood cell count normal, Red blood cell nucleated morphology, Red blood cell sedimentation rate normal, Red cell distribution width normal, SARS-CoV-2 RNA undetectable, Troponin T normal, Troponin increased, White blood cell count increased  
SMQs: Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No



ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None

Diagnostic Lab Data: 5/29/2021 23:23 WBC 13.13 (H) Hemoglobin 14.4  
Hematocrit (HCT) 42.1 Platelets 286 Neutros Abs 8.7 Neutros % 66.0  
Lymphocytes Absolute 2.8 Lymphs % 21.1 Monocytes Absolute 1.4 Monos  
% 10.3 Basophil Abs 0.0 Basophil % 0.3 Eosinophils Absolute 0.3 Eos  
% 2.1 Nucleated RBC Abs 0.00 Nucleated RBC % 0.0 MCH 29.0 MCHC 34.2  
MCV 84.9 MPV 9.0 RBC 4.96 RDW 12.0 Immature Grans (Abs) 0.0 Immature  
Grans % 0.2 Sed Rate 6 5/29/2021 23:23 Sodium 140 Potassium 4.0  
Chloride 101 CO2 28 Anion Gap 11 BUN 11 Creatinine 0.73 Glucose, Bld  
102 (H) Calcium 9.9 Magnesium 2.1 Total Protein 7.8 Albumin 4.8  
Globulin 3.0 AST 30 ALT 12 Bilirubin Total 0.5 Alk Phos 121 CRP 1.60  
ECG on 5/29/21 ECG Interpretation Rate: 80 Rhythm: sinus rhythm  
Axis: normal Intervals: -normal PR interval -normal QRS interval  
-normal QTc interval ST segment: normal Other findings: Comparison  
to prior: no previous ECG available 5/29/2021 23:23 NT-proBNP 49  
Troponin T Latest Ref Range: <=0.030 ng/mL 0.203 (AA) 5/30/2021  
03:07 Troponin T Latest Ref Range: <=0.030 ng/mL 0.234 (AA)  
5/30/2021 10:05 Troponin T Latest Ref Range: <=0.030 ng/mL 0.335  
(AA) 5/30/2021 15:04 Troponin T Latest Ref Range: <=0.030 ng/mL  
0.304 (AA) 5/30/2021 18:47 Troponin T Latest Ref Range: <=0.030 ng/  
mL 0.369 (AA) 5/31/2021 05:36 Troponin T Latest Ref Range: <=0.030  
ng/mL 0.489 (AA) 5/31/2021 11:48 Troponin T Latest Ref Range:  
<=0.030 ng/mL 0.560 (AA) 6/1/2021 04:19 Troponin T Latest Ref Range:  
<=0.030 ng/mL 0.631 (AA) 6/2/2021 06:56 Troponin T Latest Ref Range:  
<=0.030 ng/mL 0.334 (AA) 6/3/2021 05:08 Troponin I Latest Ref Range:  
<=0.06 ng/mL 1.16 (AA) 5/30/2021 01:03 SARS-CoV-2 (COVID-19) RNA Not  
Detected 6/3/2021 04:58 CMV DNA Quant LOG Copy/ml Unknown Not  
Determined CMV DNA Quant IU/ml Latest Units: IU/mL Not Detected  
Chest X-ray 5/29/2021 23:03 REASON FOR STUDY: chest pain TECHNIQUE:  
XR CHEST 2 VIEWS COMPARISON: No relevant studies available.

FINDINGS: Heart size, mediastinal contours and pulmonary vascularity  
are normal. Lungs are clear. No pneumothorax or pleural effusion. No  
acute osseous abnormalities. IMPRESSION: No radiographic evidence  
for active cardiopulmonary disease. Cardiac Echo on 06/03/2021 12:20  
PM Dilatation of the aortic valve annulus and root. No aortic valve  
insufficiency. Normal tri-leaflet aortic valve. The global  
longitudinal strain is -18%. Normal biventricular systolic function.  
No pericardial effusion however the pericardium does appear to be  
echo bright Cardiac MRI on 06/02/2021 19:19 Read pending

CDC Split Type:

Write-up: In the evening on 5/29 pt experienced chest pain in the  
center-left chest, was advised at urgent care where he was found to  
have elevated troponin levels with normal vitals, exam, EKG, and  
chest X-ray. He was admitted to the hospital where he continued to  
have intermittent chest pain and had increase in troponin levels  
during his admission. He was then transferred to a different

hospital where he continues to have elevated troponins and is being worked up for possible myopericarditis.

VAERS ID: 1375087 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-06-01  
Onset: 2021-06-01  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Electrocardiogram normal, Full blood count normal, Immediate post-injection reaction, Injection site haemorrhage, Loss of consciousness, Syncope, Urine analysis normal  
SMQs: Torsade de pointes/QT prolongation (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: None  
Preexisting Conditions: NONE  
Allergies: NKDA

Diagnostic Lab Data: CBC with diff on 6/2/21 at the hospital - normal UA at the hospital normal except for trace of blood in urine( patient on her period) on 6/2/21 12 Lead EKG at the hospital 6/2/21- WNL

CDC Split Type:

Write-up: excessive bleeding immediately the needle was withdrawn. then 9 hrs later when the bandage was being removed patient fainted for 5 mins associated with LOC.

VAERS ID: 1377132 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-05-26  
Onset: 2021-05-26  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Ear haemorrhage, Loss of consciousness, Pectus excavatum, Presyncope, Seizure

SMQs: Torsade de pointes/QT prolongation (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Congenital, familial and genetic disorders (narrow), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: No known allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer COVID-19 Vaccine EUA Patient received 1st dose Pfizer at 1705. Patient stood up and had vasovagal reaction, passed out and seized for 15 seconds. Nurse performed sternal rub, patient was aroused. Patient A&Ox3. Physician arrived at 1708, vital signs obtained at 1711 (BP 113/68, O2 100%, HR 83 bpm. Patient right ear started to bleed at 1712. 1725 obtained another set of vital signs. BP 118/70, O2 96%HR 82 bpm. EMS/Fire arrived 1732.

VAERS ID: 1381069 (history)  
Form: Version 2.0

Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-06

Onset: 2021-05-08

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0163 / 2 LA / OT

Administered by: Unknown Purchased by: ?

Symptoms: Fatigue, Heart rate, Postural orthostatic tachycardia syndrome, SARS-CoV-2 test

SMQs: Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: none

Allergies:

Diagnostic Lab Data: Test Date: 20210508; Test Name: heart rate;  
Result Unstructured Data: Test Result:increased dramatically upon standing; Comments: believe this to be postural orthostatic tachycardia syndrome (POTS); Test Date: 20210514; Test Name: Nasal Swab; Test Result: Negative

CDC Split Type: USPFIZER INC2021581836

Write-up: extreme fatigue; postural orthostatic tachycardia syndrome (POTS)/ heart rate increased dramatically upon standing; This is a spontaneous report from a contactable physician (parent). A 16-year-old male patient (son) received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 intramuscular, administered in Left arm on 06May2021 13:00 (Lot Number: EW0163) as 2nd dose, single for covid-19 immunisation. The patient medical history was none. no known allergies. concomitant medication was none. the patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. the patient did not receive other medications within 2 weeks of vaccination. Patient previously received first dose of BNT162B2 (brand: Pfizer, lot number: EW0161) on 15Apr2021 01:00 PM (at age of 16 years old) via Intramuscular into Left arm for Covid-19 immunization in Hospital. Patient is an extremely fit competitive tennis player, developed extreme fatigue 2 days after the second dose (08May2021 17:00), which has now lasted for more than 2 weeks. After getting an smart watch they noted that his heart

rate increased dramatically upon standing, and after excluding other possibilities, believe this to be postural orthostatic tachycardia syndrome (POTS) on 08May2021 17:00. event resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/ department or urgent care, Disability or permanent damage. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient underwent covid tested post vaccination which included Nasal Swab: negative on 14May2021. Treatment received for the events included so far compression socks, rest and diet changes. Outcome of the events was not recovered. Follow up needed, further information has been requested.; Sender''s Comments: A causal association between BNT162B2 and the reported events cannot be excluded based on a compatible temporal relation. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1381270 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-05-09  
Onset: 2021-05-01  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / 2 LA / OT

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal discomfort, Abdominal pain, Abdominal pain upper, Condition aggravated, Electrocardiogram, Feeding disorder, Inflammation, Middle insomnia, Nausea, Pain, Reflux gastritis, SARS-CoV-2 test, Vomiting

SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
COVID-19  
Allergies:  
Diagnostic Lab Data: Test Date: 202105; Test Name: EKG; Result  
Unstructured Data: Test Result:was fine and no inflammation;  
Comments: Test results showed that EKG was fine and no inflammation  
on the heart but there was a significant inflammation on the  
esophagus to stomach area that would be further confirmed by  
endoscopy by next week.; Test Date: 202102; Test Name: Covid-19  
test; Test Result: Positive  
CDC Split Type: USPFIZER INC2021626225  
Write-up: Reflux and gastritis; 2 days later after his 2nd dose, he  
woke up in the middle of the night; 2 days later after his 2nd dose,  
he woke up in the middle of the night with stomach discomfort to the  
point that he is unable to eat solid foods./bad discomfort in his  
abdomen, upper abdomen area and you know it was actually worsening;  
bad discomfort in his abdomen, upper abdomen area and you know it  
was actually worsening; he is unable to eat solid foods/he can't  
eat; significant inflammation on the esophagus to stomach area that  
would be further confirmed by endoscopy by next week.; Mentioned  
that nausea and vomiting has been reported; Mentioned that nausea  
and vomiting has been reported; upper abdominal pain; Started to get  
abdominal pain; ends up with extreme pain; This is a spontaneous  
report from a contactable consumer (parent). A 16-year-old male  
patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19  
mRNA VACCINE, Formulation: Solution for injection, lot number:  
EW0176), via intramuscularly in left arm, on 09May2021 as a single  
dose for COVID-19 immunisation. The patient medical history included  
positive for Covid-19 in Feb2021. Concomitant medications were not  
reported. No other vaccinations within four weeks prior to the first  
administration. Previously the patient received first dose of  
bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Formulation:  
Solution for injection, lot number: EW0170), via intramuscularly in  
left arm, on 18Apr2021 (at age 16-year-old) at 5:30 PM as a single  
dose for COVID-19 immunisation and experienced stomach upset,  
nausea, reflux and gastritis. It was reported that patient had  
experienced lasting side effect post-vaccination that even lead to 2  
incidents of visiting the Emergency Room (ER). patient was positive  
for COVID way back February 2021. Also, it has been reported that 2  
days later after his 2nd dose, he woke up in the middle of the night  
with stomach discomfort to the point that he was unable to eat solid  
foods all in May2021. This event led to the ER and his physician  
found out that the side effect reported was localized from the  
esophagus up to the lower abdomen. Their initial hunch was it could  
be a reflux or gastritis in May2021. Test results showed that EKG  
was fine and no inflammation on the heart but there was a  
significant inflammation on the esophagus to stomach area in May2021  
that would be further confirmed by endoscopy by next week. Mentioned  
that nausea and vomiting has been reported in 2021. Caller also  
reiterated that nothing triggered the side effect except for the

shots that was given prior. patient could be having intestinal reaction through the shot. He received his second shot on May 9th and a few days after he started to get abdominal pain, upper abdominal pain in 2021 and it has since now to a point where he can't eat, having very bad discomfort in his abdomen, upper abdomen area and you know it was actually worsening in May2021 and we don't know why and it hits him on after the shot. After 3 weeks later had his second shot and within like few days he started to have symptoms, waking up in the middle of night with discomfort. Since then you know he was been declining and now he was unable to get all his food down, if he does he ends up with extreme pain in 2021. We have been taking him to the hospital, they treating him for reflux and gastritis and they checked they did an EKG on him to make sure if there was any inflammation around heart. Treatment: Reporter stated, "He went to the ER twice, the emergency room twice and they are treating him with Prevacid medication and also treating him with medication called Carafate, they are waiting to do an endoscopy. Event reflux or gastritis was reported with seriousness of hospitalization. The outcome of the events abdominal discomfort, condition worsened, pain, reflux gastritis was not recovered, while for remaining events was unknown. Follow up attempts are needed; additional information has been requested.

VAERS ID: 1381668 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-03  
Onset: 2021-06-04  
Days after vaccination: 32  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 2 AR / IM

Administered by: Other Purchased by: ?

Symptoms: Anaemia, Arthralgia, Blood albumin decreased, Blood culture negative, Blood fibrinogen increased, C-reactive protein increased, Complement factor normal, Culture throat negative, Culture urine negative, Fibrin D dimer increased, Haemoglobin, Joint swelling, Mycoplasma test negative, Peripheral swelling, Pyrexia, Rash, Respiratory viral panel, Sterile pyuria, Streptococcus test, Urticaria, White blood cell count increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tubulointerstitial diseases (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: CRP elevated to 74, elevated D dimer, elevated fibrinogen, anemia from Hgb 14-\$g10, albumin 2.7, sterile pyuria 25 WBC, normal complements, ASO titer, negative blood, urine, and throat cultures, negative respiratory panel for 15 pathogens, including mycoplasma (6/6-\$g6/8/21 for all testing)  
CDC Split Type:  
Write-up: Fever, urticarial rash to face, neck trunk, and extremities, arthralgias and swelling to hands, feet, ankles, left knee and left elbow occurring 4 weeks after vaccine lasting for 4 days in hospital after 2 days at home. still resolving slowly

VAERS ID: 1381846 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-04  
Onset: 2021-06-07  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / IM

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram abnormal, Pericarditis, Troponin increased

SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No



Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: No symptoms prior to vaccination  
Preexisting Conditions: Obesity  
Allergies: NKDA  
Diagnostic Lab Data: EKG- pericarditis troponin peak- 33  
CDC Split Type:  
Write-up: Admitted with chest pain on 6/7/2021. EKG showed  
Pericarditis. Troponin peaked at 33. Patient discharge on NSAIDs  
with follow up in cardiology clinic in 2 weeks.

VAERS ID: 1382098 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Colorado

Vaccinated: 2021-06-04  
Onset: 2021-06-05  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, N-terminal prohormone brain natriuretic  
peptide increased, Troponin increased, Viral test negative  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin spike at 17, negative viral panel ,  
NT-Pro BNP 233  
CDC Split Type:

Write-up: Chest pain and elevated troponin concerning for myopericarditis.

VAERS ID: 1382367 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Massachusetts

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Borrelia test, C-reactive protein increased, Chest pain, Coxsackie virus test, Dizziness, Dyspnoea, Echocardiogram abnormal, Ejection fraction, Electrocardiogram normal, Haemoglobin decreased, Human rhinovirus test, Hypertension, Influenza virus test negative, Myalgia, Myocarditis, Oropharyngeal pain, Pain, Platelet count normal, Red blood cell sedimentation rate increased, Respiratory syncytial virus test negative, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Tachycardia, Troponin T increased, White blood cell count increased

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol MDI 2 puffs Q4h PRN cough or SOB,  
Flovent 44 mcg 2 puffs BID

Current Illness: None  
Preexisting Conditions: Asthma  
Allergies: Cats, dust mites, environmental, guinea pig, horses, tree pollen, NKDA  
Diagnostic Lab Data: As above. SARS-CoV-2 total antibody = negative adenovirus, SARS-CoV-2, influenza, RSV, rhinovirus PCR = negative Lyme, coxsackie pending  
CDC Split Type:

Write-up: Patient admitted with myocarditis s/p dose #2 of the Pfizer COVID-19 vaccine. At the time of the report, she is still hospitalized. From EHR note: Patient was in her usual state of health when she received her second dose of the Pfizer mRNA Covid vaccine on 6/3. She experienced mild myalgias in the day following the vaccine. However, on 6/5 she developed new severe substernal chest pain, dizziness, and dyspnea. Pain radiated to her throat. Given severity of pain, she presented to the emergency department. In the ED she was afebrile, tachycardic, and initially hypertensive. Labs demonstrated WBC 10.9 (N 49, L 27), Hb 11.7, PLT 315. ESR 25, CRP 7.61. Troponin T was mildly elevated at 0.08, consistent with mild cardiac inflammation. SARS-CoV-2 PCR and antibody testing were negative. An EKG was normal. However, an echo demonstrated low-normal LVEF (55%). Otherwise, patient denies nausea, vomiting, diarrhea, cough, runny nose, conjunctivitis, new rashes, arthralgias. Patient was admitted to the cardiology service for further monitoring. Following admission, she was started on ibuprofen. She notes that her substernal chest pain has improved somewhat since admission. Differential for patient's presentation includes infectious, post-infectious, and non-infectious causes of myocarditis. Although post-vaccination mild myocarditis seems likely, we agree with the infectious workup already undertaken, and recommend additional EBV and CMV PCR testing.

VAERS ID: 1382560 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-05-18  
Onset: 2021-05-22  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 1 AR / IM

Administered by: Private Purchased by: ?  
Symptoms: Brain natriuretic peptide, C-reactive protein, Cardiac telemetry, Chest pain, Echocardiogram, Electrocardiogram, Magnetic resonance imaging heart, Palpitations, Red blood cell sedimentation rate, Troponin

SMQs: Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: No medication  
Current Illness: None  
Preexisting Conditions: Father reported history of asthma as a young child for patient. Requiring albuterol nebulizer use.  
Allergies: none  
Diagnostic Lab Data: 6/4/21 – ECHO, EKG, Troponin, ESR, CRP, BNP. sent to ER 6/8/21 – ECHO, EKG. Troponin. Admitted to hospital for inpatient telemetry and Cardiac MRI  
CDC Split Type:  
Write-up: Pt complained of heart palpitations and chest pain approximately 4 days after receiving dose.

VAERS ID: 1384620 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-04-15  
Onset: 2021-04-19  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein, C-reactive protein increased, Chest pain, Dizziness, Dyspnoea, Electrocardiogram, Electrocardiogram ST segment abnormal, Myocarditis, Pain, SARS-CoV-2 antibody test, SARS-CoV-2 test, Syncope, Troponin, Troponin increased

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 6 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210419; Test Name: CRP; Result Unstructured Data: Test Result:mildly elevated; Test Date: 20210419; Test Name: EKG; Result Unstructured Data: Test Result:non-specific ST abnormalities; Test Date: 20210419; Test Name: SARS COV2 ANTIBODIES QUALITATIVE; Test Result: Positive ; Comments: Blood test; Test Date: 20210419; Test Name: Respiratory Virus Panel by PCR; Test Result: Negative ; Comments: Nasal Swab; Test Name: troponin; Result Unstructured Data: Test Result:trended q6 and is trending up (now 11); Comments: Troponin has been trended q6 and is trending up (now 11).; Test Date: 20210419; Test Name: troponin; Result Unstructured Data: Test Result:elevated troponin; Test Date: 20210510; Test Name: troponin; Result Unstructured Data: Test Result:elevated (2.06); Comments: Upon readmission, her troponin was elevated (2.06)

CDC Split Type: USPFIZER INC2021595881

Write-up: chest pain; body aches; dizziness; SOB; near syncopal event; an EKG showed non-specific ST abnormalities with labs showing elevated troponin,; mildly elevated CRP; Upon readmission, her troponin was elevated (2.06 on 5/10); myocarditis; This is a spontaneous report from a contactable nurse. A 16-year-old female patient (pregnant: No) received second dose of bnt162b2 (Pfizer-BioNTech COVID-19 Vaccine), at the age of 16-year-old, via an unspecified route of administration on 15Apr2021 as single dose for covid-19 immunisation. The patient medical history and concomitant medications were not reported. It was unknown if the patient received any other vaccines within 4 weeks prior to the COVID vaccine, unknown if any other medications the patient received within 2 weeks of vaccination. Known Allergies: NSAIDs. On 19Apr2021, the patient experienced myocarditis, chest pain, body aches, dizziness, SOB, near syncopal event, an EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, with outcome of recovering. Upon readmission, her troponin was elevated (2.06 on 5/10) on 19Apr2021 with outcome of recovering. Seriousness criteria-Caused/prolonged hospitalization. The patient was hospitalized for myocarditis from 19Apr2021 to 23Apr2021. The patient was hospitalized for other events for 6 days. The adverse event result in Doctor or other healthcare professional office/clinic visit. Emergency room/department or urgent care. Clinical course as follows: patient is a 16 yo girl, s/p admission (19Apr-23Apr2021) with myocarditis, s/p IVIG (19April) after presenting with progressive new onset chest

pain. She was in usual state of health up until 2 days ago when she started developing body aches, and chest pain. Patient received her 2nd Pfizer COVID vaccine last week (15April). No known history of COVID infection. Parents brought her to the ED yesterday after she complained of dizziness, SOB, chest pain, and had a near syncopal event. An EKG showed non-specific ST abnormalities with labs showing elevated troponin, mildly elevated CRP, normal CXR, negative COVID PCR. Denies fever, GI symptoms, GU symptoms, headache, rash. Once transferred to our PICU, she was worked up for myocarditis vs MIS-C. Troponin has been trended q6 and is trending up (now 11). Of note, there have been no fevers. Upon readmission, her troponin was elevated (2.06 on 10May). It was unknown prior to vaccination the patient diagnosed with COVID-19. Since the vaccination, the patient tested for COVID-19. covid test type post vaccination: Blood test. covid test name post vaccination: SARS COV2 ANTIBODIES QUALITATIVE on 19Apr2021, covid test result: Positive. covid test type post vaccination: Nasal Swab, covid test name post vaccination: Respiratory Virus Panel by PCR on 19Apr2021, covid test result: Negative. Information on the Lot/batch number has been requested.; Sender's Comments: The reported myocarditis with chest pain, body aches, dizziness, SOB, near syncopal event and the abnormal lab data were possibly related to the bnt162b2 (Pfizer-BioNTech COVID-19 Vaccine), considering temporal relationship and the inflammation features. The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and Investigators, as appropriate.

VAERS ID: 1384622 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-04-24  
Onset: 2021-04-24  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood electrolytes, Brain natriuretic peptide, C-reactive protein, C-reactive protein increased, Chest pain, Dyspnoea, Electrocardiogram, Electrocardiogram abnormal, Full blood count, Headache, Myocarditis, Pyrexia, Red blood cell sedimentation rate normal, SARS-CoV-2 antibody test, SARS-CoV-2 test, Troponin, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome

(broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: TRETINOIN

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210426; Test Name: electrolytes;

Result Unstructured Data: Test Result:unremarkable; Test Date:

20210426; Test Name: BNP; Result Unstructured Data: Test

Result:normal; Test Date: 20210426; Test Name: CRP; Result

Unstructured Data: Test Result:to 87; Test Date: 20210426; Test

Name: EKG; Result Unstructured Data: Test Result:abnormal; Test

Date: 20210426; Test Name: CBC; Result Unstructured Data: Test

Result:unremarkable; Test Date: 20210426; Test Name: ESR; Result

Unstructured Data: Test Result:normal; Test Date: 20210429; Test

Name: SARS CoV2 Antibodies; Test Result: Positive ; Comments: Blood

test; Test Date: 20210426; Test Name: Symptomatic COVID-19; Test

Result: Negative ; Comments: Nasal Swab; Test Date: 20210426; Test

Name: troponin; Result Unstructured Data: Test Result:has been

rising (up to 16); Test Date: 20210426; Test Name: troponin; Result

Unstructured Data: Test Result:elevated

CDC Split Type: USPFIZER INC2021596064

Write-up: myocarditis; elevated troponin/troponin has been rising (up to 16); substernal chest pain at rest; shortness of breath; CRP to 87; abnormal EKG; headache; fevers; This is a follow up-spontaneous report from a contactable HCP (Nurse). A 16-years-old male patient received bnt162b2 (BNT162B2), dose 2 via an unspecified route of administration on 24Apr2021 (Batch/Lot number was not reported) as 2ND DOSE, SINGLE for covid-19 immunization, at the age at vaccination of 16 years old. The patient medical history was not reported. NKA (No known allergies). Historical vaccine included first dose of BNT162B2 for covid-19 immunization. Concomitant medication included tretinoin (RETIN-A) 0.025 % cream taken for an unspecified indication, start and stop date were not reported. The patient experienced myocarditis, elevated troponin/troponin has been rising (up to 16), headache, fevers, substernal chest pain at rest, shortness of breath, crp to 87, abnormal EKG, all on 26Apr2021 with outcome of recovered on Apr2021. Reported as Patient with no

significant PMH admitted on 4/26 with myocarditis, elevated troponin, and abnormal EKG. He states that he was feeling his usual self until the day that he received his 2nd dose of the COVID vaccine on 4/24. On 4/24, he started to have a headache and subjective fevers. On 4/26, he reported having substernal chest pain at rest, non-radiating, associated with shortness of breath. Patient took tylenol with minimal relief. Patient denies cough, congestion, abdominal pain, nausea, vomiting, diarrhea, rash. No sick contacts. Since admission, troponin has been rising (up to 16), BNP normal, CRP to 87, ESR normal, CBC and electrolytes unremarkable. Clinical course and findings consistent with myocarditis. ID consulted for infectious workup and management. In my prelim recs upon admission, I recommended a dose of IVIG and holding off on steroids and antibiotics. The patient underwent lab tests which included electrolytes: unremarkable on 26Apr2021, BNP: normal on 26Apr2021, c-reactive protein: to 87 on 26Apr2021, electrocardiogram: abnormal on 26Apr2021, CBC: unremarkable on 26Apr2021, ESR: normal on 26Apr2021, sars-cov-2 antibody test: positive on 29Apr2021 (Blood test), Symptomatic COVID-19 (Standard NAA): negative on 26Apr2021 (Nasal Swab), troponin: has been rising (up to 16) on 26Apr2021, troponin: elevated on 26Apr2021. The events resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization. The patient was hospitalized for events for 4 days. Treatment received for events. Patient had no covid prior vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. Information about batch/Lot number has been requested.; Sender's Comments: The causal association cannot be excluded between the reported events and BNT162B2 use. The impact of this report on the benefit-risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for AE. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees and investigators, as appropriate.

VAERS ID: 1384939 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-03  
Onset: 2021-06-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 2 UN / IM

Administered by: Private Purchased by: ?  
Symptoms: Catheterisation cardiac abnormal, Chest pain,  
Echocardiogram abnormal, Ejection fraction decreased,  
Electrocardiogram ST segment elevation, Electrocardiogram abnormal,



Illness, Left ventricular dysfunction, Left ventricular end-diastolic pressure increased, Painful respiration, Troponin increased, Ventricular hypokinesia  
SMQs:, Cardiac failure (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions:

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented with chest pain initially with exertion on day one of illness (2 days post immunization), but by day 3 of illness (4 days post immunization) with acute onset midsternal chest pain that woke him from sleep. Pain did not radiate, he did not have any shortness of breath but pain with deep expiration. EKG performed in the ED showed diffuse ST elevations, and because of this patient underwent left heart catheterization. Left heart catheterization performed showed normal coronary arteries, left ventricle dysfunction with apical hypokinesia and an estimated ejection fraction of 50%, elevated left ventricular end-diastolic pressure of 20-25 mmHg, and no evidence of aortic stenosis, insufficiency, dissection, aneurysm. Initial troponin level elevated to 12.4, max troponin level of 31.3. Pediatric cardiology was consulted with recommendations to start ibuprofen 600 mg every 6 hours. An echocardiogram was performed and showed mildly decreased longitudinal strain in the apex and inferior basal segments. Patient currently continued on ibuprofen 600 mg q6h, with improvement of troponin level.

VAERS ID: 1385081 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-03

Onset: 2021-06-05

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / UNK RA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram abnormal, Electrocardiogram abnormal, Pericarditis, Pleuritic pain, Troponin increased  
SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 16 yo previously healthy with pleuritic chest pain, occurring a couple of days after receiving second covid vaccine (Pfizer). Workup revealed mildly abnormal EKGs and elevated troponins. Cardiology consulted and Echo showed no evidence of myocarditis and bright pericardium without effusion c/w acute idiopathic pericarditis. He was started on several days of motrin and pepcid. Cardiology will see him in the office in 1 week. The cause of pericarditis may be related to recent covid vaccination - this has been increasing reported after mRNA vaccines and affects teens and adults, primarily males. Prognosis is very good with rest and NSAIDs. Strict RTED instructions provided. Normal activity allowed but NO sports or strenuous activity until seen by Ped Cards.

VAERS ID: 1386073 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-04

Onset: 2021-06-06

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EWD186 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Asthenia, C-reactive protein increased, Chest discomfort, Chest pain, Cold sweat, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Intensive care, Myocarditis, Pain in extremity, Pallor, Palpitations, Pyrexia, Troponin, Viral test  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: mild congestion 2 weeks prior

Preexisting Conditions: anxiety and depression

Allergies: Amoxicillin

Diagnostic Lab Data: Initial CRP- 30, troponin- 9.37, ECG with ST elevation consistent with acute myopericarditis 6/7. Viral evaluation pending. 6/9 troponin 13.37.

CDC Split Type:

Write-up: June 4: Vaccine received June 6 (AM): felt arm pain and mild chest pain not affected by breathing or moving. Continues on and off, but was relieved by ibuprofen. June 7: 1PM- chest pain became persistent, not relieved by ibuprofen. Describes as "squeezing" with palpitations. Accompanied by feeling clammy, weak, pale, subjective fever. Brought to ED and transferred to ICU 6/7 at 18:44 for labs and imaging consistent with myopericarditis. Started treatment on scheduled Ibuprofen (600 mg q8 hours). Chest pain improving, but serial troponin continued to rise. 6/9: NSAID changed to Toradol for continued chest pain with colchicine

VAERS ID: 1386841 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Georgia

Vaccinated: 2021-06-03  
Onset: 2021-06-07  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-09  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK AR / IM  
Administered by: Other Purchased by: ?  
Symptoms: Abdominal discomfort, Condition aggravated, Death,  
Headache  
SMQs: , Gastrointestinal perforation, ulcer, haemorrhage, obstruction  
non-specific findings/procedures (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-06-07  
Days after onset: 0  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Adderall  
Current Illness: Headache, upset stomach  
Preexisting Conditions: ADHD  
Allergies: NKDA  
Diagnostic Lab Data: Autopsy pending  
CDC Split Type:  
Write-up: Prodrome of headache and gastric upset over 2 days  
following second dose. Then felt fine. Found the following day dead  
in bed. Autopsy pending

VAERS ID: 1388213 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Puerto Rico

Vaccinated: 2021-06-05  
Onset: 2021-06-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN0179 / 1 AR / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN0217 / 2 AR / IM  
Administered by: Private Purchased by: ?  
Symptoms: Diarrhoea, Dyspnoea, Electrocardiogram abnormal, N-

terminal prohormone brain natriuretic peptide increased, Nausea, Pain, Troponin, Vomiting  
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Noninfectious diarrhoea (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: FLONASE AS NEEDED  
Current Illness: NONE  
Preexisting Conditions: SINUSITIS  
Allergies: NO KNOWN DRUG ALLERGY  
Diagnostic Lab Data: TROPONINS: 13ng/mL (06/08/2021) ProBNP: 450pg/mL (06/08/2021) CHANGES IN EKG  
CDC Split Type:  
Write-up: ON 06/06/2021 AND 06/07/2021 PATIENT PRESENTED NAUSEA, VOMITING, AND DIARRHEA. AFTERWARDS, ON 06/08/2021 THE PATIENT ARRIVED TO THE EMERGENCY ROOM COMPLAINING WITH SHORTNESS OF BREATH AND ACUTE LEFT SIDED PAIN.

VAERS ID: 1388404 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Alabama

Vaccinated: 2021-06-03  
Onset: 2021-06-04  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Lip swelling, Urticaria  
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Calcium, Vitamin D3, Omega 3  
Current Illness: Sprained Wrist  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: There were no medical tests done at either  
Emergency Room.  
CDC Split Type:  
Write-up: Extreme Hive Break Out for three days. Extreme Lip  
Swelling. I have plenty of pictures if you want them. We went to  
Emergency room on Friday and they gave her an IV with Antihistamine  
and Steroids and Pepcid. She got better and we went home. She broke  
out again all over her body on Saturday and this time we went to  
Emergnecy room. They observed her and basically told us when they  
discharged us to keep her on Benadryl every four hours for the next  
48 hours. I think it's important to note that she did test positive  
for COVID 19 on December 11, 2020 and had a fairly mild case of the  
virus. Also, that she has never had this reaction to anything ever  
before.

VAERS ID: 1389816 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Unknown  
Location: Unknown

Vaccinated: 2005-05-25  
Onset: 2021-06-03  
Days after vaccination: 5853  
Submitted: 0000-00-00  
Entered: 2021-06-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Myocarditis  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis

VAERS ID: 1391341 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: New York

Vaccinated: 2021-06-05  
Onset: 2021-06-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Amnesia, Borrelia test, Computerised tomogram head,  
Confusional state, Differential white blood cell count,  
Disorientation, Dizziness, Full blood count, Gait disturbance,  
Metabolic function test, Mydriasis, Pregnancy test, Pyrexia,  
Respiratory viral panel, SARS-CoV-2 test

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (narrow), Dementia (broad),  
Parkinson-like events (broad), Guillain-Barre syndrome (broad),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Vestibular  
disorders (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration  
(broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Amphetamine/Dextroamphetamine 20mg CP24

Current Illness:

Preexisting Conditions: ADHD

Allergies: NKA

Diagnostic Lab Data: CBC with Diff, Complete Metabolic Panel,

Respiratory Virus Panel with COVID ,Lyme,Serum Pregnancy and CT of Head

CDC Split Type:

Write-up: Pt. received COVID-19 vaccine on 06/05/21 and developed a mild fever on 06/06/21, but had not had a fever since that day when coming to the ED on 06/10/21. On 06/07/21 while the pt. was at school pt. became dizzy and pupils dilated. Pt. was picked up from school and rested for 3 hours and she did not remember how she got home or how she got to the school nurse..Pt.in ED for similar symptoms 6/7/21 and 6/9/21 before coming again on 06/10/21 with a negative work up. Pt. has been on school zoom meetings and has been looking at pillows and thinking they are people and they were moving and talking to her. Pt. walking into walls, trouble walking and intermittent confusion and multiple episodes of conversations that she does not recall and time periods which she can not remember. Pt. was transferred to a higher level of care in another facility.

VAERS ID: 1392109 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: South Carolina

Vaccinated: 2021-05-03

Onset: 2021-05-11

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0169 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide, Cardiac dysfunction, Chest pain, Myocarditis, SARS-CoV-2 antibody test, Troponin increased  
SMQs: Cardiac failure (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Had COVID on 4/19/2021 with mild, brief cough

Preexisting Conditions: None

Allergies: No known allergies



Diagnostic Lab Data: Troponin, COV-2 IGG Panel (Disease), COV-2 IGG (Vaccine Immunity), BNP

CDC Split Type:

Write-up: Myocarditis (CP, elevated troponin, cardiac dysfunction). Steroid burst with normalization of function and improvement in troponins

VAERS ID: 1392757 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Unknown

Vaccinated: 2021-05-28

Onset: 2021-06-01

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Anticoagulant therapy, Chest pain, Coagulation test normal, Deep vein thrombosis, Electrocardiogram abnormal, Fibrin D dimer increased, Haemoptysis, Imaging procedure abnormal, Pain in extremity, Peripheral swelling, Pleuritic pain, Pulmonary embolism, SARS-CoV-2 antibody test, Sinus tachycardia

SMQs: Cardiac failure (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Embolic and thrombotic events, venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Was taking tylenol q4 for 3-4 days prior to today for pain Also took 1-2 doses of naproxen at home OCP use for a month prior to today

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: D Dimer 4000 Normal coags COVID IGG 184 AU/ml

EKG sinus tachy

CDC Split Type:

Write-up: Patient vaccinated on 5/28. She reported having pleuritic chest pain and hemoptysis 3 days after that lasted about a week. Then after she developed right leg pain and swelling x 3 days. Seen at our ER 6/11- studies show DVT of the common femoral vein and other veins of the right lower extremity. Also had b/l pulmonary emboli. Started on lovenox treatment and pending thrombectomy by vascular surgeons in 2 days. (In addition she also had admitted to OCP use for a month prior to this event; no reported FH of clotting disorders)

VAERS ID: 1392765 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: South Carolina

Vaccinated: 2021-06-08

Onset: 2021-06-10

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Costochondritis, Pericarditis, Troponin increased

SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: anxiety

Allergies: TAGAMET Bismuth

Diagnostic Lab Data: troponin on admission 18.69 troponin 5 hours later 24.55 troponin 6 hours following 18.02

CDC Split Type:

Write-up: patient began having chest pain on 6/10 that progressively worsened over the past 24 hours. He was diagnosed with pericarditis and costochondritis. We have started colchicine and ibuprofen and will monitor overnight.

VAERS ID: 1392991 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Puerto Rico

Vaccinated: 2021-05-21  
Onset: 2021-05-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 1 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Muscle injury, Pain

SMQs: Accidents and injuries (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: UNKNOWN

Current Illness:

Preexisting Conditions: ASTHMA

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: THE PATIENT'S MOTHER INDICATES PRESENTS WITH PAIN IN THE BODY, AND WAS TAKEN TO THE HOSPITAL WHERE HE WAS FOR 2 DAYS, AND THEY DIAGNOSED SKELETAL MUSCLE DAMAGE

VAERS ID: 1393008 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-08  
Onset: 2021-06-10  
Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 2 UN / IM

Administered by: Public Purchased by: ?

Symptoms: Chest X-ray normal, Chest discomfort, Chest pain, Chills, Electrocardiogram normal, Fatigue, Fibrin D dimer, Fibrin D dimer increased, Headache, Hyperhidrosis, Immediate post-injection reaction, N-terminal prohormone brain natriuretic peptide increased, Pain, Pyrexia, Troponin I increased

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Methylphenidate 40 mg by mouth daily (only given while in school) Bupropion 100 mg by mouth daily Montelukast 10 mg by mouth daily

Current Illness:

Preexisting Conditions: Obesity, depression, ADHD, allergies

Allergies: Seasonal

Diagnostic Lab Data: ER course 6/10/21 :T 98.6 F, HR 108 (between 100-110), BP 116/69, RR 18, SpO2 97% on RA, Weight 117.5 kg.

troponin I (I-STAT; 18:46pm) 0.82 ng/mL -- \$g troponin I (19:13pm) 1.19 ng/mL D-dimer 349 EKG: normal sinus rhythm with no abnormal Q waves or ST segment changes CXR: no acute intrapulmonary process

6/11/21 Troponin I: 20.489 NT-proBNP: 774

CDC Split Type:

Write-up:

acute onset of chest pain along the left sternal border on 6/11/21 ~2am. He describes the pain as a 5-6/10 pain, sharp pressure. He was having subjective fevers though afebrile on measure in the ER; +chills at home for which he took ibuprofen. Patient also reports having body aches immediately after the vaccine, fatigue, headache, and sweating. Patient denies having any palpitations, cyanosis, shortness of breath, dyspnea, dizziness or syncope.

VAERS ID: 1394131 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: California

Vaccinated: 2021-05-29

Onset: 2021-05-30

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 RA / OT

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Electrocardiogram PR segment depression,  
Myocarditis, SARS-CoV-2 test, Troponin

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Other ischaemic heart  
disease (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Pollen allergy

Allergies:

Diagnostic Lab Data: Test Date: 20210530; Test Name: PR segment;

Result Unstructured Data: Test Result:Depression; Test Date:

20210601; Test Name: SARS-COV-2, NAA; Test Result: Negative ;

Comments: Nasal Swab; Test Date: 20210530; Test Name: Troponin;

Result Unstructured Data: Test Result:9000

CDC Split Type: USPFIZER INC2021641738

Write-up: myocarditis with PR segment depression and a Troponin of  
9000; Chest pain; This is a spontaneous report from a contactable  
physician. A 16-year-old male patient received the second dose of  
BNT162B2 (PFIZER COVID-19 VACCINE, lot number: EW0168), at the age  
of 16 years old, intramuscularly in right arm on 29May2021 14:00 at  
single dose for covid-19 immunisation. Medical history included  
allergies to pollen. The patient was not diagnosed with covid-19  
prior to vaccination. The patient did not receive any other vaccines  
within 4 weeks and any other medications within 2 weeks prior to  
vaccination. The patient previously received the first dose of  
BNT162B2 (lot number: EW0172), at the age of 16 years old,  
intramuscularly in right arm on 08May2021 12:00 at single dose for  
covid-19 immunisation. Shortly after the patient began experiencing  
a cough which has persisted until currently presentation. The

patient received his second dose on 29May2021 14:00 and developed chest pain on 30May2021. Subsequently the patient experienced myocarditis with PR segment depression and a troponin of 9000. The patient was admitted to the hospital for 2 days. The patient underwent lab tests and procedures which included PR segment depression and troponin 9000 on 30May2021, SARS-CoV-2 by nucleic acid amplification (NAA) test (nasal swab) negative on 01Jun2021. The patient received treatment with scheduled non-steroidal anti-inflammatory drugs (NSAIDs) and at present he had improvement in symptoms and troponins. The outcome of events was recovering. No follow-up attempts are needed. No further information is expected.; Sender's Comments: Based on available information, a possible contributory role of the subject product, BNT162B2 vaccine, cannot be excluded for the reported events of myocarditis and chest pain. There is limited information provided in this report. This case will be reassessed once additional information is available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1394849 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-06-09  
Onset: 2021-06-12  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / IM

Administered by: Public Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Electrocardiogram,  
Electrocardiogram abnormal, Headache, Myocarditis, Skin warm,  
Troponin increased, Vomiting

SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow),  
Arrhythmia related investigations, signs and symptoms (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia  
and systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies: N/A  
Diagnostic Lab Data: Troponin, EKG, Echo - listed above  
CDC Split Type:  
Write-up: Per patient report upon presentation to hospital: Received vaccine 6/9 during the day, in the evening developed typical symptoms (headache, vomiting, warm to the touch) and has chest pain that seemed to resolve with ibuprofen. On 6/12 at 0400 patient woke up with severe chest pain (localized to the middle of the chest), no tachycardia or shortness of breath. Pain does not change when moving arms/neck. No recent fevers, URI symptoms, known sick contacts. On presentation 6/12 troponin was elevated to 9.69, repeat on 6/13 decreased 6.03. Diagnosed with myocarditis, initial ECG was abnormal, repeat ECG has not shown any ischemic changes. Patient will have repeat EKG, ECHO, troponin, and likely discharge from hospital

VAERS ID: 1394912 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Rhode Island

Vaccinated: 2021-06-10  
Onset: 2021-06-13  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-13  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Brain natriuretic peptide normal, Chest pain, Dyspnoea, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Metabolic function test, Metabolic function test normal, Nausea, Troponin I increased, Vomiting  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Gourd seeds  
Diagnostic Lab Data: EKG (06/13/2021): diffuse ST elevations  
Troponin I (06/13/2021): 10,819 BNP (06/13/2021): 7.4 CMP  
(06/13/2021): unremarkable  
CDC Split Type:  
Write-up: Central chest pain (started two days after vaccine,  
admitted to the Hospital on day three after vaccine), nausea,  
vomiting, shortness of breath.

VAERS ID: 1395173 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-06-09  
Onset: 2021-06-12  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-13  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0169 / 2 - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Malaise, Troponin increased  
SMQs: Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: zzzquill nighttime sleep aid  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: 6/13/21 - troponin 3.21  
CDC Split Type:



Write-up: Patient received his 2nd Pfizer COVID vaccine on 6/9/2021, did not feel well for 24 hours after the immunization but then improved. Yesterday developed chest pain/heaviness that continued today prompting emergency department evaluation. He was noted to have elevated troponin levels concerning for myocarditis.

VAERS ID: 1395256 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-01  
Onset: 2021-06-11  
Days after vaccination: 10  
Submitted: 0000-00-00  
Entered: 2021-06-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0171 / 1 RA / -

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal discomfort, Abdominal pain upper,  
Appendectomy, Appendicitis, Blood test, Computerised tomogram,  
Decreased appetite, Nausea

SMQs: Acute pancreatitis (broad), Gastrointestinal perforation,  
ulcer, haemorrhage, obstruction non-specific findings/procedures  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Augmentin

Current Illness: Ear infection

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: June 11th blood tests and CT scan. June 12th  
8am had appendix removed.

CDC Split Type:

Write-up: -Appendicitis June 8th started with an upset stomach, loss  
of appetite and nausea. On June 11th at 11:30am severe stomach pain.

VAERS ID: 1395526 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male

Location: Minnesota

Vaccinated: 2021-06-02

Onset: 2021-06-12

Days after vaccination: 10

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac failure acute, Cardiomegaly, Chest X-ray abnormal, Cough, Dyspnoea, Echocardiogram abnormal, Ejection fraction decreased, Glycosylated haemoglobin increased, Left ventricular failure

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (narrow), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: ECHO with 16% EF. Chest xray with cardiomegaly

CDC Split Type:

Write-up: cough with progressive dyspnea, pt found to be in biventricular systolic heart failure being treated with Milrinone, lasix, Patient has diabetes type 2 most recent HGB A1C was 12, with a BMI of 40. Hospitalized

VAERS ID: 1395537 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 2021-06-10

Onset: 2021-06-11

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment depression, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Troponin T increased

SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lexapro

Current Illness:

Preexisting Conditions: Anxiety, depression, remote history of myopericarditis

Allergies: None

Diagnostic Lab Data: 6/14: Troponin T elevation to 1987 ng/L EKG

6/13 :borderline ST elevation in lateral precordial leads with depression in V1

CDC Split Type:

Write-up: Admitted with chest pain, troponin elevation (Troponin T elevation to 1987 ng/L), and abnormal EKG (borderline ST elevation in lateral precordial leads with depression in V1)

VAERS ID: 1396550 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Washington

Vaccinated: 2021-06-10

Onset: 2021-06-13

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Bundle branch block right, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram repolarisation abnormality, Myocarditis, Troponin increased

SMQs:, Torsade de pointes/QT prolongation (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and

symptoms (narrow), Conduction defects (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Troponin 9, 27, 24, 26 Echo reassuring with good function and no effusion ECG, initially RBBB repeat ECG with early repolarization ECG SINUS RHYTHM INCOMPLETE RIGHT BUNDLE BRANCH BLOCK [90+ ms QRS DURATION, TERMINAL R IN V1/V2, 40+ ms S IN I/aVL/V4/V5/V6] EARLY REPOLARIZATION [ST ELEVATION WITH NORMALLY INFLECTED T-WAVE]

CDC Split Type:

Write-up: Acute Myocarditis with chest pain and elevated troponin (peak level 27) occurring 3 days after 2nd Pfizer covid shot.

Treatment with Ketorolac and morphine, clinically improving at the time of report. Echo reassuring with good function and no effusion, ECG initially with RBBB repeat ECG with early depolarization, no arrhythmias

VAERS ID: 1396598 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Unknown

Vaccinated: 2021-05-07

Onset: 2021-05-11

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW / 1 RA / IM

Administered by: Other Purchased by: ?

Symptoms: Unevaluable event

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 8 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient had an ED visit and/or hospitalization within 6 weeks of receiving COVID vaccine.

VAERS ID: 1397497 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-10  
Onset: 2021-06-11  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 2 LA / IM

Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Brain natriuretic peptide increased, C-reactive protein increased, Chest pain, Troponin I increased, Troponin T increased

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness:

Preexisting Conditions: ADHD

Allergies:

Diagnostic Lab Data: 06/12: troponin I of 11, CK-MB of 42, CK of 750, and CRP of 38 06/13: troponin T 988, CK-MB 46.8, BNP 1014

06/14: Troponin T 1133, CK-MB 14, BNP 957

CDC Split Type:

Write-up: chest pain that began 24 hours after vaccination, continued and worsened over 24 hours hours, sought treatment at ED approximately 48 hours after vaccination. At ED given IV fluids and toradol with notable improvement in pain,

VAERS ID: 1400385 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 2021-06-10

Onset: 2021-06-11

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 UN / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

IN ERROR ENTRY / N/A UN / OT

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Basophil percentage, Blood bicarbonate decreased, Blood calcium normal, Blood chloride normal, Blood creatine phosphokinase MB increased, Blood creatinine increased, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood urea normal, C-reactive protein increased, Chest pain, Coxsackie virus test, Differential white blood cell count, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Eosinophil percentage increased, Full blood count abnormal, Haematocrit increased, Haemoglobin increased, Headache, Human metapneumovirus test, Immature granulocyte count, Influenza A virus test negative, Influenza B virus test, Insomnia, Laboratory test, Laevocardia, Lymphocyte percentage, Magnetic resonance imaging heart, Metabolic function test, Monocyte percentage increased, Myalgia, Mycoplasma test positive, Myocarditis, Myoglobin blood, Neutrophil percentage decreased, Pericardial effusion, Pericarditis, Platelet count normal, Red blood cell count increased, Red blood cell sedimentation rate normal, Respiratory syncytial virus test negative, Respiratory viral panel, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Sinus arrhythmia, Sinus rhythm, Streptococcus test, Troponin I increased, Viral titre, White blood cell count decreased

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Lactic acidosis (broad), Systemic lupus erythematosus (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow),

Retroperitoneal fibrosis (broad), Congenital, familial and genetic disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: No medications at that time. Took a few doses of tylenol with minimal relief.

Current Illness: No identified recent illnesses.

Preexisting Conditions: None

Allergies: No known allergies

Diagnostic Lab Data: 6/13/2021: CBC with differential (WBC 4.8, RBC 5.76, Hgb 16.3, Hct 48.2, platelets 193, 42.4% neutrophils, 33.3% lymphocytes, 13.2% monocytes, 9.7% eosinophils, 1% basophils. 0.4% immature granulocytes) ESR 5, CRP 51.27. BMP (sodium 141, potassium 4.4, chloride 108, Bicarb 21, BUN 7, Creatinin 0.81, Calcium 9.4, glucose 93). 6/13/21 early morning Cardiac Enzymes: Troponin I POC 2.76 ng/mL, CKMB 17.6 ng/mL, myoglobin 500ng/mL. 6/13/21 late morning Troponin I: 2.56ng/mL 6/14/21 troponin I: 1.35ng/mL 6/13 Respiratory viral panel: negative for Influenza A, Influenza B, RSV, Parainfluenza 1-4, Adenovirus, human metapneumovirus, and SARS-CoV-2. 6/13 SARS-CoV-2 IgG: <1.4 (negative) 6/13 Mycoplasma IgG: 1.30 (positive) 6/13 ASO: 146 unit/mL (normal) 6/13 Pending infectious disease tests: Anti-DNAseB titer, Coxsackie A titer, Coxsackie B titer, Mycoplasma IgM, Echovirus antibody 6/13 EKG: Sinus Rhythm with Sinus arrhythmia, Diffuse ST Elevation consistent with injury, pericarditis. 6/14 EKG: Sinus Rhythm with sinus arrhythmia 6/13 Echocardiogram: Structurally normal heart, normal appearing proximal coronary arteries (proximal LCA 3.9mm z -0.05; proximal RCA 3.6mm z 0.4), normal biventricular systolic function. no pericardial effusion. 6/15 cardiac MRI: HISTORY/REASON FOR STUDY: Patient is a 16-year-old boy with suspected vaccination induced myocarditis/pericarditis IMAGING SEQUENCES: Breath hold non-ECG gated 3-plane localizers; breath hold ECG gated 2,4 chamber and short axis ventricular SSFP imaging; Bright and block blood imaging across the chest; T1 myocardial imaging in the short axis pre- and post-contrast; early and delayed myocardial enhancement imaging 5 and 10-15 minutes following intravenous injection of Gadolinium. QUALITY/COMPLICATIONS: The patient was able to hold his breath throughout the study with no significant difficulty. The images are

of adequate quality for interpretation. There were no complications related to the study. FINDINGS: CARDIAC MRI STUDY with and without CONTRAST: There is levocardia, levoverision and {S,D,S} normal chamber/vessel interrelationships. Some pulmonary venous return to the left atrium is visualized. Systemic venous returns are normal to the right atrium. The cardiac septa appear intact. There is normal LV size with normal LV mass and no significant wall motion abnormality. The right ventricle is grossly normal in size and systolic function with no segmental wall motion abnormalities or free wall thinning. The cardiac valves appear grossly normal. The outflow tracts are patent. There are no obvious intracardiac masses. There is trace/small pericardial effusion. There are no perfusion defects or areas of myocardial delayed enhancement. Myocardial T1 relaxation times are not abnormally increased. SUMMARY: {S,D,S} normal anatomy. Normal LV function with no segmental wall motion abnormalities, perfusion defects, abnormally increased myocardial T1 relaxation time or areas of delayed myocardial enhancement. Trace/ small pericardial effusion.

CDC Split Type:

Write-up: 16 year old male with no PMH who presented with chest pain. Initially on 6/10-6/11 had expected myalgias and headaches post vaccination similar to dose #1, but later 6/11 developed chest pain that made it impossible for him to sleep. It was waxing and waning but continued through 6/12 which after discussion with PMD ultimately led to referral into our facility for further evaluation. Received a dose of ibuprofen with marked symptomatic relief. No further medications given during his time, his chest pain had resolved after that ibuprofen dose and was at clinical baseline until discharge on 6/15. Prolonged hospital course was to arrange for cardiac MRI to be done for comparison. Otherwise had serial labs (documented below) which had trended in the right direction.

VAERS ID: 1400623 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Utah

Vaccinated: 2021-05-17

Onset: 2021-05-28

Days after vaccination: 11

Submitted: 0000-00-00

Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain lower, Activated partial thromboplastin time shortened, Alanine aminotransferase increased, Angiogram pulmonary normal, Aspartate aminotransferase increased, Bacterial test negative, Basophil count decreased, Basophil percentage decreased, Bilirubin conjugated normal, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood bilirubin unconjugated normal, Blood chloride normal, Blood creatinine



increased, Blood fibrinogen increased, Blood glucose normal, Blood lactate dehydrogenase increased, Blood lactic acid normal, Blood potassium normal, Blood sodium normal, Blood triglycerides normal, Blood urea normal, Bradycardia, Brain natriuretic peptide normal, C-reactive protein increased, Calcium ionised normal, Carbon dioxide normal, Cardiac telemetry, Chest pain, Coagulation test normal, Colitis, Computerised tomogram abdomen, Computerised tomogram thorax normal, Condition aggravated, Coronary artery dilatation, Cough, Culture stool positive, Diarrhoea, Differential white blood cell count, Dyspnoea, Echocardiogram, Ejection fraction, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Enterovirus infection, Enterovirus test positive, Eosinophil count normal, Eosinophil percentage decreased, Fibrin D dimer, Glomerular filtration rate, Glucose urine absent, Haematocrit increased, Haemoglobin increased, Haemoglobin urine present, Headache, Hypotension, Immature granulocyte count, Immunoglobulin therapy, Intensive care, International normalised ratio decreased, Left ventricular hypertrophy, Lipase normal, Lymphocyte count, Lymphocyte percentage decreased, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte count increased, Monocyte percentage increased, Multisystem inflammatory syndrome in children, Myocarditis, Neutrophil count increased, Neutrophil percentage increased, Nitrite urine absent, Oropharyngeal pain, Pain, Pericardial effusion, Platelet count normal, Procalcitonin normal, Protein total normal, Protein urine present, Prothrombin time prolonged, Pyrexia, Red blood cell count increased, Red blood cell nucleated morphology, Red blood cell sedimentation rate increased, Red blood cells urine, Red cell distribution width, Red cell distribution width normal, SARS-CoV-2 antibody test positive, Scan with contrast abnormal, Serum ferritin normal, Specific gravity urine normal, Streptococcus test negative, Systolic dysfunction, Troponin I increased, Troponin increased, Urinary casts, Urinary casts absent, Urinary sediment present, Urine analysis, Urine analysis abnormal, Urine ketone body absent, Urine leukocyte esterase, Viral infection, Wheezing, White blood cell count increased, White blood cells urine negative, pH urine normal

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Haemolytic disorders (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Pseudomembranous colitis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad),

Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol several times a day Singulair

Current Illness: Was ill with nasal congestion, sore throat and cough for 5 days starting on April 15, 2021

Preexisting Conditions: mild-moderate intermittent asthma

Allergies: KNMA

Diagnostic Lab Data: 5/30- Normal CT chest, abdomen and pelvis with contrast consistent with colitis, and CT angio pulmonary which was normal LDH: 252 unit/L High Triglycerides: 87 mg/dL Procalcitonin: 0.14 ng/mL High troponin was 2.93, d-Dimer 2.56, Ferritin 262, normal coags with fibrinogen 643, LDH 252, ESR 17, CRP 14.8, AST 71, ALT 53, Lipase 16. Troponin peaked at 11 on 5/30 CO2 Whole Blood: 23 mmol/L (05/30/21 05:32:00) WBC: 13.1 K/mcL High (05/30/21 05:27:00) RBC: 5.57 x10<sup>6</sup>/mcL High (05/30/21 05:27:00) Hemoglobin: 15.7 g/dL (05/30/21 05:27:00) Hgb, Calc: 17.3 g/dL High (05/30/21 05:32:00) Hematocrit: 48.7 % (05/30/21 05:27:00) Hematocrit POC: 51 % High (05/30/21 05:32:00) MCV: 87.4 fL (05/30/21 05:27:00) MCH: 28.2 pg (05/30/21 05:27:00) MCHC: 32.2 g/dL (05/30/21 05:27:00) RDW SD: 42.5 fL (05/30/21 05:27:00) RDW: 13.2 % (05/30/21 05:27:00) Platelets: 249 K/mcL (05/30/21 05:27:00) MPV: 9.5 fL (05/30/21 05:27:00) Nucleated RBC Auto: 0 /100(WBCs) (05/30/21 05:27:00) Immature Granulocytes: 0.3 % (05/30/21 05:27:00) Differential Type: Auto (05/30/21 05:27:00) Neutrophil % Auto: 74.1 % High (05/30/21 05:27:00) Lymphocyte % Auto: 15.9 % Low (05/30/21 05:27:00) Monocyte % Auto: 8.7 % (05/30/21 05:27:00) Eosinophil % Auto: 0.8 % (05/30/21 05:27:00) Basophil % Auto: 0.2 % (05/30/21 05:27:00) Immature Granulocyte, Abs: 0.04 K/mcL (05/30/21 05:27:00) Neutrophil, Abs: 9.7 K/mcL High (05/30/21 05:27:00) Lymphocyte, Abs: 2.1 K/mcL (05/30/21 05:27:00) Monocyte, Abs: 1.1 K/mcL High (05/30/21 05:27:00) Eosinophil, Abs: 0.1 K/mcL (05/30/21 05:27:00) Basophil, Abs: 0 K/mcL (05/30/21 05:27:00) ESR: 17 mm/hr High (05/30/21 05:27:00) Prothrombin Time: 14 seconds (05/30/21 05:27:00) International Normalized Ratio: 1 (05/30/21 05:27:00) Partial

Thromboplastin Time (aPTT): 29 seconds (05/30/21 05:27:00)  
Fibrinogen Level: 643 mg/dL High (05/30/21 05:27:00) D-dimer, quant. (ug/mL): 2.56 mcg FEU/mL High (05/30/21 05:27:00) Sodium Level: 139 mmol/L (05/30/21 05:32:00) Potassium Level: 4.2 mmol/L (05/30/21 05:32:00) Chloride Level: 105 mmol/L (05/30/21 05:32:00) Glucose Level: 128 mg/dL High (05/30/21 05:32:00) BUN: 10 mg/dL (05/30/21 05:32:00) Creatinine Level: 1.2 mg/dL High (05/30/21 05:32:00) est GFR (Schwartz for dosing): 61.61 mL/min/1.73 m<sup>2</sup> (05/30/21 05:32:00) Creatinine GFR: No calculation (05/30/21 05:32:00) Protein Total: 7.8 g/dL (05/30/21 05:27:00) Albumin Level: 4.2 g/dL (05/30/21 05:27:00) Bilirubin Total: 0.4 mg/dL (05/30/21 05:27:00) Bilirubin Direct: 0.2 mg/dL (05/30/21 05:27:00) Bilirubin Indirect: 0.2 mg/dL (05/30/21 05:27:00) Alk Phos: 139 unit/L (05/30/21 05:27:00) AST: 71 unit/L High (05/30/21 05:27:00) ALT: 53 unit/L High (05/30/21 05:27:00) LDH: 252 unit/L High (05/30/21 11:27:00) Ferritin Level: 262 ng/mL High (05/30/21 05:27:00) Lactic Acid, Plasma (Venous): 1.6 mmol/L (05/30/21 05:27:00) Lipase Level: 16 unit/L (05/30/21 05:27:00) Calcium, Ionized (Whole Blood): 1.26 mmol/L (05/30/21 05:32:00) Triglycerides: 87 mg/dL (05/30/21 11:27:00) Troponin-I: 2.77 ng/mL High (05/30/21 05:27:00) Troponin-I: 2.93 ng/mL High (05/30/21 05:27:00) Cmt: Troponin I: See Comments (05/30/21 05:27:00) Cmt: Troponin I: See Comments (05/30/21 05:27:00) BNP: 10 pg/mL (05/30/21 05:27:00) Procalcitonin: 0.14 ng/mL High (05/30/21 11:27:00) Cmt: Procalcitonin: See Comments (05/30/21 11:27:00) Collect Method, Ur: Clean Catch (05/30/21 05:59:00) Color Urine: Normal (05/30/21 05:59:00) Appear: Normal (05/30/21 05:59:00) Specific Gravity, Urine: \$g1.029 (05/30/21 05:59:00) pH Urine: 5.5 (05/30/21 05:59:00) Glucose Urine: Negative (05/30/21 05:59:00) UA Ketones: Negative (05/30/21 05:59:00) Nitrite: Negative (05/30/21 05:59:00) Hgb Urine: Small Abnormal (05/30/21 05:59:00) Protein Urine: Trace Abnormal (05/30/21 05:59:00) Leuk Esterase: Negative (05/30/21 05:59:00) WBC Urine: 2 /HPF (05/30/21 05:59:00) RBC Urine: 1 /HPF (05/30/21 05:59:00) Epithelial Cells: 0 /HPF (05/30/21 05:59:00) Bacteria Urine: Negative (05/30/21 05:59:00) Mucus Urine: 1+ Abnormal (05/30/21 05:59:00) Hyaline Cast: Negative (05/30/21 05:59:00) CRP (not for CV risk): 14.8 mg/dL High (05/30/21 05:27:00) Cardiac MRI on 6/2 1. Concern for MIS-C 2. Left ventricular hypertrophy, mild, with hyperdynamic systolic function. LV ejection fraction was 75%. No resting regional wall motion abnormalities. 3. Patchy areas of delayed enhancement are noted in the epicardial aspect of the left ventricular free wall and the left ventricular inferior wall. This is consistent with possible myopericarditis. 4. Normal rest perfusion. 5. Normal right ventricular size and systolic function. RV ejection fraction was 62%. 6. Mild dilation or ectasia of the left main coronary artery (4.2 - 4.4 mm). Left anterior descending, left circumflex and right coronary arteries appear normal. 7. Small pericardial effusion. Positive COVID -19 IgG antibody IV 9.3 Positive COVID19 IgG Negative COVID-19 IgG Qualitative CXCL + Stool enterovirus positive on ENTCX collected on 6/3

CDC Split Type:

Write-up: Presented to urgent care on 5/28 with complaints of sore throat, Headache, body aches and fever for 103, slight cough, denies chest pain or SOB. Had a neg rapid strep. Diagnosed with viral

illness 5/30 presented to the ED with chest pain, cough, wheezing and SOB. Also had diarrhea and low abdominal pain. Was hypotensive and bradycardia. Received 2 bolus of Lactated Ringers . EKG with ST segment elevation. Concern for MISC. Transferred to hospital. 5/30 at the hospital he had another bolus of fluid, continued bradycardia admitted to the ICU for potential for hypotension during IVIG for suspected MISC, worsening ST elevation on EKG. TTE unremarkable. Started on IVIG, anakinra, lovenox and solumedrol. Monitored on telemetry. EKGs consistent with myopericarditis. discharged home on prednisone on 6/4 with a long taper, has follow up with rheumatology and cardiology. Stool enterovirus positive culture positive. He had previously been diagnosed with COVID-19 in November 2020

VAERS ID: 1402063 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Rhode Island

Vaccinated: 2021-06-12

Onset: 2021-06-15

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, Chest pain,

Electrocardiogram ST segment elevation, Troponin

SMQs:, Myocardial infarction (broad), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: EKG was revealing for 1mm mild ST segment elevation, and troponin was 4,500, downtrended before leaving hospital. BNP was normal.

CDC Split Type:

Write-up: An episode of 7/10 substernal chest pain that lasted for 1.5-2 hours. It was not worse with deep breath or changes in position and was relieved with 2 tablets of ibuprofen (400mg).

Denies recent fever, cough, or congestion.

VAERS ID: 1402221 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Massachusetts

Vaccinated: 2021-06-03

Onset: 2021-06-09

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0186 / 2 LA / SYR

Administered by: Private Purchased by: ?

Symptoms: Blood test normal, Computerised tomogram normal, Hemiparesis, Hypoaesthesia, Injection site hypoaesthesia, Magnetic resonance imaging normal, Pain in extremity, Paraesthesia, Ultrasound scan normal

SMQs:, Peripheral neuropathy (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Seafood

Diagnostic Lab Data: Different blood test, MRI, CAT scan, Ultrasound. Everything came back normal. Caller is about to have an EMG test on 06/29/2021.

CDC Split Type:

Write-up: After the second dose, she had a sore arm for a couple of days, but then she started having tangling in the arm the injection was given and then the entire arm went numb. There is no feeling in the left arm from shoulder to fingers. And the tingling and weakness is spreading to the left leg. She was completely fine before the shot.

VAERS ID: 1402596 (history)

Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-05-14  
Onset: 2021-05-16  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Unevaluable event

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient had an ED visit and/or hospitalization within 6 weeks of receiving COVID vaccine.

VAERS ID: 1402896 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-07  
Onset: 2021-06-10  
Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Electrocardiogram, Laboratory test, Magnetic resonance imaging heart

SMQs: Gastrointestinal nonspecific symptoms and therapeutic

procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Sumatriptan Flonase Claritin Naprosyn  
Current Illness: Seasonal allergies migraines  
Preexisting Conditions:  
Allergies: NKDA  
Diagnostic Lab Data: EKG 6/10/2021, 6/14/2021 cardiac MRI 6/11/2021  
labs 6/10/21, 6/11/2021, 6/13/2021 Echo  
CDC Split Type:  
Write-up: Patient received the 2nd vaccine dose and 2 days later  
presented to the Emergency Department with chest pain.

VAERS ID: 1403247 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-12  
Onset: 2021-06-13  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide normal, C-reactive protein  
increased, Cardiac telemetry abnormal, Chest pain, Dyspnoea,  
Echocardiogram normal, Ejection fraction, Ejection fraction normal,  
Electrocardiogram abnormal, Feeling abnormal, Immunoglobulin  
therapy, Inspiratory capacity decreased, Nausea, Paraesthesia,  
Pericarditis, Pyrexia, Troponin increased, Ventricular extrasystoles  
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Peripheral neuropathy (broad), Neuroleptic malignant syndrome  
(broad), Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Ventricular  
tachyarrhythmias (narrow), Dementia (broad), Acute central  
respiratory depression (broad), Pulmonary hypertension (broad),  
Guillain-Barre syndrome (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Cardiomyopathy  
(broad), Chronic kidney disease (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia

(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: As above Initial Troponin 2.75, peak Troponin 7.77 a few hours later Normal BNP ECG c/w acute pericarditis. Some ventricular ectopy noted on telemetry but no ventricular tachycardia Normal echocardiogram with low normal to normal LV function (LV EF 57%). Mildly elevated CRP  
CDC Split Type:

Write-up: The day following the second Pfizer shot the patient developed a fever to 101.5 that improved with Tylenol and did not recur. On that same day he felt tingling in the hands and feet and reported a floating sensation. This too resolved with resolution of fever. On the third day after the shot he developed chest pain, difficulty taking a deep breath. He woke up the following morning with nausea which resolved but the chest pain and a feeling that it was hard to take a deep breath worsened. The pain was significant enough that he went to the ER. In the ER, he was found to have an ECG consistent with acute pericarditis and his troponin was elevated (2.75, upper limits of normal 0.03). He was started on IV Toradol and admitted to the hospital. His troponin kept climbing so he was also given IVIG (80 gm). The following morning his Troponin started coming down and he no longer was reporting any symptoms.

VAERS ID: 1403291 (history)

Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New Hampshire

Vaccinated: 2021-06-09  
Onset: 2021-06-10  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Borrelia test, C-reactive protein increased, Chest pain,



Chills, Coxsackie virus test, Echocardiogram abnormal, Electrocardiogram, Electrocardiogram ST segment elevation, Haematocrit normal, Haemoglobin normal, Immunoglobulin therapy, Insomnia, Laboratory test, Left ventricular dysfunction, Magnetic resonance imaging heart, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume increased, Myocarditis, Nucleated red cells, Palpitations, Platelet count normal, Pyrexia, Red blood cell count normal, Red blood cell sedimentation rate increased, Red cell distribution width increased, Troponin T increased, Troponin increased, Ventricular hypokinesia, White blood cell count increased

SMQs: Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None reported

Current Illness: None

Preexisting Conditions: None reported

Allergies: No known allergies

Diagnostic Lab Data: Laboratory Results Returned 48 Hours Prior to Discharge Event Name Event Result Date/Time WBC 10.64 K cells/uL

High 06/14/21 Hemoglobin 12.4 g/dL 06/14/21 Hematocrit 37 % Low

06/14/21 Platelet 204 K cells/uL 06/14/21 MPV 10.6 fL 06/14/21 RBC

4.56 M cells/uL 06/14/21 MCV 81.1 fL 06/14/21 MCH 27.2 pg 06/14/21

MCHC 33.5 g/dL 06/14/21 Red Cell Distribution Width CV 14.2 % High

06/14/21 Nucleated Red Blood Cell % 0 /100 WBC 06/14/21 Nucleated

Red Blood Cell Count 0 K cells/uL 06/14/21 Troponin T 1.02 ng/mL

Critical 06/15/21 Troponin T 1.29 ng/mL Critical 06/14/21 Troponin T

0.97 ng/mL Critical 06/14/21 Relevant Diagnostic Images/Studies:

Echo 6/11: ? Limited study. Atrial septum, ventricular septum,

branch pulmonary arteries, pulmonary veins, and arch not evaluated

on this study. ? Normal valvar function. ? Mild left ventricular

systolic dysfunction. ? Qualitatively normal right ventricular

systolic function. ? Normal coronary artery origins. ? No

pericardial effusion. CARDIAC MRI 6/14: ? Normal left ventricular

global systolic function. Left ventricular late gadolinium

enhancement in a non-ischemic pattern as below. No left ventricular

regional wall motion abnormalities. Mildly prominent left

ventricular trabeculations. ? Normal right ventricular global

systolic function. No right ventricular late gadolinium enhancement.

No right ventricular regional wall motion abnormalities. ? No significant valvular dysfunction. ? No coronary artery aneurysms detected.? No pericardial effusion. Tests Pending : Coxsackie A9 Virus Antibody, Total Coxsackie B Virus Antibody LCFREEZE Lyme Antibody, Total  
CDC Split Type:

Write-up: 16yo previously healthy male presenting with chest pain. He received second dose of Pfizer Covid vaccine on Wednesday at 3p. That evening, he developed fevers, chills and had trouble sleeping. On Thursday, he began feeling heart palpitations and again slept. Overnight, he developed midline chest pain, and decided to present to the emergency room. His EKG showed elevated ST segments. Labs were remarkable for elevated troponin, leukocytosis, and elevated CRP; echo showed normal function but subtle hypokinesis of the apex. He was given morphine, Tylenol, Ketorolac, 1L NS, and possibly aspirin before being transferred to the ED. In our ED, he had a reassuring exam, was no longer reporting chest pain. He had labs drawn which showed a white count to 15.3, normal H/H, Plt 152, ESR 12, CRP 10, and Trop T 1.14. Aside from the above symptoms, he has been in his usual well state without viral symptoms, nausea, vomiting, diarrhea, rash, joint pain, or other symptoms. He has no past medical or surgical history. Immunizations are up to date. His social history is benign. Patient was admitted to the cardiology floor for continued monitoring of his troponin levels and EKG. An echocardiogram was performed which showed mild LV systolic dysfunction. He was then treated with IVIG 2g/kg and started on methylprednisolone IV q12h. He remained asymptomatic with no chest pain throughout his admission. He was transitioned over to PO steroids on 6/13 which he tolerated well. On day of discharge, his troponin levels were trending down. Cardiac MRI showed an area of late gadolinium enhancement in the LV, with no abnormal function. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake including tolerance of PO steroid. Prescriptions sent to preferred pharmacy. Follow up with cardiology to be arranged. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Reasons for new, changed, and discontinued medications: - Prednisone - Famotidine Patient was admitted for management of myocarditis thought to be due to his SARS-CoV2 vaccination. He received IVIG and steroids. He had multiple EKGs, echocardiogram, and a cardiac MRI. He showed improvement during his hospitalization. He will be followed closely by Cardiology who will advise return to exercise and repeat imaging needs. \*\*Please note that we do not have access to the vaccination records (lot, etc)\*\*

VAERS ID: 1403363 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-12  
Onset: 2021-06-12  
Days after vaccination: 0

Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Abdominal discomfort, Diarrhoea, Fatigue, Haematochezia,  
Haematocrit decreased, Haemoglobin decreased, Melaena, Nausea  
SMQs:, Acute pancreatitis (broad), Haematopoietic erythropenia  
(broad), Haemorrhage terms (excl laboratory terms) (narrow),  
Haemorrhage laboratory terms (broad), Pseudomembranous colitis  
(broad), Gastrointestinal perforation, ulcer, haemorrhage,  
obstruction non-specific findings/procedures (broad),  
Gastrointestinal haemorrhage (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Ischaemic colitis  
(broad), Noninfectious diarrhoea (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Kenalog 0.1% topical cream  
Current Illness:  
Preexisting Conditions:  
Allergies: No known allergies  
Diagnostic Lab Data: (06/16) Hemoglobin 9.8, Hematocrit 26.4  
CDC Split Type:  
Write-up: Melena and hematochezia with associated nausea, fatigue  
and abdominal discomfort. Symptoms began that evening and continued  
for 3 more days. Stool was initially watery but became more formed  
each day.

VAERS ID: 1403584 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Kansas

Vaccinated: 2021-06-12  
Onset: 2021-06-15  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood creatine phosphokinase, Chest X-ray, Chest pain,

Differential white blood cell count, Echocardiogram abnormal, Electrocardiogram, Fatigue, Fibrin D dimer, Full blood count, Haematuria, Lipase, Liver function test, Metabolic function test, Myocarditis, N-terminal prohormone brain natriuretic peptide, Night sweats, Pyrexia, Troponin increased, Urine analysis abnormal, Ventricular dysfunction

SMQs: Cardiac failure (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: protein supplements

Current Illness: none

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: CBC with diff, BMP, LFT, Troponin, CK, ddimer, lipase, UA NT-proBNP, repeat troponins, ECG, Echo, CXR Still admitted at this time but troponin decreasing and he's clinically improving

CDC Split Type:

Write-up: Myocarditis Developed fevers, chest pain and hematuria. Fatigue started the next day, night sweats the night after x 2 days, fever on 6/14, chest pain on 6/15. Troponin elevated, Echo with poor ventricular function, UA with hematuria. Improving on NSAIDs

VAERS ID: 1404228 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Oregon

Vaccinated: 2021-05-01

Onset: 2021-06-15

Days after vaccination: 45

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Bicuspid aortic valve, C-reactive protein increased, Chest

pain, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Congenital, familial and genetic disorders (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Zyrtec, Benadryl  
Current Illness: no  
Preexisting Conditions: none - seasonal allergies  
Allergies: seasonal allergies  
Diagnostic Lab Data: Elevated troponin to 0.25 which downtrended to 0.05 by the next day, echo normal (incidental finding of bicuspid aortic valve)CRP 2.4. EKG normal.  
CDC Split Type:  
Write-up: Received second covid vaccine and one month later, developed chest pain, shortness of breath and was admitted to hospital for concern of myocarditis.

VAERS ID: 1407972 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Delaware

Vaccinated: 2021-06-11  
Onset: 2021-06-14  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Brain natriuretic peptide increased, Chills, Echocardiogram normal, Electrocardiogram normal, Myocarditis, Orthopnoea, Palpitations, Pyrexia, Troponin I increased  
SMQs:, Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune

disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: tylenol as needed  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: normal RV and LV function (6/14/2021), normal  
ECG (6/14/2021), troponin I peak of 11.92 with decrease to 3.  
CDC Split Type:  
Write-up: fever, chills, palpitations, orthopnea. elevated troponin  
I and BNP presented to hospital 6/14/2021 after 2nd pfizer covid  
vaccine on 6/11/2021. treated for suspected myocarditis. discharged  
from the hospital on 6/16/2021 with decreasing troponin I, resolved  
symptoms, no ECG or echo changes

VAERS ID: 1407988 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-06-08  
Onset: 2021-06-09  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 RA / IM

Administered by: Public Purchased by: ?

Symptoms: Aspartate aminotransferase increased, C-reactive protein  
increased, Cardiac monitoring, Chest pain, Echocardiogram normal,  
Electrocardiogram abnormal, Full blood count normal, Globulins  
increased, Metabolic function test, Myocarditis, Pericarditis,  
Protein total increased, Red blood cell sedimentation rate  
increased, SARS-CoV-2 test negative, Troponin I increased, Troponin  
increased

SMQs: Liver related investigations, signs and symptoms (narrow),  
Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Chronic kidney disease

(broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: 6/11/2021: CBC: WNL CMP: WNL except elevated AST: 69 U/L, elevated total protein: 8.4g/dL, elevated globulin: 4g/dL High sensitivity troponin 0: 7,077 ng/L High sensitivity troponin 1: 6,781 ng/L High sensitivity troponin 3: 6,156 ng/L Sedimentation Rate, Westergren: 23mm/hour C-Reactive Protein: 4.4mg/dL Coronavirus 19 PCR: negative Troponin I High Sensitivity: 4,755ng/L Troponin I High Sensitivity: 3,628ng/L 6/12/2021: C-Reactive Protein: 2.9mg/dL Sedimentation Rate, Westergren: 23mm/hour Troponin I High Sensitivity: 5,689ng/L Troponin I High Sensitivity: 5,822ng/L Troponin I High Sensitivity: 5,111ng/L 6/13/2021: Troponin I High Sensitivity: 6,781ng/L Troponin I High Sensitivity: 4,824ng/L C-Reactive Protein: 1.5mg/dL Sedimentation Rate, Westergren: 18mm/hour Troponin I High Sensitivity: 1,575ng/L 6/14/2021: Troponin I: 158ng/L C-Reactive Protein: 8.5mg/L Sedimentation Rate, Westergren: 6mm/hour

CDC Split Type:

Write-up: Patient was hospitalized on 6/11/2021 after presenting to the ER with a history of chest pain x 48 hours. Labs showed an elevated troponin and an EKG was consistent with pericarditis/myopericarditis. On further questioning patient had received the second dose of his COVID-19 Pfizer vaccine 2 days prior to the onset of chest pain. In the ER he was given a dose of ketorolac which relieved his chest pain. An echo as done which showed normal left ventricular systolic function and no pericardial effusion. He was admitted for further monitoring of his heart rhythm and to trend his troponin. He remained in the hospital for ~ 48 hours and was discharged on 6/13. His troponin was at its peak at his initial presentation and was 7,077. It initially decreased in the first 3 hours, but had small increases in the first 24 hours of admission. However, it had decreased to a low of 1575 at the time of discharge. His CRP initially was 4.4 (normal < 1 mg/dL) and decreased to 1.5 at discharge. ESR was mildly elevated at 23 and decreased to 18 at discharge. Chest pain had completely resolved within 12 hours of admission. He was maintained on ibuprofen 600 mg three times daily.

VAERS ID: 1408002 (history)

Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-05-24

Onset: 2021-06-02

Days after vaccination: 9

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 2 LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Anticoagulant therapy, Deep vein thrombosis, Pain in extremity, Ultrasound Doppler abnormal

SMQs: Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Daily multi-vitamin

Current Illness: None

Preexisting Conditions: None

Allergies: No known

Diagnostic Lab Data: 06/07/2021: Ultrasound performed in the ER.

Diagnosis was Deep Vein Thrombosis (DVT) of distal vein of right lower extremity.

CDC Split Type:

Write-up: Pain in the back of patient's right calf started after a flight on 6/2/2021. We ended up in the ER on 6/7/2021. There he was diagnosed per ultrasound with DVT or having a blood clot in a vein in his right calf. He was prescribed Eliquis and counseled to follow up with his physician at home. Patient met with our family physician on 6/9/2021, the day we arrived home to follow-up. After receiving the medical records Dr. advised us to file this report. We understand that blood clots can happen on flights, but Dr. felt that this event was such an anomaly for patient that it merited further reporting. Patient is a completely healthy 16 year old male who is an extremely active athlete who participates in basketball, track, cross-country and other physical activities daily. For him to develop a blood clot after a 4 hour flight is an exceptional, unexpected event. Dr. long term plan is to keep patient on Eliquis for 6 months, then take him off of the medicine and then run more blood tests after 2 weeks to fully investigate the incident.



VAERS ID: 1410122 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: New York

Vaccinated: 2021-06-10

Onset: 2021-06-13

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 RA / -

Administered by: School Purchased by: ?

Symptoms: Asthenia, Computerised tomogram head abnormal, Dizziness, Headache, Hyperacusis, Labyrinthitis, Lumbar puncture, Magnetic resonance imaging, Meningitis, Photophobia, Vertigo, Vestibular neuronitis, Vomiting

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Hearing impairment (narrow), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Nothing. Normal healthy child

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: CT scan Lumbar punch MRI IV Several anti-vertigo drugs (anivert I think) Prendisone

CDC Split Type:

Write-up: Date of Vaccine: June 10th 2021 Onset of Symptoms: June 13th In the evening headache June 14th- threw up 3 times during the day. In the late evening severe headache and light sensitivity during evening of the 14th severe throwing up, dizziness and weakness Early morning of June 15th-More throwing up(uncontrollable). weakness. room spinning, noise sensitivity and light sensitivity. LEFT TO GO TO EMERGENCY ROOM Admitted right away. Suspected Meningitis CT scan, Lumbar punch IV fluids. drugs to reduce vertigo symptoms. ADMITTED TO HOSPITAL IV continued, more

medicines, continued room spinning 16 and 17th in hospital Released 10PM from hospital with severe Labyrinthitis and Vestibular Neuritis diagnosis. Continues to be weak and dizzy.

VAERS ID: 1410994 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-14

Onset: 2021-06-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / SYR

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain, Chest pain, Computerised tomogram thorax abnormal, Pulmonary embolism

SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, venous (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Admitted to hospital 2 days after second Pfizer covid vaccine. Presented with abdominal/chest pain, found to have a small subsegmental pulmonary embolus on CT scan. No history of prior PE or clots.

VAERS ID: 1412464 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Illinois

Vaccinated: 2021-05-04

Onset: 2021-05-30

Days after vaccination: 26

Submitted: 0000-00-00

Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

ER8736 / 2 LA / -

Administered by: Other Purchased by: ?

Symptoms: Appendicitis

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ZYRTEC; DEXMETHYLPHENIDATE

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergy to nuts (Allergy to tree nuts); Peanut allergy

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021658356

Write-up: appendicitis; This is a spontaneous report from a contactable consumer (patient). A 16-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration, administered in Arm Left on 04May2021 15:30 (Batch/Lot Number: ER8736) at the age of 16-years-old as SINGLE DOSE for covid-19 immunisation. The COVID-19 vaccine was administered at Clinic. Medical history included allergy to peanuts, tree nuts. Concomitant medications included cetirizine hydrochloride (ZYRTEC) taken for an unspecified indication, start and stop date were not reported; dexmethylphenidate, taken for an unspecified indication, start and stop date were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient previously received the first dose of BNT162B2 (Lot number: W0158) on 13Apr2021 15:30 (at the age of 16-years-old) in Left arm for covid-19 immunisation. The patient experienced appendicitis (hospitalization, disability) on 30May2021 08:00. The patient was hospitalized for appendicitis for 2 days. Event resulted in Doctor or other healthcare professional office/ clinic visit and Emergency room/department or urgent care. Therapeutic measures were taken as a result of appendicitis included Appendectomy. Prior to vaccination, the patient was not diagnosed with COVID-19 and since the vaccination, the patient was not been tested for COVID-19. The outcome of the event was recovering.

VAERS ID: 1412792 (history)

Form: Version 2.0

Age: 16.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-19  
Onset: 2021-06-19  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Seizure like phenomena, Syncope  
SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia  
related investigations, signs and symptoms (broad), Convulsions  
(narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode  
(broad), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: NONE  
Current Illness: NONE  
Preexisting Conditions: NONE  
Allergies: NKDA  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: FAINTED, SEIZURE LIKE SYMPTOMS

VAERS ID: 1412957 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Rhode Island

Vaccinated: 2021-06-14  
Onset: 2021-06-16  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Brain natriuretic peptide normal, C-reactive protein  
increased, Chest pain, Echocardiogram normal, Electrocardiogram ST-T

segment elevation, Electrocardiogram T wave abnormal, Fibrin D dimer, Pericarditis, Red blood cell sedimentation rate increased, Troponin I increased  
SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None known

Current Illness: None

Preexisting Conditions: None

Allergies: None known

Diagnostic Lab Data: TnI: 6/18/21 @ 1430h - 13,259. 6/18/21 @ 2230h - 12,958 6/19/21 @ 0800h - 6942. Other labs on 6/18: CRP 32 (0-10); ESR 29 (0-15); BNP 64.3 (0-33.3); D-dimer 50 (nl). EKG 6/18: Mild diffuse ST-T elevation. EKG 6/19: Nonspecific anterolateral T wave changes. Echo 6/18: Normal biventricular systolic function; no pericardial effusion.

CDC Split Type:

Write-up: Developed intermittent sharp chest pain 1-2 days after receiving the vaccine, worse when supine (c/w pericarditis); no fever or other symptoms. Seen by his pediatrician & an EKG showed diffuse ST segment elevation; TnI was markedly elevated at 13,259ng/L (nl up to 57). Was admitted to the PICU & begun on IV ketorolac. By the time of admission he had no more chest pain. Received two doses of IV ketorolac, then transitioned to po ibuprofen q.8h.

VAERS ID: 1412971 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-15

Onset: 2021-06-17

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 2 RA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Echocardiogram abnormal, Electrocardiogram abnormal, Intensive care, Myocarditis, Troponin  
SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: MVI Zytec prn per allergies  
Current Illness: none  
Preexisting Conditions: none  
Allergies: Penicillin: rash and hives  
Diagnostic Lab Data: Echo Troponin EKG  
CDC Split Type:  
Write-up: Patient is currently in Pediatric ICU with diagnosed of Myopericarditis today 06/19/2021 Day #2 of hospitalization

VAERS ID: 1413326 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-05  
Onset: 2021-06-12  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-06-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal abscess, Abdominal pain, Complicated appendicitis, Computerised tomogram abdomen, Computerised tomogram abnormal, Diarrhoea, Full blood count abnormal, Malaise, Pyrexia, White blood cell count increased

SMQs:, Acute pancreatitis (broad), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None.  
Current Illness: First Pfizer COVID-19 vaccination three weeks prior  
Preexisting Conditions: None  
Allergies: Nuts.  
Diagnostic Lab Data: CT scan of the abdomen and pelvis showing  
above, CBC on 6/18/21 showing WBC of 20+ with left shift  
CDC Split Type:  
Write-up: Abdominal pain, fever, diarrhea, malaise starting on 6/12  
=\$g diagnosed with complex appendicitis on 6/18 with intra-abdominal  
abscess

VAERS ID: 1413831 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-04-30  
Onset: 2021-05-01  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: C-reactive protein, Cardiac telemetry, Chest pain,  
Echocardiogram normal, Electrocardiogram normal, Myocarditis,  
Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:

Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: Troponin on admission was found to be elevated at 4.07. CRP was also elevated on admission at 4.06. Patient was admitted for telemetry monitoring and cardiac evaluation. The echocardiogram showed normal heart function and no pericardial effusion. Given the clinical description of his chest pain, the likely diagnosis was myopericarditis. Patient was initially prescribed scheduled nonsteroidal anti-inflammatories but this was subsequently discontinued as patient was chest pain-free. Patient was started on colchicine. Serial EKGs were obtained which showed subtle changes but no pathologic findings. A repeat echocardiogram prior to discharge showed was normal.

VAERS ID: 1414308 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-18  
Onset: 2021-06-18  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram abnormal, Electrocardiogram abnormal, Left ventricular dysfunction, Troponin SMQs:, Cardiac failure (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: evidence of ECG abnormalities, significant troponin leak and mild to moderate LV dysfunction on echo.



CDC Split Type:

Write-up: Chest pain, evidence of ECG abnormalities, significant troponin leak and mild to moderate LV dysfunction on echo.

VAERS ID: 1414548 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Illinois

Vaccinated: 2021-05-17

Onset: 2021-05-20

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 AR / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Electrocardiogram abnormal, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Elevated troponin, abnormal EKG

CDC Split Type:

Write-up: Myocarditis

VAERS ID: 1414674 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-11

Onset: 2021-06-21

Days after vaccination: 10

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Asthenia, Carbon dioxide decreased, Diabetic ketoacidosis,  
Glycosylated haemoglobin increased, Lethargy, Pollakiuria,  
Sluggishness

SMQs: , Hyperglycaemia/new onset diabetes mellitus (narrow),  
Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad),  
Noninfectious encephalopathy/delirium (broad), Noninfectious  
meningitis (broad), Hypoglycaemia (broad), Immune-mediated/  
autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol and loratadine

Current Illness: None

Preexisting Conditions: intermittent asthma

Allergies: NKA

Diagnostic Lab Data: CO2<10 A1C 13.4

CDC Split Type:

Write-up: Diabetic ketoacidosis CO2<10 A1C 13.4 Weak/sluggish/  
lethargic,/urinating a lot

VAERS ID: 1415511 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Texas

Vaccinated: 2021-06-18

Onset: 2021-06-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER- /  
UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Aortic aneurysm, Arteriogram coronary abnormal,  
Bronchostenosis, Cardiac murmur, Chest X-ray abnormal, Condition  
aggravated, Echocardiogram abnormal, Electrocardiogram abnormal,  
Fatigue, Heart rate abnormal, Mediastinal mass, Palpitations,  
Pericardial effusion, Sinus tachycardia, Troponin

SMQs: , Neuroleptic malignant syndrome (broad), Systemic lupus

erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: No known allergies

Diagnostic Lab Data: 6/19/21: EKG: heart rate 122, sinus tachycardia; troponin: 0.03 ng/mL; chest x-ray: Masslike enlargement of the AP window and adjacent left mediastinum likely reflects thoracic aortic aneurysm or other mediastinal mass. CT angiogram of thoracic aorta: 1. Large soft tissue anterior mediastinal mass, 2. small pericardial effusion and 3. Mass effect with severe narrowing of the proximal left mainstem bronchus which measures 2 mm in patent diameter

CDC Split Type:

Write-up: COVID-19 Vaccine EUA (unknown manufacturer) Patient presented to the emergency department on 6/19/2021 for palpitations after heart rate alert from smartwatch while eating dinner.

Associated with fatigue. Mother notes a first episode of similar character 1 month ago lasting one day, without any history of syncope. On physical exam: murmur at right sternal boarder noted. POCUS: pericardial effusion without d sign or tamponade physiology identified. No takotsubo morphology of L ventricle. Final diagnosis of mediastinal mass, pericardial effusion, and sinus tachycardia. Patient transferred to another facility.

VAERS ID: 1416175 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 2021-06-18

Onset: 2021-06-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ZW0181 / 2 - / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Left ventricular dysfunction, Myocarditis,  
Troponin increased  
SMQs:, Cardiac failure (broad), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Elevated troponin  
CDC Split Type:  
Write-up: Chest pain, myocarditis, decreased LV function

VAERS ID: 1416469 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-06-15  
Onset: 2021-06-19  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 - / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram normal, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Elevated troponin levels with normal EKG  
CDC Split Type:  
Write-up: Chest pain

VAERS ID: 1417176 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-04-24  
Onset: 2021-05-17  
Days after vaccination: 23  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0172 / 1 - / -		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0177 / 2 - / -		

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Chills, Headache, Myocarditis, Pyrexia, SARS-CoV-2 test negative

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: 16 yr old male with hx of familia hyperlipidemia and Lp(A)

with onset of chest pain 2 days after Pfizer vaccine. Had headache, fever, chills after vaccine. Short admission, responded well to NSAIDS and discharged for follow up with cardiology with a mild case of myocarditis. Serum IgG for COVID19 also negative.

VAERS ID: 1417580 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-18

Onset: 2021-06-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Aspartate aminotransferase increased, C-reactive protein increased, Chest pain, Dyspnoea, Echocardiogram abnormal, Ejection fraction decreased, Platelet count decreased, Red blood cell sedimentation rate increased, Troponin increased

SMQs: Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Platelet count 128 AST 88 ESR 31 CRP 3.7 trop 1.05 ECHO with EF 50%

CDC Split Type:

Write-up: Patient developed chest pain and shortness of breath a day after vaccine Admitted to the hospital, troponin were elevated, Echo showed mildly reduced EF treated with colchicine and NSAIDS

VAERS ID: 1420308 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-17  
Onset: 2021-06-20  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
AW0168 / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Magnetic resonance imaging heart, Malaise, Pyrexia, Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Troponin 1.01 on presentation, 24 hours later increased to 5.560 and today. CRP 1.55 ECHO- Normal Awaiting Cardiac MRI

CDC Split Type:

Write-up: The day of vaccination general malaise and low grade fever which resolved with Motrin. Four days after woke up with chest pain. Presented to ER where he was found to have elevated troponin 1.01. EKG showed Normal sinus rhythm, with ST elevation.

VAERS ID: 1420630 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Pennsylvania

Vaccinated: 2021-03-13

Onset: 2021-04-03  
Days after vaccination: 21  
Submitted: 0000-00-00  
Entered: 2021-06-23  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 UN / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Death, General physical health deterioration,  
Haemophagocytic lymphohistiocytosis, Pericardial effusion  
SMQs: Systemic lupus erythematosus (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Haemodynamic oedema, effusions and fluid overload (narrow),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(narrow)  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-06-15  
Days after onset: 73  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 32 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Artane, azithromycin, calcium carbonate,  
dicyclomine, doxycycline, escitalopram, flovent, gabapentin,  
lansoprazole, melatonin, ondansetron, tedizolid,  
Current Illness: disseminated mycobacterium chelonae infection  
Preexisting Conditions: ataxia telangiectasia; EBV-associated  
lymphoma  
Allergies: none  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: ~4 weeks after the 2nd dose of Pfizer, patient presented  
to the hospital with chest pain; had pericardial effusion. Initially  
improved but then had decompensation, prolonged hospitalization.  
Diagnosed with hemophagocytic lymphohistiocytosis (HLH) and  
ultimately died.

VAERS ID: 1421114 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-06-12  
Onset: 2021-06-22  
Days after vaccination: 10  
Submitted: 0000-00-00



Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Amylase increased, Lipase increased,  
Pancreatitis, Vomiting, White blood cell count increased

SMQs: Acute pancreatitis (narrow), Neuroleptic malignant syndrome  
(broad), Retroperitoneal fibrosis (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Healthy at time of vaccination

Preexisting Conditions: None

Allergies: Penicillin allergy

Diagnostic Lab Data: Lipase: 18,671 (6/22/21) Amylase: 2,765  
(6/22/21) White blood cells: 13.3 (6/22/21)

CDC Split Type:

Write-up: Pt developed severe abdominal pain and emesis. Pt found to  
have severely elevated lipase and amylase indicative of  
pancreatitis. Admitted to the hospital for IV hydration.

VAERS ID: 1427111 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Minnesota

Vaccinated: 2021-05-13

Onset: 2021-06-03

Days after vaccination: 21

Submitted: 0000-00-00

Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0162 / 1 UN / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 2 UN / IM

Administered by: Other Purchased by: ?

Symptoms: Balance disorder, Demyelination, Dysarthria, Dysphemia,  
Facial paralysis, Gait disturbance, Hemiplegia, Hypoaesthesia,  
Immunoglobulin therapy, Magnetic resonance imaging abnormal,

Magnetic resonance imaging head abnormal, Magnetic resonance imaging spinal abnormal, Motor dysfunction, Multiple sclerosis, Muscular weakness, Neuromyelitis optica spectrum disorder, Plasmapheresis, Toxic leukoencephalopathy, Vision blurred, White matter lesion  
SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Glaucoma (broad), Optic nerve disorders (narrow), Demyelination (narrow), Lens disorders (broad), Retinal disorders (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hearing impairment (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 21 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: None

Allergies: Morphine

Diagnostic Lab Data: Extensive testing done including MRI brain (6/3/21 and 6/4/21): "Multifocal T2 hyperintensity within the left centrum semiovale, left middle cerebellar peduncle, subcortical right superior frontal gyrus near the motor cortex and right posterior periventricular white matter adjacent to splenium of the corpus callosum. Questionable T2 hyperintensity of the left optic nerve although exam is not dedicated for optic nerve evaluation therefore finding is equivocal. Largest left centrum semiovale lesion is likely more acute and demonstrates diffusion restriction with faint contrast enhancement. Overall, findings are primarily concerning for a demyelinating process, such as multiple sclerosis, anti-MOG disease or NMO. Acute toxic leukoencephalopathy is also a possibility but considered much less likely. Similar findings on MRI orbits and cervical spine on 6/7 as well as repeat cervical spine MRI 6/23.

CDC Split Type:

Write-up: 6/3/21 at 1230 pm: Sudden onset of right arm numbness progressing to transient blurry vision, difficulty walking, right lower extremity weakness, difficulty moving his mouth, stuttering, imbalance, and right sided facial droop. He was admitted to hospital on 6/4/21. Found to have a demyelinating process (see imaging report below). He received IVIG treatment and IV steroids with some (but

incomplete improvement and was discharged to Rehab on 6/16/21 on oral steroids. However, he had recurrence and progression of symptoms and was sent back to hospital on 6/19/21 with worsening right sided hemiplegia. He underwent repeat high dose IV steroids and initiation of plasmapheresis. He has currently (as of 6/25/21) completed 3 of 5 runs of plasmapheresis with marked improvement in symptoms but still has significant right sided motor deficits. Neurologists here now feel comfortable making a diagnosis of multiple sclerosis. He will likely be discharging home for ongoing therapy and treatment after he completes plasmapheresis on 6/28/21.

VAERS ID: 1429538 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-22

Onset: 2021-06-24

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0180 / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Electrocardiogram ST segment abnormal, Laboratory test, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: daily MVI

Current Illness: none

Preexisting Conditions: none

Allergies: dust

Diagnostic Lab Data: echo, EKG, myocarditis workup

CDC Split Type:

Write-up: chest pain, elevated troponin, ST segment changes on EKG

VAERS ID: 1429630 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Pennsylvania

Vaccinated: 2021-05-01  
Onset: 2021-06-03  
Days after vaccination: 33  
Submitted: 0000-00-00  
Entered: 2021-06-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Albumin CSF abnormal, CSF pressure normal, CSF test  
abnormal, Guillain-Barre syndrome, Lumbar puncture, Magnetic  
resonance imaging head, Magnetic resonance imaging spinal abnormal,  
Paraesthesia  
SMQs:, Peripheral neuropathy (narrow), Guillain-Barre syndrome  
(narrow), Demyelination (narrow), Immune-mediated/autoimmune  
disorders (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: NKDA  
Diagnostic Lab Data: MRI brain and cervical/thoracic/lumbar spine:  
Diffuse mild thickening and enhancement of the anterior and  
posterior spinal nerve roots of the cauda equina. This appearance  
would be consistent with Guillain-Barre Syndrome. LP with normal  
opening pressure of 8cm H2O. CSF findings consistent with GBS:  
albuminocytologic dissociation.  
CDC Split Type:  
Write-up: Started developing paresthesias in bottom of feet 2 days  
after 2nd Pfizer vaccine. That progressed ascending up to legs and  
arms over the course of 3 weeks. She went to the hospital and was  
diagnosed with Gullain-Barre syndrome based on the CSF studies and  
MRI imaging.

VAERS ID: 1430179 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-05-30  
Onset: 2021-06-12  
Days after vaccination: 13

Submitted: 0000-00-00  
Entered: 2021-06-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 UN / UN  
Administered by: Private Purchased by: ?  
Symptoms: Anticoagulant therapy, Cerebral thrombosis  
SMQs:, Ischaemic central nervous system vascular conditions  
(narrow), Embolic and thrombotic events, vessel type unspecified and  
mixed arterial and venous (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: contraceptive  
Current Illness: N/A  
Preexisting Conditions: N/A  
Allergies: N/A  
Diagnostic Lab Data: Blood clots on the brain Tuesday June 15th 2021  
CDC Split Type:  
Write-up: Blood clots on brain. Needed to be hospitalized for 5 days  
on blood thinners. Will Continue to self administer blood thinners  
for 3 more months

VAERS ID: 1430244 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-24  
Onset: 2021-06-25  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 UN / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Electrocardiogram ST segment  
elevation, Myocarditis, Sleep disorder, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: 6/26 - troponin elevated with diffuse ST-  
segment elevation on EKG consistent with a myopericarditis  
CDC Split Type:  
Write-up: Two days after second dose of Pfizer vaccine, started with  
pressure-like chest pain that woke him up from sleep. Made better  
when sat up worse when lying down. Some relief with motrin.

VAERS ID: 1430330 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-05-25  
Onset: 2021-06-23  
    Days after vaccination: 29  
Submitted: 0000-00-00  
Entered: 2021-06-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Basilar artery thrombosis, Computerised tomogram, Magnetic  
resonance imaging, SARS-CoV-2 antibody test positive, Status  
epilepticus  
SMQs:, Systemic lupus erythematosus (broad), Ischaemic central  
nervous system vascular conditions (narrow), Convulsions (narrow),  
Embolic and thrombotic events, arterial (narrow), Generalised  
convulsive seizures following immunisation (narrow), Hypoglycaemia  
(broad), Infective pneumonia (broad), Opportunistic infections  
(broad), COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: sertraline 100mg daily, sumatriptan prn migraine  
Current Illness: NA  
Preexisting Conditions: depression  
Allergies: PCN  
Diagnostic Lab Data: 6/23 current admission multiple MRIs and CTs  
6/25 SARS IgG +  
CDC Split Type:  
Write-up: admitted 6/23 in status epilepticus. Found to have a  
basilar artery thrombus

VAERS ID: 1431226 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Delaware

Vaccinated: 2021-06-09  
Onset: 2021-06-10  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
GW0174 / UNK - / IM

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Fatigue, Myocarditis, Troponin  
increased

SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Troponin peaked at 0.18 on admission 6/26,  
dropped to 0.02 by discharge on 6/28

CDC Split Type:

Write-up: Myocarditis. patient reports shortness of breath and

fatigue 24 hours post vaccine. Admitted to the hospital 17 days post vaccine with elevated troponin, chest pain, and shortness of breath.

VAERS ID: 1432898 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: North Carolina

Vaccinated: 2021-05-04  
Onset: 2021-05-04  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0176 / 2 - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Dysphemia, Headache, Movement disorder, Muscle twitching  
SMQs: Akathisia (broad), Dyskinesia (broad), Dystonia (broad),  
Parkinson-like events (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021727105

Write-up: an uncontrollable head movement/functional movement disorder; stuttering really bad; complain of a twitch in her neck; a headache in the back of her head; This is a spontaneous report from a contactable consumer. A 16-year-old non-pregnant female patient received second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, Lot number: EW0176) via an unspecified route of administration on 04May2021 (age at vaccination 16-year-old) at single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. Prior to the vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient received first dose of BNT62B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: solution for injection, Lot number: ER8731) via an unspecified route of administration on 13Apr2021 at single dose for covid-19



immunization. On 04May2021, patient stated that she had a headache in the back of her head after receiving their second dose of the vaccine. On 23May2021, patient complained of a twitch in her neck. On 24May2021, patient experienced stuttering really bad and developed an uncontrollable head movement. One physician indicated that it was a nervous tic while a neurologist indicated it was a functional movement disorder. However, she did not have these symptoms prior to the second dose. Adverse event resulted into Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care and hospitalization. Patient was hospitalized for 2 days. The outcome of event was unknown. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1437024 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-05-29

Onset: 2021-06-06

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 LA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Acoustic stimulation tests, Deafness, Tinnitus

SMQs:, Hearing impairment (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 202106; Test Name: hearing test;

Result Unstructured Data: Test Result: significant hearing loss

CDC Split Type: USPFIZER INC2021727118

Write-up: severe ringing in his ear on Sunday June 6; he couldnt hear/he has significant hearing loss; This is a spontaneous report from a contactable consumer (patient's parent). A 16-year-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE; solution for injection; Lot number: unknown) via unspecified route of administration in left arm on 29May2021 at

14:00 (at the age of 16-year-old) as a dose 1, single for COVID-19 immunization at Pharmacy or Drug Store. Medical history of the patient was not reported. Patient had no known allergies. Patient did not receive any other medications (concomitant) within 2 weeks of vaccination. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient did not have COVID prior vaccination and was not tested for COVID post vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19 and since the vaccination, the patient has not been tested for COVID-19. On 06Jun2021 (Sunday) at 08:00, patient started having severe ringing in his ear and could not hear. His parent took him to urgent care on June 9 and patient was prescribed a steroid, nothing changed after a week. Appointment was Scheduled with ENT where they did hearing test and said patient has significant hearing loss. Patient was getting an MRI tomorrow and going back to ENT to get a steroid shot in his ear to see if they can restore hearing loss. They mentioned they did have other patients that received COVID vaccine and now have hearing loss but are not 16 and were much older than patient (reporter son). They told us not to get second vaccine shot. The event resulted in doctor or other healthcare professional office/clinic visit along with visit to Emergency room/department or urgent care. The event as serious [Seriousness criteria-Disabling/Incapacitating]. Device date was 17Jun2021. Patient received steroid as a corrective treatment. Outcome of the events were not resolved on an unspecified date.

VAERS ID: 1437062 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: South Carolina

Vaccinated: 2021-04-28  
Onset: 2021-06-17  
Days after vaccination: 50  
Submitted: 0000-00-00  
Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 2 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Angiogram pulmonary abnormal, Fibrin D dimer, Myocarditis, Pulmonary embolism, Troponin increased

SMQs: Myocardial infarction (narrow), Embolic and thrombotic events, venous (narrow), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: lexapro, pepcid, sprintec  
Current Illness: none  
Preexisting Conditions: depression, anxiety  
Allergies: none  
Diagnostic Lab Data: Troponin elevated up to 2.7 ng/mL. D dimer 1.27 ug/mL. CT angiogram test with tiny acute pulmonary embolus subsegmental level of the right lower lobe. No evidence of acute pulmonary embolus through the diagnostic segmental level.  
CDC Split Type:  
Write-up: Myocarditis diagnosed on 6/17. Patient then also diagnosed with a pulmonary embolism on 6/30.

VAERS ID: 1439326 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-27  
Onset: 2021-06-30  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain 3 days after 2nd Pfizer Covid vaccination.  
Worse lying down, improved sitting up High Sensitivity Troponin 2340

ng/l

VAERS ID: 1442341 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Minnesota

Vaccinated: 2021-06-29

Onset: 2021-07-01

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Asthenia, Chest pain, Echocardiogram, Electrocardiogram normal, Troponin increased

SMQs: Myocardial infarction (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: Menactra on 07/11/2016 at age 11years. Severe swelling, redness, and pain at injection site. Told that they had an allergy.

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Severe local reaction to Menactra Vaccine (Meningococcal ACWY) with swelling/redness/pain at injection site.

Diagnostic Lab Data: in ER: troponin elevated at 1.9. ECG normal.

Admitted to hospital for ongoing care. Echo pending.

CDC Split Type:

Write-up: Chest pain and weakness on evening of 7/1/21 after working for 8 hours and while taking a bath. Chest pain worsened and went to ER.

VAERS ID: 1446002 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: New York

Vaccinated: 2021-06-10

Onset: 2021-06-01

Submitted: 0000-00-00

Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Computerised tomogram, Dizziness, Gait disturbance, Headache, Lumbar puncture, Nausea, Photophobia, Vomiting  
SMQs: Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Corneal disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 202106; Test Name: CT scan; Result

Unstructured Data: Test Result:Unknown; Test Date: 202106; Test Name: lumbar puncture or a spinal patch; Result Unstructured Data: Test Result:Unknown

CDC Split Type: USPFIZER INC2021725496

Write-up: Nausea; She was very limp, she was throwing up and very dizzy; She was very limp, she was throwing up and very dizzy; She was very limp, she was throwing up and very dizzy; Severe Headache; Light sensitivity; This is a spontaneous report from a contactable consumer (patient's mother). A 16-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE, Solution for injection, Batch/Lot number: Unknown) via an unspecified route of administration on 10Jun2021 (at the age of 16-year-old) as single dose for Covid-19 immunization at a Hospital. The patient's medical history and concomitant medications were not reported. The patient did not receive any other vaccines within four weeks prior to the vaccination. The reporter stated that patient was very limp, she was throwing up and very dizzy and with a very severe headache and light sensitivity. Patient never had any of those type symptoms before and happened four days after she got the COVID shot. Reporter stated that, the evening of the 13Jun2021. It was headache and the headache got very severe through the next day. Reporter stated that, she had no idea and do not think it was anaphylactic reactions. She thought

it was a severe headache which been reported and the MRI they were looking for blood clot as patient was experiencing severe headache that need her throw up, she did not know 100 times, and that end up in the hospital. There was light sensitivity when the CT scan and lumbar puncture was done to see if there was meningitis. CT-scan and spinal patch were done and patient was given nausea and dizzy medications and reporter and patient were waiting for the MRI. The events were serious (hospitalization) on 16Jun2021. The patient underwent lab tests and procedures which included computerised tomogram: unknown and lumbar puncture: unknown on an unspecified date in Jun2021. Therapeutic measures were taken as a result of events dizzy and nausea. Outcome of the events was unknown. Information about lot batch number has been requested.

VAERS ID: 1446361 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-28  
Onset: 2021-07-02  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-07-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 2 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram normal, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: Troponin peak 19 on 7/3/21, now down trending  
Echo- normal function, normal coronaries EKG- ST segment elevation

CDC Split Type:

Write-up: Presented to ED with chest pain, elevated troponin

VAERS ID: 1446877 (history)

Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-30

Onset: 2021-07-01

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Chills, Dyspnoea, Inflammatory marker increased, Intensive care, Myocarditis, Pyrexia, Troponin, Vomiting  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: No OTC med was taken at time of vaccine.

Current Illness: No illnesses was none.

Preexisting Conditions: None

Allergies: No allergies

Diagnostic Lab Data: Troponin was 6, and the next day Sunday is 5.

CDC Split Type:

Write-up: Patient started by having fever, chills and vomiting. The next day, he started having chest pain and shortness of breath. Mother took him to Urgent care and then was asked to go to the ER. He was admitted to the ICU for positive cardiac inflammatory markers and diagnosed with Myocarditis.

VAERS ID: 1446955 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Florida

Vaccinated: 2021-05-05

Onset: 2021-05-23

Days after vaccination: 18  
Submitted: 0000-00-00  
Entered: 2021-07-05  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 2 - / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Antinuclear antibody, Antinuclear antibody positive,  
Confusional state, Disturbance in attention, Feeling abnormal,  
Magnetic resonance imaging normal, Visual impairment  
SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus  
erythematosus (narrow), Anticholinergic syndrome (broad), Dementia  
(broad), Noninfectious encephalitis (broad), Noninfectious  
encephalopathy/delirium (broad), Noninfectious meningitis (broad),  
Glaucoma (broad), Optic nerve disorders (broad), Lens disorders  
(broad), Retinal disorders (broad), Depression (excl suicide and  
self injury) (broad), Hypoglycaemia (broad), Immune-mediated/  
autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 5/31/20-21 Positive ana 1:320 and anti RNP \$g8  
CDC Split Type:  
Write-up: Otherwise healthy 16 yo female developed brain fog,  
confusion, visual disturbances, inability to focus, and  
somnolence approximately 2 weeks after 2nd Pfizer covid-19  
vaccine. Given persistence of symptoms with no improvement, patient  
was taken to the ER to rule out any acute brain hemorrhage or  
pathology on May 31, 2021. Subsequent work-up revealed normal MRI  
findings, a positive ANA of 1:320, and a high positive RNP antibody.  
Patient was subsequently seen by Rheumatology on June 3rd and  
subsequent work-up and findings were consistent with a diagnosis of  
Mixed Connective Tissue Disease. Patient as of today is still  
symptomatic and is taking Prednisone 15 mg po qd and  
Hydroxychloroquine 200 mg po bid and vitamin d3 supplement 50,000 u  
q week.

VAERS ID: 1446997 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Illinois



Vaccinated: 2021-07-01

Onset: 2021-07-04

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 2 AR / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Activated partial thromboplastin time shortened, C-reactive protein increased, Chest pain, Coronavirus test positive, Echocardiogram normal, Electrocardiogram normal, Fatigue, HCoV-OC43 infection, Headache, Influenza like illness, Myalgia, Prothrombin time normal, Pyrexia, Respiratory viral panel, Sleep disorder, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Admitted to hospital on 7/4/2021 and subsequently tested positive for Coronavirus OC43 on respiratory PCR panel.

Impossible to know if he had this illness at the time of vaccination

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 7/4/2021 Troponins - 6.6 and 8.12; downtrend on 7/5/2021 - 5.94 and 4.27 CRP - 18.6 PTT - 32 PT - 12.0

CDC Split Type:

Write-up: Patient received his 2nd dose on Thursday 7/1/2021. He had flu-like symptoms the next two days (fatigue, fever, headache, myalgias). On Sunday morning (7/4/21), the patient woke from sleep with sharp, stabbing left sided chest pain that did not relent. He was taken to the hospital where he was found to have sequential troponins of 6.6 and 8.12. He was started on fluids and underwent EKG and Echo which were unremarkable. He also had repeat labs. Serial troponins downtrended on 7/5/2021.

VAERS ID: 1447162 (history)

Form: Version 2.0

Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-07-01

Onset: 2021-07-03

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase increased, Chest X-ray, Chest pain, Dyspnoea, Echocardiogram, Electrocardiogram, Myocarditis, Rhabdomyolysis, Troponin increased

SMQs: Rhabdomyolysis/myopathy (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: 1/3/21 ECHO EKG CXR CK \$g500 Troponin 5

CDC Split Type:

Write-up: Chest pain, shortness of breath, severe myocarditis, rhabdomyolysis developed 2 days after his second shot.

VAERS ID: 1450343 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Unknown

Vaccinated: 2021-06-28

Onset: 2021-07-02

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Cardiac telemetry, Chest pain, Echocardiogram normal,  
Electrocardiogram ST segment elevation, Intensive care, Myocarditis,  
Pericarditis, Troponin increased

SMQs: Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Chronic kidney disease  
(broad), Drug reaction with eosinophilia and systemic symptoms  
syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Update 7/4: 16yo male admitted with myocarditis  
after COVID vaccine. Trop peaked at 19, now down to 2.7 ECHO normal  
function. Initial EKGs with concern for inferior MI. NO arrhythmias.  
Exam as above. Pt without current chest pain. Will monitor and check  
troponin at 1400 with hope that he can go home if < 1 or  
downtrending. Repeat EKG with 2pm troponin. Ad lib PO off IVFs F/U  
pending myocarditis evals. Tylenol/motrin prn. F/U in 1 week. Reason  
for ICU level care: continuous telemetry for myocarditis after COVID  
vaccination

CDC Split Type:

Write-up: 16 year old male with no past medical history, recently  
received 2nd pfizer vaccine on monday 6/28, here with chest pain  
since . EKG shows ST elevation: consistent with pericarditis.  
troponin 15.2. will admit to healthcare facility.

VAERS ID: 1450664 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Oregon

Vaccinated: 2021-06-30

Onset: 2021-07-01

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 UN / SYR

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Chest pain, Cytomegalovirus test,  
Electrocardiogram ST segment elevation, Enterovirus test, Epstein-  
Barr virus test, Human herpes virus 6 serology, Immunoglobulin  
therapy, Intensive care, Parvovirus B19 test, SARS-CoV-2 antibody  
test positive, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Infective pneumonia (broad), Opportunistic infections (broad),  
COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 7/4/21 COVID19 spike ab positive Pending blood/  
serum tests: Enterovirus PCR, parvovirus PCR, HHV6 PCR, COVID19  
nucleocapsid Ab, EBV panel, Adenovirus PCR, CMV PCR, EBV PCR

CDC Split Type:

Write-up: Healthy 16yr old boy with no PMHx. Received dose #1  
vaccine on 6/9/21 and dose #2 6/30/21. Developed chest pain on 7/1  
relieved temporarily with Tylenol but returns when Tylenol wore off.  
Progressive worsening over next 2 days. Mom took pt to Urgent Care  
7/3 who referred pt to ER. EKG with diffuse ST elevation, no fever,  
Troponin elevated at 11. Afebrile. He was transferred to our  
hospital and admitted to PICU 7/3. Chest pain initially improved  
with ibuprofen but worsened on hospital day #2 with higher troponin.  
Started on IVIG and solumedrol, ibuprofen changed to Toradol with  
good response. No pressors, otherwise hemodynamically stable.

VAERS ID: 1450696 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Kentucky

Vaccinated: 2021-06-30

Onset: 2021-07-03

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Electrocardiogram ST segment  
elevation, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Omeprazole 40mg daily  
Current Illness: None  
Preexisting Conditions: Obesity  
Allergies: Amoxicillin, Penicillin, Sulfa drugs  
Diagnostic Lab Data: ST elevations, troponin leak  
CDC Split Type:  
Write-up: Chest pain, shortness of breath.

VAERS ID: 1450925 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-07-01  
Onset: 2021-07-03  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0180 / UNK - / -		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0167 / UNK - / -		

Administered by: Private Purchased by: ?  
Symptoms: Echocardiogram normal, Myocarditis, Pain, Troponin  
increased  
SMQs:, Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: NA  
Current Illness: NA  
Preexisting Conditions: NA  
Allergies: NA  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient developed myocarditis with peak troponin of 6.4,  
normal echo. He required hospitalization for evaluation and  
management of pain.

VAERS ID: 1454794 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Arizona

Vaccinated: 2021-05-07  
Onset: 2021-05-14  
    Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-07-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Anaemia, Hormone level abnormal, Menstruation irregular  
SMQs:, Haematopoietic erythropenia (broad), Fertility disorders  
(broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: UNKNOWN  
Current Illness: UNKNOWN  
Preexisting Conditions: ASTHMA  
Allergies: AMOXICILLIN, GLUTEN  
Diagnostic Lab Data: UNKNOWN  
CDC Split Type:  
Write-up: Patients Mom states that after completing the COVID-19  
series she has had a very irregular menstrual cycle, irregular

hormone levels, and anemia. The patient has been hospitalized due to these issues

VAERS ID: 1460379 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-06-29  
Onset: 2021-07-07  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-07-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0183 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Computerised tomogram head normal, Drug screen negative, Electroencephalogram abnormal, Intensive care, Laboratory test normal, Loss of consciousness, Magnetic resonance imaging head normal, Postictal state, Seizure

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: Fractured right wrist on May 18, 2016

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: MRI, CT and EEG. Also labs such as drug screens. Everything negative except EEG which showed increase activity in right midtemporal lobe

CDC Split Type:

Write-up: Late in the evening on July 7 patient began having multiple seizures. EMTs were called and patient was transferred to local hospital while seizing. Patient stabilized in ER with injections. But since patient was unconscious (postIctal) he was

transferred to ICU until stabilized on oral medication. Patient in hospital for 36 hours.

VAERS ID: 1462057 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Missouri

Vaccinated: 2021-04-05  
Onset: 2021-04-05  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-10  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 1 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Drug screen, Full blood count, Magnetic resonance imaging head, Metabolic function test, New daily persistent headache, Venogram  
SMQs:, Drug abuse and dependence (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Gabapentin, acetaminophen  
Current Illness: Chronic regional pain syndrome  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Includes head MRV, brain MRI, drug screen, CBC, metabolic panel  
CDC Split Type:  
Write-up: New Daily Persistent Headache (G44.52)

VAERS ID: 1464345 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-06-18  
Onset: 2021-07-09  
Days after vaccination: 21  
Submitted: 0000-00-00  
Entered: 2021-07-12  
Vaccination / Manufacturer Lot / Dose Site / Route



COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0202 / 2 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Electrocardiogram,  
Electrocardiogram ST segment elevation, Immunoglobulin therapy,  
Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Focalin, Clonidine, Melatonin, Albuterol  
Current Illness: none  
Preexisting Conditions: pectus excavatum  
Allergies: Erythromycin, Prednisone  
Diagnostic Lab Data: 7/9-7/13: EKG, ECHO, Troponin, myocarditis  
workup  
CDC Split Type:  
Write-up: myocarditis with noted chest pain, diffuse ST elevation,  
and troponin \$g50. Received IVIG and IV steroids

VAERS ID: 1466009 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: California

Vaccinated: 2021-04-03  
Onset: 2021-04-30  
Days after vaccination: 27  
Submitted: 0000-00-00  
Entered: 2021-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EN6207 / 1 LA / SYR		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8734 / 1 LA / SYR		

Administered by: Other Purchased by: ?  
Symptoms: Autopsy, Death  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-04-30

Days after onset: 0  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 8 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: He had no previous symptoms. I was with him one hour before and my assistant saw him 20 minutes prior and he did not show any irregularities.  
CDC Split Type:  
Write-up: My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life.

VAERS ID: 1474796 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-04-24  
Onset: 2021-05-08  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0172 / 1	AR / SYR	

Administered by: Other Purchased by: ?  
Symptoms: Arthralgia, Blood test abnormal, Condition aggravated, Pain in extremity, Rash, Systemic lupus erythematosus  
SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: No  
Current Illness: No  
Preexisting Conditions: No  
Allergies: No  
Diagnostic Lab Data: They did a lot of the tests that I am unsure of but they Are process with the results.  
CDC Split Type:  
Write-up: After about 1 week after taking her first vaccine, she started to have rashes on her legs along with her feet swelling and hurting. And after her second vaccine which was given on May 15 (Lot # EW0168) her whole body had rashes and her feet pain got worse. Her joints (knee and elbow) started to hurt her too. I took her to her pediatrician and her doctor thought it was an allergy but the allergy medicine didn't work so we did blood extraction and they said to take her to hospital immediately. After staying for 5 days, the doctors were suspicious with the diagnosis Lupus so they prescribed her Hydroxychloroquine 200 Mg Tablet, Phytonadione 5 MG Tablet, and PresniSONE 10 MG Tablet. Now she is sick at home and taking the medication. She has never been sick or diagnosed with anything before the vaccination. I told the hospital my concerns and everything should be there too.

VAERS ID: 1475190 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: California

Vaccinated: 2021-07-14  
Onset: 2021-07-14  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 1 LA / IM

Administered by: Public Purchased by: ?  
Symptoms: Adverse reaction, Asthenia, Chest pain, Seizure, Urticaria  
SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Systemic lupus erythematosus (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None disclosed by patient during pre-vaccination assessment.  
Current Illness: None disclosed by patient during pre-vaccination assessment.  
Preexisting Conditions: Patient vocalized history of anxiety but also vocalized OK to receiving Pfizer COVID-19 vaccine.  
Allergies: None disclosed by patient during pre-vaccination assessment.  
Diagnostic Lab Data: None at field site.  
CDC Split Type:  
Write-up: Major reaction. Field vaccination by Strike Teams of Department of Public Health. At ~13:01, patient vaccinated with Pfizer COVID-19 vaccine. Within a few minutes of vaccination with Pfizer COVID-19 vaccine, patient showed urticaria + generalized chest pain (6/10) + postural weakness + convulsions. Field RN assessed an immediate, severe clinical deterioration. Epinephrine 0.3mg given by auto-injector to same left arm. Field RN summoned EMS. Field LVN provided postural support and second-eye VS measurement. EMS arrived at ~13:22. Taken by EMS to ED. VS: BP 90/40; HR 70; Pain 6/10 general chest. ? BP 110/60; HR 90. S/S: Physical weakness; ALOC. ? AOX4 upon EMS arrival. Current disposition unknown at time of this report. Department to attempt contact with family or admitting facility.

VAERS ID: 1475434 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-07-07  
Onset: 2021-07-13  
Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-07-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Death  
SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-07-13  
Days after onset: 0  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: unknown  
Current Illness: unknown  
Preexisting Conditions: enlarged heart  
Allergies: unknown  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: The patient died 6 days after receiving dose #2

VAERS ID: 1478862 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-09  
Onset: 2021-07-12  
Days after vaccination: 33  
Submitted: 0000-00-00  
Entered: 2021-07-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 UN / IM

Administered by: School Purchased by: ?

Symptoms: Alanine aminotransferase normal, Arrhythmia, Arteriogram coronary normal, Aspartate aminotransferase increased, Bilirubin conjugated increased, Blood bilirubin increased, Brain natriuretic peptide normal, C-reactive protein increased, Chest X-ray normal, Coxsackie virus test, Cytomegalovirus test negative, Drug screen positive, Echocardiogram normal, Ejection fraction normal, Electrocardiogram ST segment elevation, Enterovirus test negative, Epstein-Barr virus antibody positive, Fibrin D dimer normal, HIV antibody negative, HIV antigen negative, Intensive care, Myocarditis, Parvovirus B19 test positive, Respiratory viral panel, SARS-CoV-2 test negative, Substance use, Troponin increased, Ventricular tachycardia

SMQs:, Torsade de pointes/QT prolongation (narrow), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (broad), Myocardial infarction (narrow), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Drug abuse and dependence (broad), Biliary system related investigations, signs and symptoms (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: ibuprofen, daily multivitamin  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 7/13: CRP 6.68 (nl 0.46–2.42), troponin 16.859 (nl <0.021), BNP normal, D-Dimer normal. SARS-CoV-2 PCR negative. Respiratory pathogen PCR panel negative. CXR negative. CT heart coronary angiogram normal. EKG: ST elevation in the inferolateral leads, consider pericarditis or myocardial injury; ECHO: Low normal left ventricular systolic function. LVEF measures 54.1% by bullet method. 7/14: Troponin 21.607, 49.733, 37.250. Urine drug screen positive for marijuana. ECHO normal. Plasma enterovirus PCR negative. Parvovirus and EBV serology consistent with past infection. CMV serology negative. HIV Ag/Ab negative. Coxsackie B viruses antibodies pending. 7/15: Troponin 18.964, AST 61, ALT 26, Total bilirubin 1.1, Direct bilirubin 0.5. 7/16 Troponin 2.707.  
CDC Split Type:

Write-up: Myocarditis with onset 7/12, worse on 7/13 and admitted to hospital to Cardiology service. Had non-sustained ventricular tachycardia and was transferred to the cardiac ICU on 7/14 morning and placed on a lidocaine drip. He had no further arrhythmia, and lidocaine was stopped and transferred out of CICU on 7/15.

VAERS ID: 1479431 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-07-13  
Onset: 2021-07-15  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood test, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Enzyme level increased, Headache, Inflammation, Myocarditis, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: 7/16/21 troponin levels elevated at 27, EKG and  
electrocardiogram normal  
CDC Split Type:  
Write-up: Headache, chest pains, difficulty breathing. Went to ER,  
had EKG, echocardiogram and blood work. Tested troponin levels bc of  
recent covid vaccine. Then diagnosed with mild myocarditis Bc  
troponin levels were elevated to 27. Admitted to hospital and  
testing enzyme levels until they start heading down. Given Motrin to  
help with inflammation and chest pain

VAERS ID: 1479616 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-07-12  
Onset: 2021-07-15  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-07-16

Vaccin-ation / Manu-facturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK AR / IM

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain, Computerised tomogram abdomen abnormal,  
Haemoglobin decreased, Intensive care, Platelet count decreased,  
Syncope, Thrombocytopenia

SMQs:, Torsade de pointes/QT prolongation (broad), Acute  
pancreatitis (broad), Haematopoietic erythropenia (broad),  
Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory  
terms (broad), Systemic lupus erythematosus (broad), Arrhythmia  
related investigations, signs and symptoms (broad), Retroperitoneal  
fibrosis (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-  
hyporesponsive episode (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Iron supplementation  
Current Illness: none known  
Preexisting Conditions: iron deficiency anemia, dysfunctional  
uterine bleeding  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient presented after syncopal episode and abdominal  
pain, was found to have profound thrombocytopenia. CT abdomen was  
done which was concerning for ruptured ovarian cyst. Hgb dropped to  
5.8, plts at time of report were 13. Patient transferred to the ICU  
for further management

VAERS ID: 1482814 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-05-02  
Onset: 2021-05-02  
    Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 RA / OT  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Concussion, Confusional state, Fatigue, Inappropriate  
schedule of product administration, Migraine, Pain, Pyrexia,  
Vomiting  
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome  
(broad), Anticholinergic syndrome (broad), Dementia (broad),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Accidents and  
injuries (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (narrow), Medication errors (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? Yes  
Office Visit? No



ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: METHYLPHENIDATE; ZYRTEC [CETIRIZINE  
HYDROCHLORIDE]  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions: ADHD;  
Allergy  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: USPFIZER INC2021564134  
Write-up: Start Date/Time: [Pfizer] 02May2021 01:00 PM/ Start Date/  
Time: [Pfizer] 18Apr2021 01:45 PM; Fever; Vomiting; Mild confusion;  
Extreme exhaustion; Body aches; Second dose brought back all  
concussion symptoms; Migraine; This is a spontaneous report from a  
contactable consumer or other non hcp (patient). A 16-year-old male  
patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE,  
solution for injection), via intramuscular, administered in right  
arm on 02May2021 13:00 (Age at Time of Vaccination: 16 years)  
(Batch/Lot number was not reported) as dose 2, single, the patient  
previously took first dose of bnt162b2 via intramuscular,  
administered in right arm on 11Apr2021 01:00 pm for covid-19  
immunization. The patient medical history included attention deficit  
hyperactivity disorder (ADHD) and hypersensitivity. The patient  
concomitant medications included methylphenidate taken for attention  
deficit hyperactivity disorder, cetirizine hydrochloride (ZYRTEC)  
taken for hypersensitivity from Jan2021 and ongoing. The patient did  
not receive any other vaccines within 4 weeks prior to the COVID  
vaccine. The patient did not test COVID-19 positive prior to  
vaccination. The patient had not been tested for COVID-19 since the  
vaccination. The patient received first dose on 18apr2021 and second  
dose on 02may2021 which led to (inappropriate schedule of product  
administration). The patient said Second dose brought back all  
concussion symptoms. Migraine, mild confusion, extreme exhaustion on  
02May2021, 8:30 PM, vomiting at 9:30 PM. Body aches and fever on  
03May2021, 8:00 PM and lasted for 7 days. The event migraine was  
reported as serious (disability). The patient received treatment for  
fever with Motrin. The outcome of the event inappropriate schedule  
of product administration was unknown and other events were resolved  
on an unspecified date on 2021. No follow-up attempts are possible;  
information about lot/batch number cannot be obtained.

VAERS ID: 1483739 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-07-14  
Onset: 2021-07-15  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Echocardiogram,  
Electrocardiogram, Laboratory test, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: labs drawn (Troponin and CRP elevated), EKG  
completed, ECHO completed  
CDC Split Type:  
Write-up: Chest pain for 2 days came to ER,

VAERS ID: 1484489 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-07  
Onset: 2021-06-07  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 1 UN / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Overdose  
SMQs:, Drug abuse and dependence (broad), Medication errors (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 31 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient hospitalized for aspirin overdose within 6 weeks  
of receiving COVID vaccination.

VAERS ID: 1484667 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-06-09  
Onset: 2021-07-18  
Days after vaccination: 39  
Submitted: 0000-00-00  
Entered: 2021-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0168 / 1 UN / IM		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0171 / 2 UN / IM		

Administered by: Public Purchased by: ?  
Symptoms: Brain natriuretic peptide increased, Echocardiogram  
abnormal, Ejection fraction normal, Electrocardiogram ST segment  
elevation, Myocarditis, Systolic dysfunction, Troponin increased  
SMQs:, Cardiac failure (broad), Myocardial infarction (narrow),  
Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: N/A  
Current Illness: N/A  
Preexisting Conditions: N/A  
Allergies: N/A

Diagnostic Lab Data: Troponins: 24.86 (7/18 13:00), 33.07 (7/18 @  
20:31), 21.34 (7/19 @ 04:35) B-NP: 178 (7/19 @ 05:55) ECHO: systolic  
dysfunction, LF ejection fraction 56% (7/18 @ 14:22) EKG: ST  
elevation (7/18 @ 10:25)

CDC Split Type:

Write-up: Myocarditis starting 7/18/21. Treated with oral colchicine and IV ketorolac (NSAIDs). Today is day 2 of hospitalization and patient's troponins are improving.

VAERS ID: 1490427 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Michigan

Vaccinated: 2021-07-17

Onset: 2021-07-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 UN / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, Decreased appetite, Echocardiogram normal, Electrocardiogram normal, Fibrin D dimer normal, Full blood count normal, Hypertension, Metabolic function test, Pyrexia, Tachycardia, Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypertension (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: 7/20 EKG-normal, echocardiogram-normal.

troponin 0.16, CBC-normal, dDimer-normal, BMP-normal 7/21 troponin-0.18 and 0.13

CDC Split Type:

Write-up: Patient developed fever day of vaccine. One day later developed chest pain and decreased appetite which prompted seeking medical care. In ED, found to have tachycardia, orthostatic changes (was hypertensive) and elevated troponin level

VAERS ID: 1491224 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-06-09  
Onset: 2021-07-01  
Days after vaccination: 22  
Submitted: 0000-00-00  
Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 RA / SYR

Administered by: Other Purchased by: ?

Symptoms: Chest pain, Directional Doppler flow tests normal,  
Echocardiogram normal, Electrocardiogram ST segment elevation,  
Electrocardiogram ST-T segment abnormal, Electrocardiogram T wave  
inversion, Troponin I increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Other ischaemic heart disease (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: NKDA

Diagnostic Lab Data: 7/1/21 (echo): mom reports echo was normal -  
report and study not available to confirm 7/1/21 (ECG): ST segment  
elevation in the inferolateral leads. This was reported as normal  
but appears different than his other EKGs. There were upright T-  
waves in V5 and V6 7/3/21 (ECG): ST segment elevation has normalized  
but the T-waves have flipped and are inverted in V5 and V6  
consistent with LV strain 7/21/21 (ECG): Continued abnormalities in  
T-wave morphology in V5 and V6 with inverted T-waves. LV strain,  
abnormal EKG. 7/21/21 (echo): Normal cardiac anatomy and structural  
relationships. No obvious intracardiac shunting identified. Right  
ventricular systolic pressure is estimated 19 mmHg plus mean right  
atrial pressure. Normal biventricular size with normal systolic  
function. No evidence of coronary aneurysm or ectasia identified.  
Normal abdominal aorta Doppler flow pattern. No pericardial  
effusion.

CDC Split Type:

Write-up: Severe chest pain 3 weeks, 1 day after 2nd COVID-19 vaccine. 911 called and patient needed Fentanyl, morphine and Toradol for pain. ECG w ST segment elevation in inferolateral leads and troponin-I 12,726 ng/L (normal < 45 ng/L). Patient admitted to cardiac telemetry floor. Ibuprofen given and troponin-I trended down to 3,600 upon D/C 7/4/21 repeat troponin-I sent today 7/21/21.

VAERS ID: 1498157 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-07-19  
Onset: 2021-07-20

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac telemetry, Chest pain, Echocardiogram normal, Ejection fraction normal, Electrocardiogram abnormal, Myocarditis, Pericarditis, Troponin increased

SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: 16 year old previously healthy male presented with chest pain consistent with cardiac chest pain that developed 24 hours after the initial vaccination. On presentation, EKG with findings consistent with myocarditis vs pericarditis. Troponin peak was approximately 5.2 on 7/22 and subsequently downtrended.

Echocardiogram obtained which showed normal EF, no pericardial

effusion, and no wall motion abnormalities. He was observed on cardiac telemetry with serial EKGs and troponins and was cleared for discharge by cardiology and infectious disease. Symptoms were treated conservatively--NSAIDs PRN. He is currently in the recovery phase from the myocarditis and will follow outpatient with cardiology.

VAERS ID: 1500622 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Nevada

Vaccinated: 2021-05-20  
Onset: 2021-07-06  
Days after vaccination: 47  
Submitted: 0000-00-00  
Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 2 LA / -

Administered by: Unknown Purchased by: ?

Symptoms: Cerebral haemorrhage, Cerebral thrombosis, Cerebrovascular accident, SARS-CoV-2 test

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: TYLENOL

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: ADHD

Allergies:

Diagnostic Lab Data: Test Date: 20210706; Test Name: Nasal Swab for COVID-19; Test Result: Negative

CDC Split Type: USPFIZER INC2021868587

Write-up: Clot and bleed in brain causing stroke; Clot and bleed in brain causing stroke; Clot and bleed in brain causing stroke; This is a spontaneous report from a contactable consumer (patient's parent). A 16-year-old male patient received BNT162B2 (Lot Number: EW0186), dose 2 via an unspecified route of administration, administered in arm left on 20May2021 11:30 as single dose for covid-19 immunisation. Medical history included attention deficit

hyperactivity disorder (ADHD). No known allergies. Concomitant medication included paracetamol (TYLENOL). The patient previously received first dose of BNT162B2 (lot number: ER8735) in left arm on 29Apr2021 17:15 for covid-19 immunisation. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient experienced clot and bleed in brain causing stroke on 06Jul2021 17:00. The events were reported as serious due to hospitalization. Events resulted in: doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization. Treatment received for the adverse events: Current hospitalization in PICU, rehabilitation, and pending further follow up actions. Prior to vaccination, was the patient diagnosed with COVID-19. The patient underwent lab tests and procedures which included nasal swab for Covid-19: negative on 06Jul2021. The outcome of events was recovering.

VAERS ID: 1500990 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: New York

Vaccinated: 2021-04-27

Onset: 2021-04-30

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0170 / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Amylase increased, Anti-transglutaminase antibody negative, Blood immunoglobulin A normal, Blood magnesium normal, Blood phosphorus normal, Blood thyroid stimulating hormone normal, C-reactive protein normal, Clostridium test negative, Croup infectious, Culture urine negative, Diarrhoea, Electrocardiogram normal, Faecal calprotectin increased, Full blood count normal, Giardia test negative, Helicobacter test negative, Lipase increased, Metabolic function test, Metabolic function test normal, Postural orthostatic tachycardia syndrome, Prealbumin, Red blood cell sedimentation rate normal, SARS-CoV-2 test negative, Serum ferritin normal, Thyroxine free normal, Urine analysis normal, Viral test negative, Vomiting, Weight decreased

SMQs: Acute pancreatitis (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes



Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Yaz, Claritin  
Current Illness: none  
Preexisting Conditions: acne vulgaris, menorrhagia, dysmenorrhea.  
remote history of cyclic vomiting-- no issues in 3 years.  
Allergies: NKDA/ none.  
Diagnostic Lab Data: 5/24/2021 - normal CBC, ESR, CMP, TTG, IgA,  
TSH, FT4, Ferritin. Slight elevation in amylase . 6/6/2021 - normal  
EKG, prealbumin, magnesium, phosphorous, CRP, ESR, BMP, CBC, COVID  
test, UA/ UCx. Slight elevation in amylase and lipase. 6/8/2021 -  
stool studies neg for C Diff, H Pylori, giardia, Entamoeba  
histolytica and cryptosporidium. Slight elevation in fecal  
calprotectin (77 - upper limit normal 49)

CDC Split Type:

Write-up: Developed Postural Tachycardia Syndrome (POTS) with  
vomiting and diarrhea, 20 lb weight loss. She was evaluated by pedi  
GI, who made the diagnosis based on labs, EKG, vital signs, and  
clinical presentation. Symptoms started 3 days after the 2nd Pfizer  
COVID vaccination was administered. She was treated with supportive  
care (fluids, salt, compression stockings), omeprazole 20 mg BID,  
cyproheptadine 2 mg BID. She received a single dose of decadron (for  
croup on June 25,2021). Her symptoms have improved though they have  
not fully resolved. she continues on omeprazole and cyproheptadine.

VAERS ID: 1502022 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-07-21

Onset: 2021-07-23

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0181 / 2 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Myocarditis, Troponin

SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Aripiprazole, Vyvanse, Clonidine, Lamotrigine  
Current Illness:  
Preexisting Conditions: ADHD, Bipolar  
Allergies:  
Diagnostic Lab Data: Troponin 2.96 (7/26), 2.71 (7/25)  
CDC Split Type:  
Write-up: Myocarditis- on ibuprofen, 2 days post admission

VAERS ID: 1505485 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-07-23  
Onset: 2021-07-25  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH  
FA6780 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Alanine aminotransferase normal, Aspartate aminotransferase normal, Chest discomfort, Chest pain, Diarrhoea, Dizziness, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Fibrin D dimer normal, Full blood count normal, Glomerular filtration rate normal, Hyperhidrosis, Injection site pain, Intensive care, Malaise, Red blood cell sedimentation rate increased, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Doxycycline (chronic, for acne) Ibuprofen 600 mg taken X 2 for pain on presentation

Current Illness: None

Preexisting Conditions: Asthma (mild, PRN medications only, no admits or ER visits) Acne

Allergies: None.

Diagnostic Lab Data: Initial troponin (day 2): 0.01; Repeat troponin (day 3): 0.61; Repeat troponin after admission, ibuprofen (day 4): 0.29 CBC normal. ESR 13. D-dimer < 150. AST/ALT normal. GFR normal. EKG: ST-elevation in leads I, II, V5 ECHO: normal

CDC Split Type:

Write-up: Developed shortness of breath with chest tightness 2 days after vaccination, accompanied by injection site pain, loose stools, and malaise. Chest tightness progressed over 1 day to become chest pain with diaphoresis, dizziness, and continued dyspnea. Patient evaluated twice at Pediatric ED; 1st time (2 days after vaccination): EKG and troponin were normal, discharged home on ibuprofen. 2nd time (3 days after vaccination): elevated troponin and ST-elevation on EKG; admitted to Pediatric ICU.

VAERS ID: 1510203 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: California

Vaccinated: 2021-05-19

Onset: 2021-06-02

Days after vaccination: 14

Submitted: 0000-00-00

Entered: 2021-07-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0179 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Granulomatosis with polyangiitis, Headache, Nasal congestion

SMQs: Interstitial lung disease (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: developed nasal congestion and headaches that persisted over 1 month, initially treated as sinusitis but eventually diagnosed with granulomatosis with polyangitis

VAERS ID: 1513075 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Michigan

Vaccinated: 2021-07-26

Onset: 2021-07-29

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-29

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FA6780 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Basophil count decreased, Chest X-ray normal, Chest discomfort, Chest pain, Differential white blood cell count, Dyspnoea, Electrocardiogram ST segment elevation, Eosinophil count decreased, Fatigue, Full blood count, Haematocrit normal, Haemoglobin normal, Lymphocyte count, Mean cell haemoglobin concentration increased, Mean cell volume normal, Monocyte count decreased, Myalgia, Neutrophil count, Oropharyngeal pain, Pain, Pain in jaw, Painful respiration, Platelet count normal, Red blood cell count normal, Red cell distribution width normal, Troponin I increased, White blood cell count normal

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haematopoietic leukopenia (narrow), Myocardial infarction (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Osteonecrosis (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies: NKMA

Diagnostic Lab Data: Labs Reviewed POCT TROPONIN – Abnormal Result Value Troponin I POCT 7.14 (\*) CBC AND DIFFERENTIAL COMPLETE BLOOD COUNT COMPONENT White Blood Cell Count 6.3 RBC Count 4.92 Hemoglobin 14.3 Hematocrit 41.8 MCV 85 MCHC 34.3 Platelet Count 180 RDW 12.9 AUTO 5 PART DIFF Neutrophils Absolute 3.5 Lymphocytes Absolute 1.8 Monocytes Absolute 0.8 Eosinophils Absolute 0.3 Basophil Absolute 0.0

CDC Split Type:

Write-up: Patient is a 16-year-old boy with no significant past medical history presents to the emergency department with concerns for chest pain and shortness of breath. Patient had his second dose of the Pfizer Covid vaccine 3 days ago. Initially after the dose he did experience some myalgias, fatigue, and a sore throat. The symptoms lasted overnight and into the following day. They then remitted. Yesterday, patient was feeling well in the morning, however, in the evening he began to experience significant shortness of breath. This shortness of breath along with some anterior throat and upper chest discomfort with deep respirations. He denied any associated nausea, vomiting, or sweating. With these symptoms he went to hospital. There he was evaluated and a chest x-ray was performed. Patient's chest x-ray did not show any concerning findings. Patient was discharged in stable condition with albuterol and encouraged to follow-up with his primary care physician. Today, patient's shortness of breath and chest pain returned. He states that it is in the center of her chest with occasional radiation to his jaw. He denies any associated nausea, vomiting, or diaphoresis. His pain was initially severe in route to the emergency department, however, it has lessened and is now 4 out of 10 in severity. Patient otherwise denies any other fevers, lightheadedness, change in vision, abdominal pain, constipation, diarrhea, or dysuria. Medical Decision Making: Pt presented for chest pain. EKG was given to me shortly after obtaining it. This showed ST elevation inferiorly and laterally with possible reciprocal change in I, aVL & V1. Troponin was markedly elevated. I discussed case with our interventional cardiologist initially who wanted to take pt to the cath lab. However, pt is a minor and he noted that he couldn't cath a minor. This decision was made after the patient was already in the cath lab. Therefore, I contacted Hospital and discussed this case with the on call cardiologist. He recommended pt be transferred to the ED where they will evaluate him and possibly do an echo of his heart. I discussed this with the ED physician at hospital who agreed to see pt. He was then transferred via ambulance for further care.

VAERS ID: 1513907 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Indiana  
  
Vaccinated: 2021-04-07  
Onset: 2021-04-19  
Days after vaccination: 12  
Submitted: 0000-00-00  
Entered: 2021-07-29

Vaccination / Manufacturer            Lot / Dose            Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 1            RA / SYR

Administered by: Pharmacy            Purchased by: ?

Symptoms: Blood test, Eye inflammation, Laboratory test normal,  
Macular fibrosis, SARS-CoV-2 antibody test positive, Surgery, Vision  
blurred, Vomiting

SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Glaucoma (broad), Lens disorders (broad), Corneal  
disorders (broad), Retinal disorders (narrow), Hypoglycaemia  
(broad), Infective pneumonia (broad), Opportunistic infections  
(broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Concerta 72mg 1xdaily

Current Illness: no

Preexisting Conditions: no

Allergies: none

Diagnostic Lab Data: 4/23/21 - We went to hospital where a ton of  
lab work was run. Everything came back normal except the covid  
antibody test which we expected since he had just had the vaccine.  
5/6/21 - First appointment with Dr. They did dye injection which  
showed normal blood flow 7/20/21 - Second opinion with Dr. Also did  
dye injection which caused son to vomit and almost pass out. Ordered  
additional blood work and started on steroid pack. See Dr again on  
8/24 to see if any improvement from steroid pack. Expect surgery to  
be scheduled in next couple weeks after that appointment to remove  
the scar tissue.

CDC Split Type:

Write-up: 10 days after receiving the first shot my son noticed  
blurred, wavy vision in his Right eye. We took him to the eye doctor  
the next day where his vision was 20/60 in that eye and they found a  
spot on the back of his retina. We were referred to a Retina  
Specialist. We saw Dr. two times where they determined he had had  
inflammation in the back of his eye and scar tissue was now in the  
place where the inflammation had been. We were told surgery would be  
needed to remove scar tissue and hopefully correct his vision a few  
lines. We decided to get a second opinion since we still didn't  
have any answers regarding what caused this to happen, if it was  
going to get worse and if he could possibly get it in his other eye.  
We just saw another Dr. where he confirmed that surgery was  
necessary to try to repair damage. His vision at this appointment  
was 20/100. They do believe it is stable but has fluctuated between  
20/60 and 20/100. Dr. mentioned that he has another patient about  
the same age who had the same thing happen at about the same time as

our son's eye condition began. I have since also found several cases around the world with similar experiences.

VAERS ID: 1515018 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-05  
Onset: 2021-06-19  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-07-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 1 - / -

Administered by: School Purchased by: ?  
Symptoms: Chest pain, Dyspnoea, Hypertension, Lymphadenopathy, Pericarditis  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hypertension (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 8 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: Geodon 40mg.  
Current Illness:  
Preexisting Conditions: Autism, Kidneys are echogenic.  
Allergies: None.

Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pains, hard at breathing, high blood pressure, swollen lymph nodes, swollen sinus glands, pericarditis.

VAERS ID: 1515399 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-07-26  
Onset: 2021-07-28  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Ejection fraction  
normal, Electrocardiogram abnormal, Myocarditis, Troponin increased  
SMQs:, Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies: sulfa drugs  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Presented with left-sided chest pain 2 days after second  
dose of vaccine. Remained afebrile. Elevated troponin levels and EKG  
suggest myopericarditis. Echo showed normal ejection fraction.  
Received Toradol and aspirin at outside hospital, and then received  
ibuprofen at ED. He is now stable and under close cardiac  
monitoring.

VAERS ID: 1515678 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Maryland

Vaccinated: 2021-05-10  
Onset: 2021-05-27  
Days after vaccination: 17  
Submitted: 0000-00-00  
Entered: 2021-07-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH



EW0179 / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Blood fibrinogen normal, Coagulation test normal, Epistaxis, Fibrin D dimer normal, Full blood count abnormal, Haemoglobin normal, Immune thrombocytopenia, Immunoglobulin therapy, Normocytic anaemia, Petechiae, Platelet count decreased, Rash  
SMQs: Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Chronic kidney disease (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: none

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient developed a petechial rash on left arm after the first PfizerCOVID-19 vaccination which disappear quickly. She then developed a petechial rash to her arms and chest after 2nd dose of the vaccination. Approximately 2 weeks later developed spontaneous epistaxis x2. One lasting 3 hours and the latter 30 minutes. Labs were significant for a platelet count of 7K at PCP. Repeat 4K Hospital. Immature platelet fraction grossly elevated at 49%. Remainder of CBC only notable for mild normocytic anemia Hb 11.7. Coags without concerns, D-dimer normal, and Fibrinogen normal. Treated with IVIG and steroids 5/28/2021. Required additional dose of IVIG and steroids 7/2021. Continuing to monitor and treat ITP.

VAERS ID: 1516542 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Delaware

Vaccinated: 2021-05-26

Onset: 2021-06-12

Days after vaccination: 17

Submitted: 0000-00-00

Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW1709 / 2 LA / -

Administered by: Private Purchased by: ?

Symptoms: Blood test, Computerised tomogram, Electroencephalogram,  
Epilepsy, Generalised tonic-clonic seizure, Magnetic resonance  
imaging, Seizure, Urine analysis

SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Generalised  
convulsive seizures following immunisation (narrow), Hypoglycaemia  
(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Birth control

Current Illness: None known

Preexisting Conditions: Spinal stenosis , migraines, tinnitus

Allergies: None known

Diagnostic Lab Data: MRI, cat scan, EEG, blood work , urinalysis,  
physical exams, medical team consultations

CDC Split Type:

Write-up: Two weeks approximately after last Covid shot on May 26,  
2021 PT began to experience small undefined seizures which resulted  
in a tonic clonic seizure beginning on July 16, 2021 resulting in  
hospitalization a return to inpatient hospitalization again the next  
week with continued seizures uncontrolled through medication. To  
hospital stays for now defined Epilepsy was not present prior Covid  
shots.

VAERS ID: 1518395 (history)

Form: Version 2.0

Age: 16.0

Sex: Female

Location: Pennsylvania

Vaccinated: 2021-07-28

Onset: 2021-07-29

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-31

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific

symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: troponin 20.5

CDC Split Type:

Write-up: myocarditis, chest pain, elevated troponin

VAERS ID: 1519054 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 2021-07-22

Onset: 2021-07-24

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-08-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Hepatomegaly, Hydrocholecystis, Imaging procedure abnormal, Pain, Pleural effusion, Pyrexia

SMQs: Liver related investigations, signs and symptoms (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Gallbladder related disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness:  
Preexisting Conditions: Pectus Excavatum had Nuss procedure done about 1 month ago.  
Allergies: None  
Diagnostic Lab Data: pleural effusion found on imaging, hepatomegaly, hydrops gallbladder concerning for an inflammatory process  
CDC Split Type:  
Write-up: Had high fever, chest pain, body aches

VAERS ID: 1520184 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Oregon

Vaccinated: 2021-06-21  
Onset: 2021-06-23  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-08-02

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Basilar artery thrombosis, Intensive care, Ischaemic stroke, Mental status changes, Nausea  
SMQs: Acute pancreatitis (broad), Ischaemic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No

Previous Vaccinations:  
Other Medications: 100 mg sertraline daily sumatriptan abortive agent no herbal or dietary supplements  
Current Illness: None  
Preexisting Conditions: Dx of depression currently under control

taking sertraline Dx of migraine takes sumatriptan abortive agent

Allergies: none

Diagnostic Lab Data: Admission to Pediatric ICU

CDC Split Type:

Write-up: Pt presented with nausea and altered mental status, imaging confirmed a R pons ischemic stroke, later found to be due to basilar artery thrombosis

VAERS ID: 1522738 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Unknown

Vaccinated: 2021-05-18

Onset: 2021-05-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-08-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / UNK UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: Hallucination, Suicidal ideation

SMQs: Suicide/self-injury (narrow), Anticholinergic syndrome

(broad), Dementia (broad), Psychosis and psychotic disorders

(narrow), Noninfectious encephalitis (broad), Noninfectious

encephalopathy/delirium (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to the ED and was subsequently hospitalized for suicidal ideation and hallucinations within 6 weeks of receiving COVID vaccination.

VAERS ID: 1523369 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 2021-07-03  
Onset: 2021-07-06  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-08-03  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0186 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Electrocardiogram, Laboratory  
test, Magnetic resonance imaging, Myocarditis  
SMQs: Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Lab work, EKG, Echo. MRI.  
CDC Split Type:  
Write-up: Pfizer COVID 19 vaccine 2nd dose given on 07/03/21. On  
07/06/21 patient complained of chest pain to his mother. The patient  
was taken to pediatrician. Examination was normal. 07/13/21  
patient's chest pain worsen. Patient's mother took patient to  
emergency room. Patient admitted on 07/13/21 to Hospital. Found to  
have myocarditis. Patient released from hospital on 07/17/21.

VAERS ID: 1525719 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-05-13  
Onset: 2021-08-02  
Days after vaccination: 81  
Submitted: 0000-00-00  
Entered: 2021-08-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?

Symptoms: Amnesia, Asthenia, Blood glucose normal, C-reactive protein normal, Computerised tomogram head normal, Dizziness, Fall, Fatigue, Full blood count normal, Gait disturbance, Gait inability, Head injury, Human chorionic gonadotropin negative, Limb discomfort, Magnetic resonance imaging spinal normal, Magnetic resonance imaging thoracic normal, Metabolic function test normal, Red blood cell sedimentation rate normal, SARS-CoV-2 test negative, Sensory loss, Syncope, Unresponsive to stimuli

SMQs: Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA, NKFA

Diagnostic Lab Data: BMP, CBC, B-HCG, BG, ESR/CRP, & COVID - all negative; CT brain - normal; Thoracic and Lumbar MRI - normal.

CDC Split Type:

Write-up: Syncopal episode (dizziness, lightheaded, and fainted) - fell backwards and hit her head on the floor, cannot remember what happened after that incident, took 5-25 minutes to become responsive again. Was unable to walk afterward and had to be carried to the hospital. Also decreased strength in bilateral upper and lower extremities, legs feel heavy, decreased sensation to legs, very slow gait, very tired

VAERS ID: 1528191 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Indiana

Vaccinated: 2021-04-07

Onset: 2021-04-18

Days after vaccination: 11

Submitted: 0000-00-00  
Entered: 2021-08-05  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 1 LA / -  
Administered by: Unknown Purchased by: ?  
Symptoms: COVID-19, Drug ineffective, Eye disorder, SARS-CoV-2 test positive, Vision blurred  
SMQs: Lack of efficacy/effect (narrow), Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Corneal disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: CONCERTA  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210423; Test Name: Blood test;  
Result Unstructured Data: Test Result:Positive  
CDC Split Type: USPFIZER INC202100929950  
Write-up: Covid test result=Positive; Covid test result=Positive;  
Vision in R eye became blurry and wavy 10 days after receiving 1st shot. Macular change was detected. Vision was 20/60 in R eye; Vision in R eye became blurry and wavy 10 days after receiving 1st shot. Macular change was detected. Vision was 20/60 in R eye; This is a spontaneous report from a contactable consumer (patient). A 16-years-old male patient received first dose of BNT162B2 (Pfizer-Biontech COVID-19 Vaccine, Solution for injection, Lot number: EW0153), via an unspecified route of administration, administered in left arm on 07Apr2021 at 12:00 (at the age of 16-years-old) as single dose for COVID-19 immunisation. The patient's medical history was not reported. Concomitant medications included methylphenidate hydrochloride (CONCERTA) received in two weeks. The patient had no known allergies. The patient did not receive other vaccine in four weeks. Prior to vaccination, the patient did not had COVID. On 18Apr2021 at 12:00, the patient experienced "vision in R eye became blurry and wavy 10 days after receiving 1st shot, macular change was detected, vision was 20/60 in R eye". The events vision blurred and eye disorder resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, disability or permanent damage. On 23Apr2021, the patient experienced COVID test result=positive. The patient received treatment for the events vision blurred and eye disorder, and surgery would be scheduled in next couple weeks. The outcome of the



event COVID-19 was unknown and for the rest of the events was not resolved.

VAERS ID: 1528683 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-07-12

Onset: 2021-07-14

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 1 RA / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FA6780 / 2 RA / IM

Administered by: Other Purchased by: ?

Symptoms: Cardiac stress test normal, Chest pain, Ejection fraction normal, Hyperaemia, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Myocardial fibrosis, Troponin SMQs:, Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ibuprofen, minocycline

Current Illness: none

Preexisting Conditions: none

Allergies: NKA

Diagnostic Lab Data: 7/28/2021:Troponin 0.460; 7/29/2021: CMRI:

IMPRESSION: 1. Normal right ventricular size, RVEDV = 92 cc/m2.

Normal right ventricular systolic function, RV EF = 54%. 2. Normal

left ventricular size, LVEDV = 84 cc/m2. Normal left ventricular

systolic function, LV EF = 58%, with no regional wall motion

abnormalities. 3. No evidence of high signal intensity on T2

weighted imaging to suggest edema, T1 early post-contrast imaging to

suggest hyperemia, or late gadolinium enhancement imaging to suggest

myocardial fibrosis. The patient does not meet CMR criteria for

myocarditis. 4. Normal origins of the left and right coronary

arteries, without evidence of dilation or aneurysm. 8/4/2021: stress

test, normal

CDC Split Type:

Write-up: chest pain starting 2 days after second dose

VAERS ID: 1531277 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Kentucky

Vaccinated: 2021-06-16  
Onset: 2021-07-05  
Days after vaccination: 19  
Submitted: 0000-00-00  
Entered: 2021-08-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / SYR

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain lower, Bacterial infection, C-reactive protein increased, Colitis ulcerative, Colonoscopy abnormal, Dehydration, Diarrhoea, Diarrhoea haemorrhagic, Flatulence, Infusion, Viral infection

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal ulceration (narrow), Gastrointestinal haemorrhage (narrow), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (narrow), Dehydration (narrow), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Colonoscopy (confirmed ulcerative colitis, very bad case of it, so suddenly). C-Reactive Protein blood test - 7-29-2021, 8-2-2021, 8-3-2021 and 8-5-2021. Values kept increasing. It's at 4.80 now.

CDC Split Type:

Write-up: Severe ulcerative colitis with pain in lower abdomen.. He's in the hospital at this time, for a week so far. Diarrhea, gas and pain in abdomen started about 3 weeks after 2nd covid vaccine

shot and become worse to the point where he was dehydrated and had to go to the emergency room for fluids. They assumed it was something common like a virus or bacterial infection but less than a week after the ER visit, he was admitted due to the bloody diarrhea and dehydration along with the fact that they didn't know what was wrong. Colonoscopy performed at the hospital confirmed it was ulcerative colitis and one of the worst cases the doctors have ever seen. They treated with steroids which didn't improve the situation. Now they've treated with REMICADE (given via IV) and they say it's not having the effect they want (not helping to improve his severe ulcerative colitis) so they will evaluate again today (8-6-2021) and try another infusion of REMICADE on 8-7-2021 if they don't see improvement today (8-6-2021).

VAERS ID: 1050566 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-01-21

Onset: 2021-01-21

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-02-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EJ6795 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Aponia, Body temperature, C-reactive protein, C-reactive protein increased, Dysponia, Dyspnoea, Face oedema, Myalgia, Nasal congestion, Pyrexia, Respiratory disorder, Rhinorrhoea, Vaccination site pain

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Uropathy (Malformative uropathy (Ochoa syndrome))

Preexisting Conditions: Medical History/Concurrent Conditions:  
Cardiac arrest; Digital necrosis; End stage renal failure (awaiting kidney transplant); Extracorporeal membrane oxygenation; Myocarditis; Osteitis (on necrotic lesions); Tachycardia ventricular (requiring removal of intracardiac stimulating areas); Toe amputation (in the aftermath); Viral myocarditis

Allergies:

Diagnostic Lab Data: Test Date: 20210123; Test Name: temperature; Result Unstructured Data: Test Result:39 Centigrade; Test Date: 20210123; Test Name: CRP; Result Unstructured Data: Test Result:204 mg/l; Comments: increased

CDC Split Type: FRPFIZER INC2021141159

Write-up: Respiration labored; facial edema; hoarse voice; voicelessness; respiratory discomfort; stuffy nose; Rhinorrhea; increased C-reactive protein/C-reactive protein = 204 mg / L; fever at 39 Celsius degrees; Myalgia; pain at the vaccination site; This is a spontaneous report from a contactable physician downloaded from the Regulatory Authority FR-AFSSAPS-PV20210150. A 16-year-old male patient receive first dose bnt162b2 (COMIRNATY, Solution for injection, lot number: EJ6795), intramuscular on 21Jan2021 at 0.3 mL, single for COVID-19 vaccination. Medical history included ventricular tachycardia from an unknown date and unknown if ongoing (requiring removal of intracardiac stimulating areas), viral myocarditis from Mar2020 to an unknown date, ongoing Uropathy (Malformative uropathy (Ochoa syndrome)), end stage renal failure awaiting kidney transplant, myocarditis, cardiac arrest, Extracorporeal membrane oxygenation, toe necrosis/amputation in the aftermath with osteitis on necrotic lesions. The patient's concomitant medications were not reported. The patient experienced myalgia (hospitalization) on 21Jan2021, rhinorrhea (hospitalization) on 23Jan2021, increased c-reactive protein/c-reactive protein = 204 mg/l (hospitalization) on 23Jan2021, pain at the vaccination site (hospitalization) on 21Jan2021, fever at 39 celsius degrees (hospitalization) on 23Jan2021, respiration labored (hospitalization) on 27Jan2021, facial edema (hospitalization) on 27Jan2021, hoarse voice (hospitalization) on 27Jan2021, voicelessness (hospitalization) on 27Jan2021, respiratory discomfort (hospitalization) on 27Jan2021, stuffy nose (hospitalization) on 26Jan2021. No biological documentation. Simple symptomatic treatment and discharge from hospitalization. The patient underwent lab tests and procedures which included body temperature: 39 centigrade on 23Jan2021, c-reactive protein: 204 mg/l on 23Jan2021. Therapeutic measures were taken as a result of events. The outcome of the events respiration labored, facial edema and hoarse voice, voicelessness, respiratory discomfort was recovered on 27Jan2021 (reported as disappearance of the signs in less than 12 hours). The outcome of other events was recovered in 2021. No follow-up attempts possible. No further information expected.

VAERS ID: 1122880 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-02-23  
Onset: 2021-02-25  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-03-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Other Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram, Electrocardiogram abnormal,  
Myocarditis, SARS-CoV-2 test  
SMQs: Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 6 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Name: ECG; Result Unstructured Data: Test  
Result:bad; Test Name: test for COVID-19; Result Unstructured Data:  
Test Result:unknown  
CDC Split Type: ILPFIZER INC2021236602  
Write-up: had pain in the chest, bad electrocardiogram (ECG) and was  
in the hospital for a week. 'MioKarditis' call for details; had  
pain in the chest, bad electrocardiogram (ECG) and was in the  
hospital for a week. 'MioKarditis' call for details; had pain in  
the chest, bad electrocardiogram (ECG) and was in the hospital for a  
week. 'MioKarditis' call for details; This is a spontaneous report  
from a contactable consumer. A 16-years-old male patient received  
the second dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE,  
Solution for injection, lot number and expiration date unknown), via  
an unspecified route of administration on 23Feb2021 as a single dose  
for COVID-19 immunization. The patient's medical history and  
concomitant medications were not reported. The patient had no  
allergies to medications, food, or other products. The patient  
previously received the first dose of BNT162B2 in Jan2021 for  
COVID-19 immunization. The patient did not receive any other  
vaccines within 4 weeks prior to the COVID vaccine and no other  
medication was received within 2 weeks of vaccination. Prior to  
vaccination, the patient was not diagnosed with COVID-19. On

25Feb2021, the patient had pain in the chest, bad electrocardiogram (ECG) and was in the hospital for a week. It was also reported that the patient had myocarditis ("MioKarditis") on 25Feb2021. The patient was hospitalized for 6 days. Treatment received for the adverse events included Colcizin. The patient has been tested for COVID-19 since the vaccination; results unknown. The patient underwent lab tests and procedures which included electrocardiogram (ECG): bad on an unknown date. The events had not resolved. Information on the batch/lot number has been requested.

VAERS ID: 1128426 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-02-26

Onset: 2021-02-26

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-03-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EP9598 / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Acid base balance, Asthma, Blood test, Dyspnoea, Oxygen saturation, Oxygen saturation decreased, Tryptase

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Asthma; Peanut allergy

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210226; Test Name: Acid base balance; Result Unstructured Data: Test Result:Nothing abnormal; Test Date: 20210226; Test Name: Blood test; Result Unstructured Data: Test Result:Nothing abnormal; Test Date: 20210226; Test Name: Oxygen saturation; Test Result: 84 %; Test Date: 20210226; Test Name: Tryptase; Result Unstructured Data: Test Result:unknown results

CDC Split Type: DKPFIZER INC2021249341

Write-up: Asthmatic attack 6 hours after vaccination; Breathing difficulty 6 hours after vaccination; oxygen saturation: 84 %; This is a spontaneous report downloaded from the Regulatory Authority, regulatory authority number DK-DKMA-WBS-0044041 and Sender's (Case) Safety Report Unique Identifier DK-DKMA-ADR 24844320. A contactable physician reported that a 16-year-old female patient received first dose of bnt162b2 (COMIRNATY; Lot Number: EP9598; Expiration Date: 30Jun2021) intramuscularly on 26Feb2021 as a single dose for COVID-19 immunisation. Medical history included ongoing asthma and ongoing peanut allergy. The patient's concomitant medications were not reported. On 26Feb2021, patient experienced asthmatic attack and breathing difficulty 6 hours after vaccination and had an oxygen saturation of 84 %. The patient underwent lab tests and procedures on 26Feb2021 which included acid base balance: nothing abnormal, blood test: nothing abnormal and tryptase: unknown results. The events were reported as serious since it caused hospitalization and patient was treated with oxygen and salbutamol. Outcome of events recovered on 27Feb2021. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1135039 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-02-28

Onset: 2021-02-28

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-03-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER1741 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Blood test, Blood urine present, Renal scan, SARS-CoV-2 test, Urine analysis, Urine analysis abnormal

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow),

Haemorrhage laboratory terms (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: BLOOD TESTS; Result Unstructured Data: Test Result:Unknown results; Test Name: KIDNEY SCAN; Result Unstructured Data: Test Result:Unknown results; Test Date: 20210308; Test Name: COVID-19 virus test; Test Result: Negative ; Comments: No - Negative COVID-19 test; Test Date: 20210303; Test Name: urine sample; Result Unstructured Data: Test Result:blood traces; Test Name: URINE TESTS; Result Unstructured Data: Test Result:Unknown results

CDC Split Type: GBPFIZER INC2021274689

Write-up: Blood in urine/ urinating blood 90 minutes after receiving vaccine; Urine frothy; This is a spontaneous report from a contactable consumer. This is a report received from the Regulatory Agency. Regulatory authority report number GB-MHRA-WEBCOVID-202103111038457930, Safety Report Unique Identifier GB-MHRA-ADR 24917575. A 16-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER1741), via an unspecified route of administration on 28Feb2021 (at the age of 16-years-old) at a single dose for COVID-19 immunisation. The patient medical history and concomitant medications were not reported. Patient has not had symptoms associated with COVID-19. Patient is not enrolled in clinical trial. On 28Feb2021, the patient experienced blood in urine/urinating blood 90 minutes after receiving vaccine, continued next day and traces found in sample provided to general practitioner (GP) three days later on 03Mar2021. The patient also experienced urine frothy on some occasions on unspecified date in 2021. The patient was now undergoing investigations after being referred to local hospital. The events were reported as serious due to hospitalization and medically significant. The patient also underwent lab tests and procedures which included COVID-19 virus test: No - Negative COVID-19 test on 08Mar2021, blood tests, urine tests, and kidney scan: unknown results. Patient has not tested positive for COVID-19 since having the vaccine. The outcome of the event blood in urine was not recovered and the outcome of the event urine frothy was unknown. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1152868 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-02-17

Onset: 2021-02-24

Days after vaccination: 7

Submitted: 0000-00-00

Entered: 2021-03-31

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 2 LA / -

Administered by: Other Purchased by: ?

Symptoms: Arterial thrombosis



SMQs:, Embolic and thrombotic events, arterial (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Smoker

Allergies:

Diagnostic Lab Data:

CDC Split Type: ILPFIZER INC2021329787

Write-up: Thrombosis with blockage of several arteries in the left hand; This is a spontaneous report from a contactable consumer. A 16-year-old male patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number and expiration date: unknown), via an unspecified route of administration, administered in left arm on 17Feb2021 as single dose for COVID-19 immunization. The patient's was smoker. The patient's concomitant medications were not reported. The patient previously took first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE) on 21Jan2021 for COVID-19 immunization. On 24Feb2021, the patient experienced thrombosis with blockage of several arteries in the left hand. The adverse event required hospitalization and surgical treatment. There is no background diseases. Other reasons which may have caused the thrombosis were denied. The patient also received Clexane as treatment. The outcome of the events was recovering. The patient was not diagnosed with COVID-19 prior to vaccination. The patient has not been tested for COVID-19 since the vaccination. The event resulted in visit in office or physician clinic or other health care provider, visit in emergency room or emergency center, hospitalization, life threatening condition (immediate damage to death as a results from the adverse event), disability or permanent damage. Information on the lot/batch number has been requested.

VAERS ID: 1211706 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-03-06

Onset: 2021-04-06

Days after vaccination: 31

Submitted: 0000-00-00

Entered: 2021-04-15

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER1741PF / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Cerebral infarction, Cerebral venous sinus thrombosis, Cerebrovascular accident, Computerised tomogram abnormal, Full blood count, Headache, Nausea, SARS-CoV-2 test, Vomiting

SMQs: Acute pancreatitis (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Central nervous system vascular disorders, not specified as haemorrhagic or ischaemic (narrow), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: INSULIN ASPART; INSULIN DETEMIR

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Asthma (no current treatment); Headache; Hydrocephalus; Stroke; Type 1 diabetes mellitus

Allergies:

Diagnostic Lab Data: Test Name: CT venogram; Result Unstructured Data: Test Result:venogram cerebral showed "Conclusion; Comments: Extensive left sided venous sinus thrombosis and left internal jugular thrombosis with secondary venous haemorrhage within the left parietal lobe.; Test Date: 20210406; Test Name: FBC; Result Unstructured Data: Test Result:No results provided; Test Date: 20210406; Test Name: COVID-19 virus test; Result Unstructured Data: Test Result:Inconclusive test

CDC Split Type: GBPFIZER INC2021387063

Write-up: headache; vomiting; haemorrhagic venous infarct; nausea; Thrombosis of venous sinuses; stroke; This is a spontaneous report from a contactable pharmacist received from the Regulatory Agency (RA). The regulatory authority report number is GB-MHRA-WEBCOVID-202104071535023370. Safety Report Unique Identifier GB-MHRA-ADR 25096240. A 16-years-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration on 06Mar2021 (Batch/Lot Number: ER1741PF) as single dose for covid-19 immunisation. Medical history included asthma childhood but no treatment at this time, hydrocephalus, headache, cerebrovascular accident, type 1 diabetes mellitus All from an unknown date and unknown if ongoing. Concomitant medication(s) included insulin aspart (INSULIN ASPART) and insulin detemir (INSULIN DETEMIR) taken for an unspecified

indication, start and stop date were not reported. The patient experienced stroke (cerebrovascular accident), headache (headache), vomiting (vomiting) haemorrhagic venous infarct (cerebral infarction), nausea (nausea) on an unspecified date with outcome of recovering, and thrombosis of venous sinuses (cerebral venous sinus thrombosis) on 06Apr2021 with outcome of not recovered. All events reported with seriousness criteria of hospitalization, medically significant, and life threatening. The patient was hospitalized from 06Apr2021 to an unknown date. The patient underwent lab tests and procedures which included computerised tomogram abnormal: venogram cerebral showed "conclusion", explained as extensive left sided venous sinus thrombosis and left internal jugular thrombosis with secondary venous haemorrhage within the left parietal lobe, full blood count: no results provided on 06Apr2021, sars-cov-2 test: inconclusive test on 06Apr2021. Therapeutic measures were taken as a result of stroke (cerebrovascular accident), haemorrhagic venous infarct (cerebral infarction), thrombosis of venous sinuses (cerebral venous sinus thrombosis) reported as patient was stable at present and ongoing discussion with haematology consultant with a view to switch to a direct acting oral anticoagulant from dalteparin that was started overnight. Patient has not had symptoms associated with COVID-19, and was not enrolled in clinical trial. The clinical course was reported as follows: Patient indicated to have T1DM (Type I diabetes Mellitus) Looks like childhood asthma but no current treatment Admitted 06/04/21 with reported 4week of headache. L sided. Deteriorated and had vomiting and nausea. Had COVID vaccine 06/03/21 several days prior to symptom onset. Past medical history of T1DM. CT venogram cerebral showed "Conclusion: Extensive left sided venous sinus thrombosis and left internal jugular thrombosis with secondary venous haemorrhage within the left parietal lobe. Urgent discussion with stroke team advised. Consultant opinion: Agreed. Venous sinus thrombosis distal superior sagittal sinus and filling left transverse and sigmoid sinuses and in the visualise rostral left IJV with haemorrhagic venous infarct left parietal lobe. No significant mass effect. No hydrocephalus." Patient stable at present and ongoing discussion with haematology consultant with a view to switch to a direct acting oral anticoagulant from dalteparin that was started overnight. Patient has not tested positive for COVID-19 since having the vaccine Reaction Does your report relate to possible blood clots or low platelet counts? If yes, we will ask you additional questions at the end of this report: "No" Suspect Reactions Please provide details of any relevant investigations or tests conducted: "CT venogram cerebral, various antibody tests, FBC, etc". Patient has not tested positive for COVID-19 since having the vaccine. Follow-up attempts are completed. No further information is expected

VAERS ID: 1329758 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign  
  
Vaccinated: 2021-03-16

Onset: 2021-03-17

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EP2163 / UNK - / OT

Administered by: Other Purchased by: ?

Symptoms: Blood count, Diarrhoea, Generalised tonic-clonic seizure, Hypokalaemia, Laboratory test, Lumbar puncture, Magnetic resonance imaging head, Nausea, Oropharyngeal pain, Pyrexia

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Pseudomembranous colitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Hypokalaemia (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210318; Test Name: Blood count;

Result Unstructured Data: Test Result:Lc 14 G/I, Tc 317 g/l, Hb 138

g/l; Test Date: 20210318; Test Name: Blood chemistry; Result

Unstructured Data: Test Result:mild hypokalemia 3.4mmol/l, Mg

1.16mmol/l; Comments: mild hypokalemia 3.4mmol/l, Mg 1.16mmol/l, a-

Amylase Pancreas 194U/I, CRP 2mg/l; Test Date: 20210318; Test Name:

Lumbar puncture; Result Unstructured Data: Test Result:Cell count

2 /ui, Total Protein 0.74 g/l, Albumin; Comments: Cell count 2 /ui,

Total Protein 0.74 g/l, Albumin 0.469 g/l; Test Date: 202103; Test

Name: Brain MRI; Result Unstructured Data: Test Result:no epileptic

foci or structural lesions

CDC Split Type: CHPFIZER INC2021506424

Write-up: Generalised tonic-clonic seizure; Mild hypokalemia;

Nausea; Diarrhoea; Sore throat; Fever; This is a spontaneous report

from a contactable physician via regulatory authority. Regulatory

authority report number CH-SM-2021-14486. A 16-year-old female

patient received BNT162B2 (COMIRNATY), intramuscular on 16Mar2021

(Batch/Lot Number: EP2163) as unknown, single for COVID-19 immunization. Medical history and concomitant medications were not reported. The patient received BNT162B2 vaccination on 16Mar2021. The next day on 17Mar2021, she developed sore throat and fever. On the night of 18Mar2021, nausea also occurred and a tonic-clonic that had spread bilaterally for the first time occurred Seizure. In the morning of 18Mar2021, the patient also complained of excessive diarrhea, which persisted for 2-3 days. From 18Mar2021, she continued with fever, diarrhea and sore throat, she also developed generalized tonic-clonic crisis for which she was hospitalized on 18Mar2021 for tests. The patient did not receive specific therapies and was discharged on 20Mar2021. The reporter did not rule out vaccine involvement for the adverse events described. Covid-19 test was not performed, further course was unknown. Subsequently the patient presented again with tonic-clonic seizures 20 days after BNT162B2 and was treated with anticonvulsants. The patient underwent lab tests and procedures which included blood count: Lc 14 G/I, Tc 317 g/l, Hb 138 g/l on 18Mar2021; Blood chemistry: mild hypokalemia 3.4mmol/l, Mg 1.16mmol/l, a-Amylase Pancreas 194U/I, CRP 2mg/l on 18Mar2021; Lumbar puncture: cell count 2 /ui, total protein 0.74 g/l, Albumin 0.469g/l on 18Mar2021; and Brain MRI was done showing no epileptic foci or structural lesions on Mar2021. The outcome of the event diarrhea was recovered on 21Mar2021, recovered from Generalised tonic-clonic seizure on 18Mar2021, and recovered from other events on an unknown date. Reporter's comments: The patient received the Covid vaccination (Comirnaty) on 16Mar2021. The next day the patient developed a sore throat and a fever. On the night of 18Mar2021, nausea also occurred and a tonic-clonic that had spread bilaterally for the first time occurred Seizure. In the morning of 18Mar2021, the patient also complained of excessive diarrhea, which persisted for 2-3 days. Sender's comments: Tonic-clonic seizures, Fever, Sore throat, Nausea, Diarrhea in a 16-year-old girl starting 48 hours from Comirnaty. Fever and nausea are described in the monograph for Comirnaty, with adequate temporality judged Probable. Sore throat and Diarrhea are not reported in the monograph nor in the other country monographs for Comirnaty. They could indicate an infection associated but not consequent to vaccination (COVID-19 test not performed). They are judged unlikely (no literature, possible underlying co-infection with diarrhea and sore throat). However, an involvement of the vaccine in the onset of symptoms cannot be completely ruled out. Tonic-clonic seizures is not described in the monograph nor in the country monographs. On website: For known epileptic patients they report that there is currently no evidence that they have a higher risk of seizures after vaccination against COVID-19. As with other vaccines, fever may develop after administration, which may lower the seizure threshold in some people (1). In an article on the neurological effects of covid-19 vaccines available to date, they report Fever was one of the most frequent effects on all platforms, particularly in the mRNA platform. It could lower the seizure threshold ... Whether the vaccine could cause or trigger neurological disorders or incidentally lead to them need long - time monitoring. To date, it is not known whether covid mRNA vaccines can be the primary cause of a neurological disease (2). On website at 15Apr2021, out of 198,115

adverse events reported for Comirnaty reported 65 Tonic-clonic seizures. The Tonic-clonic seizures event is judged Unlikely on plausible temporality but little data in the literature, and probable underlying superinfection that could justify the event. Seriousness: Hospitalization, YES. Tonic-clonic seizures are repeated 20 days after vaccination (2nd crisis) and are treated with anticonvulsants. A causal relationship between COMIRNATY and nausea and fever was assessed as being probable/likely; and for tonic-clonic seizures, sore throat, and diarrhea was assessed as being unlikely. No follow-up attempts are possible. No further information is expected.; Reporter's Comments: The patient received the Covid vaccination (Comirnaty) on 16Mar2021. The next day the patient developed a sore throat and a fever. On the night of 18Mar2021, nausea also occurred and a tonic-clonic that had spread bilaterally for the first time occurred Seizure. In the morning of 18Mar2021, the patient also complained of excessive diarrhea, which persisted for 2-3 days.; Sender's Comments: .

VAERS ID: 1344769 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-04-25  
Onset: 2021-04-25  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / OT
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN		
MANUFACTURER - / UNK - / OT		

Administered by: Unknown Purchased by: ?

Symptoms: Chills, Fatigue, Injection site pain, Myalgia, Nasopharyngitis, Nausea, Pain in extremity, SARS-CoV-2 test, Vomiting

SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: CONCERTA XL; IBUPROFEN; VITAMIN D

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Immunodeficiency (Had an illness or condition, not listed above, which reduces the immune response (e.g. immunodef...)); Lactation decreased; Comments: Unsure if patient has had symptoms associated with COVID-19 Patient is not enrolled in clinical trial Patient is not pregnant, Patient is not currently breastfeeding

Allergies:

Diagnostic Lab Data: Test Name: COVID-19 virus test; Test Result: Positive ; Result Unstructured Data: Yes - Positive COVID-19 test; Test Name: COVID-19 virus test; Test Result: Negative ; Result Unstructured Data: Not tested positive for COVID-19 since having vaccine

CDC Split Type: GBMODERNATX, INC.MOD20211

Write-up: Cold; Muscle ache; Chills; Nausea; Injection site pain; Fatigue; my arm started really hurting then; Vomiting; This regulatory authority case was reported by a consumer and describes the occurrence of PAIN IN EXTREMITY (my arm started really hurting then), VOMITING (Vomiting), NAUSEA (Nausea), INJECTION SITE PAIN (Injection site pain), FATIGUE (Fatigue), NASOPHARYNGITIS (Cold), MYALGIA (Muscle ache) and CHILLS (Chills) in a 16-year-old female patient who received mRNA-1273 (Moderna Covid-19 Vaccine) for COVID-19 vaccination. Co-suspect product included non-company product MELATONIN for an unknown indication. Unsure if patient has had symptoms associated with COVID-19 Patient is not enrolled in clinical trial Patient is not pregnant, Patient is not currently breastfeeding. The patient's past medical history included Lactation decreased and Immunodeficiency (Had an illness or condition, not listed above, which reduces the immune response (e.g. immunodef...)). Concomitant products included METHYLPHENIDATE HYDROCHLORIDE (CONCERTA XL) for ADD, IBUPROFEN for Pain, VITAMIN D for an unknown indication. On 25-Apr-2021, the patient received second dose of mRNA-1273 (Moderna Covid-19 Vaccine) (Intramuscular) 1 dosage form. On an unknown date, the patient started MELATONIN (unknown route) dosage form. On 25-Apr-2021, the patient experienced PAIN IN EXTREMITY (my arm started really hurting then) (seriousness criterion disability), VOMITING (Vomiting) (seriousness criterion disability), INJECTION SITE PAIN (Injection site pain) (seriousness criterion disability) and FATIGUE (Fatigue) (seriousness criterion disability). On 26-Apr-2021, the patient experienced NAUSEA (Nausea) (seriousness criterion disability). On an unknown date, the patient experienced NASOPHARYNGITIS (Cold) (seriousness criterion disability), MYALGIA (Muscle ache) (seriousness criterion disability) and CHILLS (Chills) (seriousness criterion disability). At the time of the report, PAIN IN EXTREMITY (my arm started really hurting then), VOMITING (Vomiting) and FATIGUE (Fatigue) was resolving and NAUSEA (Nausea), INJECTION SITE PAIN (Injection site pain), NASOPHARYNGITIS (Cold), MYALGIA (Muscle ache) and CHILLS (Chills) had not resolved. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, SARS-CoV-2 test: yes - positive covid-19 test (Positive) Yes - Positive COVID-19 test and negative (Negative) Not tested positive for COVID-19 since having vaccine. The patient started vomiting when stood up, but took anti nausea medicine and it's been helping. Injection site pain started immediately after the vaccination. The

patient was able to move her arm until about 5:30 on 25-Apr-2021. Her arm started really hurting then, and hasn't stopped since. She put a sling around her arm when it got too heavy to carry, and now it only hurts when she move it. Besides the pain in my arm, the patient was fine until 9:00, 12 hours after she got the vaccine. The patient became extremely cold, and couldn't stand the pain. She was taking medicine throughout the day, and took 3 grams of melatonin. The patient vomited while taking medicine. The patient fell asleep wearing 2 layers of clothing and gloves. The patient woke up several times throughout the night. On 26-Apr-2021 morning, the patient woke up feeling much better, but when she stood she felt really nauseas. Someone brought her anti nausea medicine and then she was just fatigued, and her arm ached tremendously. Concomitant product use was not provided by the reporter. The patient received both scheduled doses of mRNA-1273 prior to the events; therefore, action taken with the mRNA-1273 in response to the events was not applicable. For mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular), the reporter did not provide any causality assessments. Based on the current available information and temporal association between the use of the product and the start date of the few events, a causal relationship cannot be excluded. Very limited information regarding these multiple events has been provided at this time. Many of the reported events lack information regarding the exact time to onset. No further information has been requested.;

Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the few events, a causal relationship cannot be excluded. Very limited information regarding these multiple events has been provided at this time. Many of the reported events lack information regarding the exact time to onset. No further information has been requested.

VAERS ID: 1347928 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-04-29  
Onset: 2021-05-04  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EX3510 / 2 - / -

Administered by: Other Purchased by: ?

Symptoms: Myocarditis, Troponin, Troponin T  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No



Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data: Test Date: 20210504; Test Name: Troponin;  
Result Unstructured Data: Test Result:7753 ug/L; Test Date:  
20210506; Test Name: Troponin T; Result Unstructured Data: Test  
Result:311 pg/mL

CDC Split Type: DEPFIZER INC2021527946

Write-up: Myocarditis; This is a spontaneous report from a non-  
contactable physician downloaded from the Regulatory Authority-WEB,  
regulatory authority number DE-PEI-202100058016. A 16-year-old male  
patient received second dose of BNT162B2 (COMIRNATY) via an  
unspecified route of administration on 29Apr2021 (Batch/Lot Number:  
EX3510) as 2ND DOSE, 0.3ML, SINGLE for covid-19 immunization. The  
patient's medical history and concomitant medications were not  
reported. The patient experienced myocarditis on 04May2021. The  
patient underwent lab tests and procedures which included troponin:  
7753 ug/l on 04May2021 and troponin t: 311 pg/ml on 06May2021.  
Outcome of the event was unknown. The patient received first dose of  
Comirnaty on 18Mar2021 (1st dose - lot number, expiry date unknown)  
No follow-up attempts possible. No further information expected.

VAERS ID: 1375512 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-05-16  
Onset: 2021-05-16  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW4815 / 2 - / OT

Administered by: Other Purchased by: ?

Symptoms: Body temperature, Chills, Pyrexia, Somnolence, Syncope  
SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic  
malignant syndrome (broad), Anticholinergic syndrome (broad),  
Arrhythmia related investigations, signs and symptoms (broad),  
Dementia (broad), Noninfectious encephalitis (broad), Noninfectious  
encephalopathy/delirium (broad), Noninfectious meningitis (broad),  
Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome

(broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210516; Test Name: Body temperature; Result Unstructured Data: Test Result:increased

CDC Split Type: ROPFIZER INC2021627154

Write-up: Chills; Fever; Faint; Sleepiness; This is a spontaneous report from a contactable consumer downloaded from the Regulatory Authority, regulatory authority number R0-NMA-2021-SPCOV10624. A 16-year-old female patient received bnt162b2 (COMIRNATY), intramuscular on 16May2021 (Batch/Lot Number: EW4815) as 2nd single dose for covid-19 immunisation. The patient medical history and the patient's concomitant medications were not reported. On 25Apr2021 the patient received the first dose of COMIRNATY, no side effects after the first dose. On 16May2021 the patient experienced fever, chills, sleepiness and fainting after taking a hot bath while menstruating. These adverse reactions required hospitalization and treatment with antipyretics and were recovering at the time of reporting. The Reporter considered that these adverse reactions have been life-threatening. The patient was not diagnosed with SARS-CoV-2 infection before or after vaccination. No follow-up attempts possible. No further information expected.

VAERS ID: 1396150 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-05-27

Onset: 2021-05-29

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 LA / -

Administered by: Other Purchased by: ?

Symptoms: Confusional state, Paranoia, SARS-CoV-2 test

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic

disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210530; Test Name: Nasal Swab;

Test Result: Negative

CDC Split Type: CAPFIZER INC2021630152

Write-up: Severe confusion; Paranoid; This is a spontaneous report from a contactable consumer (patient) received from COVAES. A 16-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), dose 1 via an unspecified route of administration, administered in left arm at the age of 16-year-old on 27May2021 10:00 (Batch/Lot number was not reported) as single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced ''Severe confusion. Now at emerge on psych watch. Class 1 admittance. Repeating. Paranoid. Conscious of the problem. Unable to control verbal outburst''. The adverse event started on 29May2021 15:45. The patient was hospitalized for the events for 2 days. Adverse event result in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 30May2021. The outcome of events was not recovered. Information on the lot/batch number has been requested.

VAERS ID: 1396851 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-05-27

Onset: 2021-05-29

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-14

Vaccination / Manufacturer            Lot / Dose            Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1            - / 0T

Administered by: Other            Purchased by: ?

Symptoms: Confusional state, Hallucination, Memory impairment,  
Positron emission tomogram, Psychotic disorder, Toxicologic test  
SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus  
erythematosus (broad), Anticholinergic syndrome (broad), Dementia  
(broad), Psychosis and psychotic disorders (narrow), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Hostility/aggression (broad),  
Depression (excl suicide and self injury) (broad), Hypoglycaemia  
(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

    Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: PET scan; Result Unstructured Data:  
Test Result:normal; Test Name: toxicology; Result Unstructured Data:  
Test Result:normal

CDC Split Type: CAPFIZER INC2021633973

Write-up: psychosis/He thinks of conspiracy, he thinks people want  
to kill him, he think that he know that he is not okay;  
hallucinations; Confused/Goes to sleep and he wakes up exactly the  
same; repeating everything every half an hour, the same thing over  
and over; Lost his mind permanently/He keeps repeating the same  
thing every half an hour; This is a spontaneous report received from  
a contactable consumer (mother) via Pfizer call center. A16-year-old  
male patient received first dose of BNT162B2 (PFIZER-BIONTECH  
COVID-19 mRNA VACCINE; Solution for injection, Lot number and  
expiration dates were not reported), via an intramuscular route of  
administration on 27May2021, as first dose, single dose for COVID-19  
immunization. The patients medical history and concomitant  
medication were not reported. The reporter stated that, 16 year old  
son who took the Pfizer vaccine on Friday and 24 hours later he  
developed severe Psychosis. He was very confused, he was in a loop  
psycho, we can't wait and he was been admitted. Repoter can't wait  
for someone to get back to her out of the internet. Patient was been  
admitted as class 1 to the hospital meaning and in the ''psych  
board'' right now. They did a toxicology screen, his toxicology  
screen and PET scan came back clean. The only thing that patient has  
in the system was the vaccine. This was very serious like her son  
has lost his mind permanently as it looks right now. He goes to

sleep and he wakes up exactly the same. On loop cycle. He was repeating everything every half an hour, the same thing over and over" In response to further probing, reporter stated, "Yes, she need to help her son and she don't think you understand that this was an urgent matter. This wasn't just a call enquiring about your products. This was a very extreme case of psychosis caused by the vaccine. He has a full medical staff with him right now and need to speak to Pfizer to get information to get to his doctor. Reporter need someone to reach out to patient doctor from Pfizer. This need to be documented or she was going to go to the media because she need Pfizer support on this figuring out what's going on. Reporter stated, on 29May2021. It's still going on. Patient was hospitalized. This was happening since the 29th up to currently. Patient was on loop Psycho and keeps repeating the same thing every half an hour, he thinks of conspiracy and thinks people want to kill him, patient think that he know that he was not okay. Patient asked to go to the hospital because he cannot control what he was saying. As of today, patient has been admitted to the hospital and was said to be experiencing severe psychosis and hallucinations. The patient underwent lab test and procedures: PET scan and Toxicologic result was normal. The outcome of the event was not recovered. Follow-up (31May2021): The following information was received from the same contactable consumer via Pfizer colleague (corporate affairs) - information was transmitted to the medical information team- new event was updated and event onset date was updated. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1428141 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-04  
Onset: 2021-06-04  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC8889 / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic shock, Blood pressure measurement, Depressed level of consciousness, Hypotension, Muscle spasms, Poor peripheral circulation, Tachycardia

SMQs:, Anaphylactic reaction (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (narrow), Hypoglycaemia (broad),

Dehydration (broad), Hypokalaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210604; Test Name: Blood pressure;  
Result Unstructured Data: Test Result:60/40 mmHg; Comments:  
Min:60/40 mmHg; Test Date: 20210604; Test Name: Blood pressure;  
Result Unstructured Data: Test Result:60/40 mmHg; Comments:  
Max:60/40 mmHg  
CDC Split Type: DKPFIZER INC2021688073  
Write-up: Anaphylactic shock; the patient began to cramp;  
Tachycardia; Hypotension; Decreased level of consciousness;  
Capillary refill time \$g3 s; This is a spontaneous report from a  
contactable physician downloaded from the regulatory authority. A  
16-years-old male patient received bnt162b2 (COMIRNATY), dose 1  
intramuscular on 04Jun2021 (Batch/Lot Number: FC8889) as 1st dose,  
single for covid-19 immunisation. The patient medical history was  
not reported. The patient's concomitant medications were not  
reported. On 04Jun2021, seven minutes later, the patient developed  
Anaphylactic shock with Depressed level of consciousness,  
hypotension, Poor peripheral circulation and Tachycardia and the  
patient developed cramps. The ADRs were by the reporter reported as  
life threatening and the patient was given 0.3 mg adrenaline IM  
which was repeated 5 minutes later as the patient consciousness  
level again began to be affected and the patient began to cramp. The  
ADR Anaphylactic shock was recovered 04Jun2021 after 5 hours. Test  
results 04Jun2021 included: Blood pressure: min. 60/40 mmHg, max.  
60/40 mmHg. Outcome of Depressed level of consciousness,  
hypotension, Poor peripheral circulation, Tachycardia and cramps was  
recovered 04Jun2021. SKIN AND MUCOUS MEMBRANE SYMPTOMS: None; AIRWAY  
SYMPTOMS: None; CARDIOVASCULAR SYMPTOMS: INCLUDED: Hypotension,  
Tachycardia, Capillary refill time \$g3 s, Decreased level of  
consciousness NOT INCLUDED: Reduced central pulse volume, Loss of  
consciousness; GASTROINTESTINAL SYMPTOMS: None; No follow-up  
attempts possible. No further information expected. Information  
about batch number has been obtained.

VAERS ID: 1440358 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-08  
Onset: 2021-06-09  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Other Purchased by: ?  
Symptoms: Blood pressure measurement, Cardiac disorder,  
Electrocardiogram, Inflammation, Magnetic resonance imaging,  
Myocardial necrosis, Myocarditis, Troponin  
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic  
events, arterial (narrow), Cardiomyopathy (broad), Drug reaction  
with eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210611; Test Name: Blood pressure;  
Result Unstructured Data: Test Result:abnormal; Test Date: 20210611;  
Test Name: ECG; Result Unstructured Data: Test Result:abnormal; Test  
Date: 20210611; Test Name: Inflammation markers; Result Unstructured  
Data: Test Result:increased; Test Date: 20210615; Test Name: MRI;  
Result Unstructured Data: Test Result:abnormal; Comments:  
inflammation and edema on left exterior cardiac wall as well as  
necrotic area on the cardiac apex; Test Date: 20210611; Test Name:  
troponin; Result Unstructured Data: Test Result:significantly  
increased; Test Date: 20210612; Test Name: troponin; Result  
Unstructured Data: Test Result:nearly 8000  
CDC Split Type: DEPFIZER INC2021714499  
Write-up: acute myocarditis, inflammation at the left external heart  
wall; edema at the left external heart wall; necrotic area at the  
tip of the heart (late enhancement); This is a spontaneous report  
based on information received by Pfizer from Biontech [manufacturer  
control number: 64653], license party for Comirnaty by a contactable  
consumer reported for son. As reported: "Our 16-year-old son has  
been hospitalized due to acute myocarditis on 11Jun2021 after second  
vaccination with COMIRNATY. The MRI showed inflammation and edema  
on left exterior cardiac wall as well as necrotic area on the  
cardiac apex today (late enhancement). We as parents are very  
worried. The vaccination has been administered on 08Jun2021, on the

evening the following day the chest pain started, we went to see the pediatrician on Thursday (10Jun2021) who auscultated him briefly and did not perform an ECG, we drove to hospital in the night to Friday due to acute pain especially during inhalation. An ECG has been performed which was abnormal, also abnormal his blood pressure. His inflammation markers were increased and his troponin was significantly increased. The highest troponin level of nearly 8000 has been detected on Saturday and decreasing since. The treating physicians see a clear relationship between the vaccination and myocarditis, Our son's heart used to be healthy and he did not have any infections before vaccination. " Outcome information: Still experiencing side effect information on the lot/batch number has been requested.

VAERS ID: 1470067 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-14

Onset: 2021-06-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 1 LA / -

Administered by: Other Purchased by: ?

Symptoms: Pneumothorax, SARS-CoV-2 test

SMQs:, COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 10 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210621; Test Name: COVID test;

Result Unstructured Data: Test Result:Negative

CDC Split Type: CAPFIZER INC2021786329

Write-up: serious pneumothorax; This is a spontaneous report from a contactable consumer (patient). A 16-year-old male patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Batch/Lot Number: Unknown), via an unspecified route of administration, administered in left arm on 14Jun2021 13:00 as single dose for



COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Facility where the most recent COVID-19 was administered was school or student health clinic. The patient did not received any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not received any other medications within 2 weeks of vaccination. On 15Jun2021 at 20:00, the patient experienced serious pneumothorax which required 2 surgical interventions and 10 days of hospitalization. He was in remission now, as of this day for 1 month without effort. The patient underwent lab tests and procedures which included COVID test: negative on 21Jun2021. Therapeutic measures were taken as a result of serious pneumothorax and included lung operation. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcome of the event was recovering. The event was report as life-threatening. Information on the batch/lot number has been requested.

VAERS ID: 1471381 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-04-08

Onset: 2021-04-08

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA 3001415 /

1 - / OT

Administered by: Unknown Purchased by: ?

Symptoms: Dysaesthesia, Product administered to patient of inappropriate age

SMQs: Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEMODERNATX, INC.MOD20212

Write-up: 16 year old patient received vaccine; This regulatory authority case was reported by a consumer and describes the occurrence of DYSAESTHESIA in a 16-year-old female patient who received mRNA-1273 (COVID 19 Vaccine Moderna) (batch no. 3001415) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. No Medical History information was reported. On 08-Apr-2021, the patient received second dose of mRNA-1273 (COVID 19 Vaccine Moderna) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (COVID 19 Vaccine Moderna) (Intramuscular) 1 dosage form. On 08-Apr-2021, the patient experienced DYSAESTHESIA (seriousness criterion hospitalization) and PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (16 year old patient received vaccine). On 08-Apr-2021, PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (16 year old patient received vaccine) had resolved. On 09-Apr-2021, DYSAESTHESIA had resolved. Concomitant product use was not provided by the reporter. Treatment information was not provided by the reporter. Based on the current available information and temporal association between the use of the product and the start date of the event( dysaesthesia), a causal relationship cannot be excluded. For the event of Inappropriate age at vaccine administration, causality is assessed as not applicable; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the event( dysaesthesia), a causal relationship cannot be excluded. For the event of Inappropriate age at vaccine administration, causality is assessed as not applicable

VAERS ID: 1474063 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-25  
Onset: 2021-06-27  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FZ8269 / UNK - / -

Administered by: Other Purchased by: ?  
Symptoms: Myocardial infarction, Troponin increased  
SMQs: Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: none

Allergies:

Diagnostic Lab Data: Test Date: 20210627; Test Name: troponine;

Result Unstructured Data: Test Result:increased

CDC Split Type: AEPFIZER INC2021797629

Write-up: severe chest pain and increased level of troponin and currently admitted in hospital (diagnosed as myocardial infarction);

This is a spontaneous report from a contactable consumer (patient).

A 16-year-old male patient received bnt162b2 via an unspecified route of administration on 25Jun2021 (at age of 16-year-old, Lot

Number: FZ8269) as single dose for covid-19 immunisation. Medical history were none. The patient's concomitant medications were not

reported. The patient experienced severe chest pain and increased level of troponin and currently admitted in hospital (diagnosed as

myocardial infarction) on 27Jun2021 13:00 with outcome of not recovered. The patient was hospitalized for severe chest pain and

increased level of troponin and currently admitted in hospital (diagnosed as myocardial infarction) for 2 days. The patient

underwent lab tests and procedures which included troponin

increased: increased on 27Jun2021. The adverse event result in

Doctor or other healthcare professional office/clinic visit and

Emergency room/department or urgent care. Prior to vaccination, the

patient was not diagnosed with COVID-19. Since the vaccination, the

patient had not been tested for COVID-19.

VAERS ID: 1478982 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-05-29

Onset: 2021-05-29

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FC8889 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Headache, Pruritus, Rash, Sensation of foreign body

SMQs:, Anaphylactic reaction (narrow), Hypersensitivity (narrow),

Drug reaction with eosinophilia and systemic symptoms syndrome

(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:

CDC Split Type: DKPFIZER INC2021824371

Write-up: Skin rash; Feeling of a lump in the throat; Itchy red rash on upper chest, throat and neck; minor headache; This is a spontaneous report received from a contactable physician downloaded from the WEB. The regulatory authority report number is DK-DKMA-WBS-0069084. A 16-year-old male patient received bnt162b2 (COMIRNATY), dose 1 intramuscular on 29May2021 (Batch/Lot Number: FC8889; Expiration Date: 30Sep2021) as single dose for covid-19 immunisation at the age of 16-year-old. The patient medical history and concomitant medications were not reported. On the same day (29May2021) two hours after vaccination the patient developed Generalized pruritus (Itchy red rash on upper chest, throat and neck) and Skin rash. On the same day 3 hours after vaccination the patient developed Lump feeling in throat. On the same day, the patient developed Headache. The Events were reported as resulting in hospitalization. The patient was treated with 10 mg Alnok (Cetirizine Hydrochloride). The Events Generalized pruritus and Skin rash were recovering. The Events Headache and Lump feeling in throat were recovered on unspecified date in 2021. There is no information regarding test results. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1487608 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-19  
Onset: 2021-06-19  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / OT

Administered by: Other Purchased by: ?  
Symptoms: Chest discomfort, Throat irritation  
SMQs: Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)  
Life Threatening? No  
Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: CZPFIZER INC2021843768

Write-up: Chest pressure; Raw throat; This is a spontaneous report from a contactable other healthcare professional downloaded from the regulatory authority, regulatory authority number CZ-CZSUKL-21007681. A 16-year-old female patient received BNT162B2 (COMIRNATY) intramuscular on 19Jun2021 (at age of 16-year-old) at single dose for COVID-19 immunisation. Medical history was not reported. No concomitant medication. Patient experienced subjective problems - raw throat (medically significant), mild chest pressure (hospitalization) on 19Jun2021 14:29 with outcome of unknown. She was transferred to the hospital, Dexamed i.v. and Dithiaden i.v. were administered. No follow-up attempts are possible, Information about lot/batch number cannot be obtained.

VAERS ID: 1502627 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-21

Onset: 2021-06-29

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FD9234 / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Asthenia, Blood creatine phosphokinase, Blood creatine phosphokinase MB, Body temperature, Myocarditis, Pyrexia

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Allergy; Asthma bronchial  
Allergies:  
Diagnostic Lab Data: Test Name: CK; Result Unstructured Data: Test  
Result:811 ueq/L; Comments: increase; Test Name: CK- MB; Result  
Unstructured Data: Test Result:112 ueq/L; Test Name: Body  
temperature; Result Unstructured Data: Test Result:increased  
CDC Split Type: DEPFIZER INC2021873984

Write-up: persistent myocarditis; physical weakness; fever; This is a spontaneous report from a non-contactable physician downloaded from the Regulatory Authority (RA)-WEB, company number DE-PEI-202100127750. A 16-years-old male patient received BNT162B2 (COMIRNATY, formulation: solution for injection, batch/lot number: FD9234) via an unspecified route of administration on 21Jun2021 as DOSE NUMBER UNKNOWN, 0.3 ml SINGLE DOSE for COVID-19 immunisation. The patient's medical history included hypersensitivity and asthma. The patient's concomitant medications were not reported. On 29Jun2021, the patient experienced persistent myocarditis, physical weakness and fever. The patient was hospitalized for the events on an unknown date. The patient underwent lab tests and procedures which included blood creatine phosphokinase: 811 ueq/l on unspecified date increase, blood creatine phosphokinase mb: 112 ueq/l on unspecified date, body temperature: increased on unspecified date. The clinical outcome of the events was not recovered. Event assessment: Comirnaty/ all events/Agency/Result of Assessment: D. Unclassifiable No follow-up attempts are possible. No further information was expected.

VAERS ID: 1502631 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-21  
Onset: 2021-06-30  
Days after vaccination: 9  
Submitted: 0000-00-00  
Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FA5833 / 2 - / -

Administered by: Other Purchased by: ?  
Symptoms: Acute kidney injury, Ultrasound scan  
SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure  
(narrow), Shock-associated circulatory or cardiac conditions (excl

torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: Sonographie; Result Unstructured

Data: Test Result: not provided

CDC Split Type: DEPFIZER INC2021874588

Write-up: Acute kidney failure; This is a spontaneous report downloaded from the Regulatory Authority (RA)-WEB. The regulatory authority report number is DE-PEI-202100127756. A non-contactable physician reported that a 16-year-old male patient received BNT162B2 (COMIRNATY), via an unspecified route of administration on 21Jun2021 (Batch/Lot Number: FA5833) as dose 2, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient previously received BNT162B2 (COMIRNATY) on 11May2021 as 1st dose, strength: 0.3 ml for COVID-19 vaccination. On 30Jun2021, the patient experienced acute kidney failure. Result for sonographie on an unspecified date was not provided. The patient's outcome was not recovered/ not resolved. This report is serious - hospitalization. Relatedness of Comirnaty to Acute kidney failure was 'D. Unclassifiable' (Source of assessment: Agency). No follow-up attempts are possible. No further information is expected.

VAERS ID: 1502815 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-23

Onset: 2021-06-27

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Other Purchased by: ?  
Symptoms: Electrocardiogram, Magnetic resonance imaging,  
Myocarditis, Troponin T  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Name: EKG; Result Unstructured Data: Test  
Result:unknown; Test Name: cardio-MRI; Result Unstructured Data:  
Test Result:unknown; Test Name: Troponin T; Result Unstructured  
Data: Test Result:unknown

CDC Split Type: DEPFIZER INC2021873909

Write-up: acute perimyocarditis; This is a spontaneous report from a non-contactable physician downloaded from the Regulatory Authority (RA)-WEB, regulatory authority number DE-PEI-202100129255. A 16-year-old male patient received bnt162b2 (COMIRNATY, Solution for injection, lot number and expiration date were not reported), dose 2 via an unspecified route of administration on 23Jun2021 as dose 2, 0.3 ml single for COVID-19 immunisation. No relevant medical history and concomitant medications were not reported. Historical vaccine included first dose (batch: unknown) of COMIRNATY on 01Jun2021 for COVID immunization. On 27Jun2021, the patient experienced acute perimyocarditis. The patient was hospitalized due to the event. On an unknown date, the patient underwent lab tests and procedures which included electrocardiogram, magnetic resonance imaging, and troponin T with unknown results. Event assessment: Comirnaty/event/ Agency/Result of Assessment: D. Unclassifiable. The event assessed as serious (hospitalisation). The outcome of the event was not resolved. Sender Comment: EKG, TropT, cardio-MRI other (viral) triggers cannot be excluded. No follow-up Information on batch/lot number cannot be obtained attempts are possible. No further information expected.

VAERS ID: 1505115 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign



Vaccinated: 2021-06-25  
Onset: 2021-06-25  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-27  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE2090 / 1 - / -  
Administered by: Other Purchased by: ?

Symptoms: Fatigue

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: BEPFIZER INC2021882910

Write-up: Fatigue/very tired; This is a spontaneous report from a contactable consumer downloaded from the WEB BE-FAMHP-DHH-N2021-98898. A 16-year-old male patient received bnt162b2 (COMIRNATY), dose 1 at the age of 16-year-old, via an unspecified route of administration on 25Jun2021 (Lot Number: FE2090) as dose 1, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient experienced fatigue/very tired on 25Jun2021. The events were reported as serious, disability. The patient did not receive treatment for the event. The outcome of the event was recovering. Reporter comment: Treatment - No. Evolution of the ADR - Recovering. ADR description - Very tired. No follow-up attempts are possible. No further information is expected.; Reporter's Comments: Treatment - No Evolution of the ADR - Recovering ADR description - Very tired

VAERS ID: 1521277 (history)

Form: Version 2.0

Age: 16.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-18

Onset: 2021-06-21

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-08-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FD0785 / 2 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Myocarditis, SARS-CoV-2 test

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 20210623; Test Name: Nasal Swab;

Test Result: Negative

CDC Split Type: HUPFIZER INC202100927798

Write-up: Myocarditis developed three days after the second dose of Pfizer Comirnaty mRNA vaccine.; This is a spontaneous report received from the contactable physician through a regulatory authority. A 16-year-old male patient received bnt162b2 (COMIRNATY), dose 2 intramuscular, administered in arm left on 18Jun2021 (Lot Number: FD0785) at the age of 16-year-old as single dose for covid-19 immunisation. There was no medical history and concomitant medications were not reported. The patient had no known allergies. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had been tested for COVID-19. The patient previously took bnt162b2 (COMIRNATY), dose 1 intramuscular, administered in arm left on 14May2021 (Lot Number: FA5829) at the age of 16-year-old as single dose for covid-19 immunisation. On 21Jun2021, the patient experienced myocarditis developed three days after the second dose of Pfizer BNT162B2 mRNA vaccine. The event resulted in doctor or other healthcare professional office/clinic visit, emergency room/department or urgent care, hospitalization. The patient was in hospitalization for 8 days. The patient underwent lab tests and procedures which included covid test type post vaccination (nasal swab) on 23Jun2021 with negative. The patient received acetlysalicylic acid, bisoprolol for event. Outcome of event was recovered in 2021.; Sender's Comments: Based on a plausible temporal association and known drug safety profile, a possible causal relationship cannot be excluded between the suspect product

COMIRNATY and the reported event myocarditis. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1523722 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-19

Onset: 2021-06-19

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK RA / OT

Administered by: Other Purchased by: ?

Symptoms: Auscultation, Blood pressure measurement, Coma scale, Computerised tomogram, Electrocardiogram, Heart rate, Malaise, Motor dysfunction, Neuralgia, Pain in extremity, Paraesthesia, Paresis, Sensorimotor disorder, Vaccination site pain

SMQs: Peripheral neuropathy (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: cardiopulmonary auscultation; Result

Unstructured Data: Test Result:Unremarkable; Test Name: Blood

Pressure; Result Unstructured Data: Test Result:95/63 mmHg; Test

Name: Glasgow score; Result Unstructured Data: Test Result:15; Comments: Unremarkable cardiopulmonary auscultation, painless flexible abdomen, no nausea or vomiting. Neurological examination: patient conscious, oriented, partial anaesthesia at the level of the shoulder stump, lateral part of the arm and forearm, as well as thumb and index finger. Motor skills rated at 1/5 for flexion/extension of the arms, wrist, elbow and shoulder.; Test Name: computed tomography; Result Unstructured Data: Test Result:Nothing to report; Test Date: 20210617; Test Name: Electrocardiography; Result Unstructured Data: Test Result:unremarkable; Comments: no cervical lateral murmur. No anomaly in the cranial pairs, deep tendon reflex not found in the 4 limbs; Test Name: heart rate; Result Unstructured Data: Test Result:60; Test Name: Motor skills; Result Unstructured Data: Test Result:rated at 1/5; Comments: for flexion/extension of the arms, wrist, elbow and shoulder. CDC Split Type: FRPFIZER INC202100927026

Write-up: Vaccination site pain; Paraesthesia / paraesthesia of the vaccinated arm, then of the right hemicorps, then paresthesia of the right upper limb.; Feeling sick; Paresis; pain in the right arm; sensory-motor disorder; vagal discomfort / vagal-like malaise; Motor skills rated at 1/5 for flexion/extension of the arms, wrist, elbow and shoulder; This is a spontaneous report from a contactable physician downloaded from the regulatory authority-WEB, regulatory authority number FR-AFSSAPS-GR20212609. A 16-year-old female patient received bnt162b2 (COMIRNATY, Solution for injection, Batch/Lot number: unknown), intramuscular route of administration, administered in arm right on 19Jun2021 (at the age of 16-year-old) as dose 1, 0.3 ml single for COVID-19 immunisation. The medical history and concomitant medications of the patient were not reported. The long term treatments and medical history of COVID-19 infection was not specified. On 19Jun2021, the patient experienced vaccination site pain, paraesthesia/paraesthesia of the vaccinated arm, then of the right hemicorps, then paresthesia of the right upper limb, feeling sick, paresis, and on an unspecified date, pain in the right arm, sensory-motor disorder, vagal discomfort/vagal-like malaise and motor skills rated at 1/5 for flexion/extension of the arms, wrist, elbow and shoulder. It was reported that the patient was left-handed. Five minutes after the vaccination: significant pain in the vaccinated arm, vagal-like malaise, paraesthesia of the vaccinated arm, then of the right hemicorps, then paresthesia of the right upper limb. The patient was admitted to hospital for 24 hours for monitoring. Upon arrival to emergency room, the patient underwent lab tests and procedures which included cardiopulmonary auscultation: unremarkable; blood pressure: 95/63 mmhg; Glasgow score: 15 (Unremarkable cardiopulmonary auscultation, painless flexible abdomen, no nausea or vomiting. Neurological examination: patient conscious, oriented, partial anaesthesia at the level of the shoulder stump, lateral part of the arm and forearm, as well as thumb and index finger. Motor skills: rated at 1/5 for flexion/extension of the arms, wrist, elbow and shoulder); heart rate: 60; computerised tomography: nothing to report and on 17Jun2021, electrocardiography: unremarkable (no cervical lateral murmur. No anomaly in the cranial pairs, deep tendon reflex not found in the 4 limbs). Differential diagnosis: Remainder of the

neurological examination is unremarkable: walking possible, no balance disorders, no cerebellar syndrome, no meningeal syndrome, no damage to the cranial pairs, no abnormal movements or seizure. No chest pain, no skin rash. Computed tomography +Supra-aortic trunks: no evidence for a recent ischemic lesion, no thrombophlebitis, no arterial occlusion. Blood test: Complete blood count, electrolytes, creatinine, urea, transaminases, alkaline phosphatase, normal Gamma-glutamyltranspeptidase. Conclusion: Overall, the patient presents with pain in the arm and sensory-motor disorders. Outcome: Recovery at the sensory-motor level after 12 hours. On 20Jun2021, persistence of moderate deltoid and trapezius pain on the right, without contracture. No neurological impairment (sensory or motor) of the upper and lower limbs. The outcome of the events pain in extremity, sensorimotor disorder, neuralgia and motor dysfunction was unknown, event vaccination site pain was resolving and paraesthesia, feeling sick and paresis was resolved on 19Jun2021. No follow-up attempts are needed. No further information is expected.

VAERS ID: 1525509 (history)  
Form: Version 2.0  
Age: 16.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-07-17

Onset: 2021-07-18

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-08-04

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / UNK LA / OT

Administered by: Other Purchased by: ?

Symptoms: Myocarditis, SARS-CoV-2 test

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 20210719; Test Name: COVID-19 PCR;

Test Result: Negative ; Comments: Nasal Swab

CDC Split Type: CAPFIZER INC202100921858

Write-up: Myocarditis; This is a spontaneous report from a contactable physician. A 16-year-old male patient received BNT162B2 (Pfizer-BioNTech COVID-19 vaccine), intramuscular, administered in the left arm on 17Jul2021 at 12:00 (Lot Number and Expiry date unknown) as dose number unknown, single for COVID-19 immunization. The patient did not have any medical history. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient's concomitant medications were not reported. It was unknown if the patient received any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive any other medications within 2 weeks of vaccination. On 18Jul2021 at 15:00 the patient experienced myocarditis. The patient visited the emergency room/department or urgent care due to the event. The patient was hospitalized for 3 days due to the event. The patient received ibuprofen as treatment for the event. The patient underwent a COVID-19 PCR test nasal swab on 19Jul2021 and got a negative result. The outcome of the event was unknown. Information on the lot/batch number has been requested.; Sender's Comments: Based on the temporal association, a possible contributory role of BNT162B2 to the development of myocarditis cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 921641 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: New York

Vaccinated: 2021-01-04

Onset: 2021-01-04

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-01-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EL0140 / 1 LA / IM

Administered by: Senior Living Purchased by: ?

Symptoms: Acute respiratory failure, COVID-19, Hypoxia, SARS-CoV-2 test positive

SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary

hypertension (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: acetaminophen 160 mg/5 mL (5 mL) oral solution albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization budesonide 0.5 mg/2 mL suspension for nebulization Certavite-Antioxidant 18 mg-400 mcg tablet ClearLax 17 gram/dose oral powder

Current Illness: Right lung atelectasis/infiltrate with right mediastinal shift on chest x-ray (12/25) that was treated with steroids and antibiotics

Preexisting Conditions: Chronic respiratory Failure Dependence on mechanical ventilation Seizure disorder Spastic quadriplegic cerebral palsy Encephalopathy

Allergies: NKA

Diagnostic Lab Data: 1/5/21 COVID PCR result: Positive

CDC Split Type:

Write-up: Administered first dose of COVID19 vaccine at 1:29pm on 1/4/21. At approximately 11:00pm resident exhibited acute respiratory decompensation with very limited air entry and hypoxemia. Patient received Benadryl, steroids, epinephrine, and Duoneb without improvement. Resident was referred to the emergency room and found to be COVID positive. No fever or rash were reported.

VAERS ID: 1096709 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Unknown

Vaccinated: 2021-03-11

Onset: 2021-03-12

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-03-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / -

Administered by: Military Purchased by: ?

Symptoms: Basophil percentage decreased, Blood calcium normal, Blood chloride normal, Blood creatinine normal, Blood glucose increased, Blood lactic acid, Blood potassium normal, Blood sodium normal,

Blood urea normal, C-reactive protein increased, Carbon dioxide normal, Eosinophil percentage decreased, Generalised tonic-clonic seizure, Haematocrit normal, Haemoglobin normal, Lymphocyte percentage decreased, Monocyte percentage, Neutrophil percentage increased, Platelet count normal, Pyrexia, Respiratory viral panel, SARS-CoV-2 test negative, White blood cell count increased  
SMQs: Haematopoietic leukopenia (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Briviact 10 mg/mL solution, 7 mL (70 mg) PO twice a day Miralax 1 capful daily PRN  
Current Illness:  
Preexisting Conditions: - Seizure disorder (no seizures since hippocampal ablation in Nov 2020) - Cortical dysplasia - Monosomy Xq26 and Trisomy 6p21.3 - Autism - Global developmental delay - Overactive bladder - Asthma  
Allergies: Unasyn ? severe urticaria - Oxcarbazepine 300 mg (Trileptal) ? skin rash, fever, leukopenia, elevated liver labs - \*Clobazam ? skin rash, angioedema  
Diagnostic Lab Data: BMP: Na 139, K 3.6, Cl 104, CO2 23 BUN 12, Cr 0.66, Glu 124, Ca 9.0 Lacate 1.0 CBC: WBC 14.8, Hgb 13.9, Hct 40.1, Plt 342. 90.5% neutrophils, 4.5% lymphocytes, 4.7% monocytes, 0% eosinophils, 0.3% basophils, no bands ASAP SARS-CoV-2 Rapid: No pathogen detected RVP negative CRP 26.3  
CDC Split Type:  
Write-up: Fever of 103 F, received Tylenol, then developed tonic-clonic seizure activity for about 20 minutes (received 10mg intranasal midazolam and 0.5mg buccal clonazepam while awaiting EMS)

VAERS ID: 1114461 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-01-25  
Onset: 2021-01-27



Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-03-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 3 LA / OT  
Administered by: Other Purchased by: ?  
Symptoms: Anaphylactoid reaction  
SMQs: Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid  
shock conditions (narrow), Hypersensitivity (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: PROAIR [SALBUTAMOL SULFATE]; AUVI Q; ZYRTEC  
[CETIRIZINE HYDROCHLORIDE]; CLARITIN [LORATADINE]; TRIAMCINOLONE  
ACETONIDE  
Current Illness: Allergy to legumes (Anaphylaxis); Asthma; Eczema;  
Food allergy (Flaxseed, Anaphylaxis); Food allergy (Chocolate,  
Anaphylaxis); Food allergy (Chickpea, Anaphylaxis); Peanut allergy  
(Anaphylaxis); Penicillin allergy (Anaphylaxis); Pollen allergy  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Allergy to nuts (tree nuts allergy Anaphylaxis)  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: USPFIZER INC2021082081  
Write-up: Anaphylactoid reaction; PHASE 1/2/3, PLACEBO-CONTROLLED,  
RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE  
SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA  
VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS This is a  
report from an interventional study source for sponsored by  
BioNTech, managed and reported by Pfizer on the sponsor's behalf.  
The subject was in the open-label phase of the study when the event  
occurred. A 17-year-old female subject with a past medical history  
significant for multiple allergies with anaphylaxis received first  
dose of blinded therapy (BNT162;PLACEBO) on 20Nov2020 at 17:04 and  
second dose on 15Dec2020 at 15:16. Per protocol, the participant was  
unblinded and confirmed to have received placebo and subsequently  
received third dose of study vaccine (BNT162B2) on 25Jan2021 at  
16:50, all via intramuscular route in left deltoid as single doses  
for COVID-19 immunization. Ongoing medical history included  
penicillin allergy from 2010, peanut allergy from 2004, legume  
allergy from 2012, chickpea allergy from 2012, chocolate allergy  
from 2012, flaxseed allergy from 2016, all with anaphylaxis; pollen  
allergy from 2007, and asthma and eczema both from 2003. Additional  
medical history included: tree nuts allergy from 2004 (anaphylaxis).  
Ongoing concomitant medications included salbutamol sulfate (PROAIR)  
from 2010 for asthma, epinephrine (AUVI Q) from 2005 for penicillin

allergy, peanut allergy, tree nuts allergy, legume allergy, chickpea allergy, flaxseed allergy and chocolate allergy, cetirizine hydrochloride (ZYRTEC) from 2007 for pollen allergy, loratadine (CLARITIN) from 2007 for pollen allergy, and triamcinolone acetonide from 2007 for eczema. There were no concomitant vaccines administered on same date of study vaccine and no prior vaccinations (within 4 weeks prior to the first administration date of study drug). The subject experienced hives left arm on 27Jan2021 at 10:30, shortness of breath 27Jan2021 at 11:00 and a diagnosis of anaphylactoid reaction on 27Jan2021 at 10:30, which were considered as life threatening (the event was considered life-threatening as subject with known anaphylaxis with tree nuts and subject reported similar symptoms). Clinical course was reported as follows: On 27Jan2021 at 10:30 (2 days after receiving BNT162B2 injection on her left arm) the subject started developing hives on her left arm and used her epinephrine pen at 10:54 and shortly after developed shortness of breath at 11:00. The subject did not touch or consume anything new prior to developing the hives on her left arm and the shortness of breath. The subject was not seen by a school nurse and self-administered her epi-pen. The hives resolved at 11:04 and the shortness of breath resolved at 11:24. The subject denied any other symptoms and did not seek further medical attention. There were no relevant tests done. The action taken in response to the events for study vaccine (BNT162B2) was permanently withdrawn (reported as not applicable as per investigator). The subject was not dosed vaccination 4 on 17Feb2021 (Visit 102). Outcome of the events was recovered on 27Jan2021. The investigator reported that there was a reasonable possibility that the event anaphylactoid reaction was related to Dose 3 of the study vaccine (BNT162B2), but not related to dose 1 and dose 2 of blinded therapy (BNT162;PLACEBO), concomitant drugs or clinical trial procedure. Follow-up (27Jan2021 and 03Feb2021): Seriousness life-threatening justification, additional medical history (tree nuts allergy) and clinical course (did not touch or consume anything new before SAE). Follow-up (18Feb2021): New information reported includes: action taken with the blinded study vaccine. Follow-up (02Mar2021): New information reported includes: concomitant medication and action taken with the blinded study vaccine. Follow-up (11Mar2021): New information reported includes: SAE term updated to 'anaphylactoid reaction'. This is a final report for initial notification of a life threatening event. .; Sender's Comments: The event 'anaphylactoid reaction' is unlisted in the protocol's Single Reference Safety Document (IB). Pfizer's safety database was reviewed for cases reporting PF-07302048 or blinded therapy through 28-FEB-2021 for adverse events encoding to MedDRA (v.23.1J) Preferred Term(s) of Anaphylactoid reaction. Review of the database for the PT Anaphylactoid reaction had the following results: 0 serious clinical trial cases (0 of which were attributed to therapy) and 29 non clinical trial cases. The information available in this report is very limited. The Company considers that there is a reasonable possibility that 'anaphylactoid reaction' is related to the study product. There is a plausible, although belated, time relationship between vaccination with BNT162b2 and onset of the event in a subject with a medical history of allergic diathesis; it is worth

noting that symptoms resolved rapidly upon self-medication. From the available information for the rationale that led to attribution of a life-threatening seriousness criterion, it may not be justifiable based on past-history of anaphylaxis alone. The impact of this report on the benefit-risk profile of the Pfizer product and on the conduct of the study is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1127200 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Wyoming

Vaccinated: 2021-03-19  
Onset: 2021-03-21  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-03-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein increased, Ejection fraction decreased, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Inflammatory marker increased, Left ventricular dysfunction, Pyrexia, SARS-CoV-2 test negative, Troponin increased, Viral test  
SMQs: Cardiac failure (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Ferrous sulfate, Flonase, methotrexate, protonix

Current Illness:

Preexisting Conditions: HLA B27+ juvenile idiopathic arthritis, enthesitis-related subtype with sacroiliitis well controlled on methotrexate (previously on Humira)

Allergies: none

Diagnostic Lab Data: Echo concerning for moderate LV dysfunction EF

44%, normalized the next day. - CRP 18 - COVID PCR negative, viral PCR negative. Other infectious workup pending.

CDC Split Type:

Write-up: one day of fever found to have elevated inflammatory markers, LV dysfunction (now resolved), elevated troponin and ST elevation in EKG concerning for myopericarditis. Admitted to hospital. No documented fever in hospital, no rash, no GI symptoms, no other criteria met for MIS-C. Unclear etiology of myopericarditis.

VAERS ID: 1135577 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Hawaii

Vaccinated: 2021-03-08

Onset: 2021-03-16

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-03-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EN6206 / 1 RA / OT

Administered by: Military Purchased by: ?

Symptoms: Body temperature, C-reactive protein, Drug screen, Electroencephalogram, Full blood count, Headache, Lumbar puncture, Magnetic resonance imaging, Nausea, Pyrexia, SARS-CoV-2 test, Seizure, Vision blurred, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Drug abuse and dependence (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Hospitalization

Preexisting Conditions: Medical History/Concurrent Conditions:

Headache; Irregular periods

Allergies:

Diagnostic Lab Data: Test Date: 20210316; Test Name: Body Temperature; Result Unstructured Data: Test Result:100.4 Fahrenheit; Test Name: CRP; Result Unstructured Data: Test Result:elevated to 0.8 (normal less than 0.5); Test Name: Tox screen; Result Unstructured Data: Test Result:negative; Test Name: EEG; Result Unstructured Data: Test Result:shows localized to the occipital region; Test Name: CBC; Result Unstructured Data: Test Result:unremarkable; Test Name: LP; Result Unstructured Data: Test Result:shows 1 WBC, Gram stain negative; Test Name: MRI with contrast negative; Test Result: Negative ; Test Date: 20210317; Test Name: Nasal Swab; Test Result: Negative  
CDC Split Type: USPFIZER INC2021300044

Write-up: Began having seizures; Presented to the ER on 17 March 2021 for headache with blurry vision; Presented to the ER on 17 March 2021 for headache with blurry vision; Also had persistent nausea and subsequent vomiting; Also had persistent nausea and subsequent vomiting; Fever X1 to 100.4F on day of presentation/no further sz; This is a spontaneous report from a contactable physician. A 17-year-old female patient (not pregnant) received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) intramuscularly in right arm on 08Mar2021 (lot number: EN6206) at single dose for COVID-19 immunization. Medical history included headache and irregular periods, ongoing hospitalization. No known allergies. Concomitant medications included birth control pills. No other vaccine in four weeks. No COVID prior vaccination. Vaccine received during existing hospitalization. The patient began having seizures (hospitalization prolonged, life threatening) on 16Mar2021 12:00, presented to the ER on 17Mar2021 for headache with blurry vision (hospitalization prolonged, life threatening) on 16Mar2021 12:00, also had persistent nausea and subsequent vomiting (hospitalization prolonged, life threatening) on 16Mar2021 12:00, fever x1 to 100.4F on day of presentation/no further seizure (hospitalization prolonged, life threatening) on 16Mar2021 12:00. Clinical course: Presented to the ER on 17March2021 for headache with blurry vision. Patient reported symptoms for 1 day prior. Also had persistent nausea and subsequent vomiting. Presented to the ED at 23:00. Began having seizures. EEG shows localized to the occipital region. Fever X1 to 100.4F on day of presentation no further sz. LP shows 1 WBC, Gram stain negative. Cultures negative. HSV pending. On ceftriaxone and acyclovir. Continues to have focal sz on EEG now on 3 AEDs. MRI with contrast negative. CBC unremarkable. CRP elevated to 0.8 (normal less than 0.5). Tox screen negative. COVID tested post vaccination: Nasal Swab (SARS-CoV-2 Cepheid) with result of negative on 17Mar2021. Therapeutic measures were taken as a result of all the events which included treatment with IVIG, Antibiotics, Steroids, Antiepileptics. The outcome of the events was not recovered.; Sender's Comments: Based on the information currently available, a possible contributory role of the suspect drug to the reported events cannot be completely excluded based on temporal association and known drug safety profile. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this

review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1142350 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-03-23

Onset: 2021-03-23

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-03-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN

- / 1 LA / -

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic shock, Tongue blistering, Tongue pruritus  
SMQs: Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Zoloft hydroxyzine

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: blisters on the tongue, followed by itching, and anaphylactic shock from 11:30pm to 12:30am. benadryl and 2 epi pens were used and then at the hospital steroids and IV benadryl were utilized. Benadryl was used for the next 24 hours and then steroids were prescribed outpatient

VAERS ID: 1148292 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-03-05

Onset: 2021-03-25

Days after vaccination: 20

Submitted: 0000-00-00

Entered: 2021-03-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 1 UN / IM

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Arthralgia, Cardiovascular evaluation, Echocardiogram  
normal, Troponin increased

SMQs:, Myocardial infarction (narrow), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Troponin 3/29: 2.74 -\$g 2.54 -\$g 1.42; 3/30 =  
1.94 Echo study normal

CDC Split Type:

Write-up: Pt is an 17 year old male who presents with a history of  
left shoulder pain since 3/25. He has recently been vaccinated for  
SARS Co-V2 (First dose on March 5th with second dose on March 27).  
He is currently hospitalized for elevated troponin and working up  
for myocarditis.

VAERS ID: 1165996 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: New York

Vaccinated: 2021-03-17

Onset: 2021-03-01

Submitted: 0000-00-00

Entered: 2021-04-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / OT

Administered by: Unknown Purchased by: ?

Symptoms: Anaphylactic reaction

SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid  
shock conditions (narrow), Hypersensitivity (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Adhesive plaster sensitivity; Allergic reaction to antibiotics  
(Mother); Type I diabetes mellitus  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: USPFIZER INC2021326175  
Write-up: multi-phase anaphylaxis/several anaphylactic reactions;  
This is a spontaneous report from a contactable consumer (parent)  
from a Pfizer-sponsored program. A 17-year-old male patient received  
the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 MRNA VACCINE),  
intramuscularly in the right arm, on 17Mar2021 at 12:45 (at the age  
of 17-years-old) as a single dose for COVID-19 immunization. Medical  
history included allergies to sticking plaster (adhesive) and  
diabetes type 1. Family history included allergies to some  
antibiotics in the mother. The patient had no concomitant  
medications. The patient did not receive any other vaccines within  
four weeks prior to the vaccination. The patient experienced multi-  
phase anaphylaxis/several anaphylactic reactions in Mar2021, which  
caused hospitalization and was reported as an important medical  
event and life-threatening. The clinical course was reported as  
follows: The patient had multi-phase anaphylaxis following his first  
dose of vaccination. He went to three different hospitals and was in  
the pediatric intensive care unit (PICU) at the time of reporting.  
The patient was heavily sedated, intubated, and on a ventilator for  
3 days. The clinical outcome of multi-phase anaphylaxis/several  
anaphylactic reactions was unknown. Follow-up attempts are  
completed. No further information expected.

VAERS ID: 1193717 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-04-01  
Onset: 2021-04-07  
Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-04-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK RA / IM  
Administered by: Public Purchased by: ?  
Symptoms: Computerised tomogram, Full blood count, Metabolic



function test, Pneumomediastinum, Scan with contrast, Subcutaneous emphysema

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: CT right arm/neck with contrast, CBC, CMP

CDC Split Type:

Write-up: Diagnosed w/ severe pneumomediastinum involving base of neck and right upper extremity. Emphysematous changes in the airway and vascular structures of the neck.

VAERS ID: 1197826 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-04-08

Onset: 2021-04-11

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-04-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0158 / 2 RL / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation,

Myocarditis, Pericarditis, Troponin increased

SMQs:, Systemic lupus erythematosus (broad), Myocardial infarction

(narrow), Gastrointestinal nonspecific symptoms and therapeutic

procedures (broad), Cardiomyopathy (broad), Chronic kidney disease

(broad), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lexapro 10 mg

Current Illness: none

Preexisting Conditions: Obesity, anxiety, depression

Allergies: none

Diagnostic Lab Data: See item 18.

CDC Split Type:

Write-up: Chest pain developed 3 days following vaccine administration. Presented to ED the morning of 4/11/2021, and was found to have diffuse ST elevation on ECG, and troponin level of 0.52. Received dose of aspirin, and then was transferred to Hospital for treatment and monitoring of pericarditis the afternoon of 4/11. Echo at Hospital with good LV function. Repeat EKG demonstrated ST elevation again, and he was started on ibuprofen 600 mg every 6 hours. Chest pain recurred in the evening of 4/11, but resolved some time after administration of ibuprofen. Troponin level upon arrival to Hospital were 3.92 at 17:11 on 4/11, then rose 8.68 at 23:42 on 4/11 at the time of his worsening chest pain. Chest pain still resolved by morning of 4/12, and troponin level downtrended to 5.87 at 6:22 on 4/12. Diagnosis consistent with myopericarditis.

VAERS ID: 1198675 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: North Carolina

Vaccinated: 2021-04-12

Onset: 2021-04-12

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-04-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: Anaphylactic reaction, Cough, Dyspnoea, Oropharyngeal swelling, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Oropharyngeal allergic conditions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No  
Previous Vaccinations:  
Other Medications: Metformin  
Current Illness: None.  
Preexisting Conditions: PCOS  
Allergies: All nuts – anaphylaxis Shellfish – GI upset  
Diagnostic Lab Data: None.  
CDC Split Type:  
Write-up: Anaphylaxis (hives, oropharyngeal swelling, cough, shortness of breath) 20 mins following vaccine administration. Patient given epinephrine at vaccine site 20min after symptom onset with significant improvement in symptoms including improved pharyngeal swelling and resolution of hives. Patient presented to the emergency department 1.5 hours following onset of anaphylaxis with mild cough and mild pharyngeal swelling for observation.

VAERS ID: 1199455 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Wisconsin

Vaccinated: 2021-04-02  
Onset: 2021-04-10  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-04-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?  
Symptoms: Cardiac arrest, Chest pain, Death, Dyspnoea  
SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Respiratory failure (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-04-10

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: fluoxetine, fesoterodine, ortho-tricyclen, oxybutynin

Current Illness: NA

Preexisting Conditions: spina bifida, spinal meningocele, VP shunt, scoliosis, neurogenic bladder, constipation

Allergies: bananas, cephalexin, kiwi, mango, pineapple, latex

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death

VAERS ID: 1206421 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-03-11

Onset: 2021-03-14

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-04-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EN6204 / 1 RA / SYR

Administered by: Other Purchased by: ?

Symptoms: Blood test abnormal, Deep vein thrombosis, Nodule, Pain in extremity, SARS-CoV-2 test negative, Thrombosis, Ultrasound scan abnormal

SMQs: Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Thrombophlebitis (broad), Tendinopathies and ligament disorders (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? Yes

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: melatonin,

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Ultrasound on 3/18 showed DVT in right calf, and blood panels were also done, covid test was negative. Blood work showed he was positive for heterozygous positivity for Factor11 (prothrombin) gene mutation

CDC Split Type:

Write-up: Blood clot in right calf. Noticed pain and knot in calf on Sunday 3/14/2021. It worsened over the next few days. Went to Urgent care on 3/18 and they sent us straight to ER for Ultrasound. In

hospital they found it was a clot identified as deep vein thrombosis, and started a treatment of blood thinner and pain medication.

VAERS ID: 1207321 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-03-10

Onset: 2021-03-11

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Computerised tomogram head, Dizziness, Fatigue, Laboratory test, Migraine, Pain in extremity, Pyrexia, Somnolence, Thrombophlebitis

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Qvar

Current Illness: URI/Asthma (Not COVID)

Preexisting Conditions: Cough-variant asthma GERD

Allergies:

Diagnostic Lab Data: CT Brain Labwork

CDC Split Type:

Write-up: Severe, debilitating fatigue to the point of not being able to stay awake for more than a couple of hours a day. This continues, although minimally improved, 1 month out from 2nd vaccine  
Migraine-type headache- daily, continues 1 month out  
Dizziness  
Thrombophlebitis Initial low-grade fever and arm soreness resolved within 2 days

VAERS ID: 1219125 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-04-12  
Onset: 2021-04-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-04-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Anaphylactic reaction, Intensive care

SMQs: Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid  
shock conditions (narrow), Hypersensitivity (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: fluoxetine 20 mg tablet daily, spironolactone 25  
mg tablet daily, metformin 1500 mg daily

Current Illness: No

Preexisting Conditions: PCOS, history of anaphylaxis to nuts and  
chocolate

Allergies: Peanuts, tree nuts, shellfish, and chocolate

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient had anaphylaxis with recorded trigger (Pfizer  
COVID vaccine). She received epinephrine onsite, and then an  
additional dose of 0.3mg in ED. She however, required required two  
more doses of 0.5mg epinephrine and racemic epi neb. She was  
admitted for further observation given need for multiple doses of  
epinephrine. At approximately 9:00 am (~18 hours post vaccine) a  
rapid response was called on 4/13 and patient was transferred to the  
PICU for further treatment. Patient also received the last dose of  
epinephrine 0.5mg at approximately 9:00 am (~18 hours post vaccine).  
Patient received famotidine 20mg IV x1 and methylprednisolone 90mg  
IV x2 in the PICU. Patient was discharged on 4/14 at 8:00 am from  
the PICU, approximately 41 hours post vaccine administration.  
Received a total of epinephrine x7 doses during the hospitalization.

VAERS ID: 1231560 (history)  
Form: Version 2.0

Age: 17.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-04-15  
Onset: 2021-04-17  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-04-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER 8731 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray, Chest pain, Electrocardiogram, Laboratory test, Myocarditis, Troponin increased, Ultrasound scan  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: PRESCRITPION: Sertraline 50mg tablets, Spironolactone 25mg tablets, Singulair 10mg tablets, Aurovela FE 1/20 tablets, Dexmethylphenidate ER 25mg, Cefdinir 300 mg caplets  
OTC: Lactaid Chewable Pill, Chewable Vitamin, Vitamin D (2000 IU,  
Current Illness: Ear infection

Preexisting Conditions: ADHD, Anxiety

Allergies: Allergic to Persimmon fruit

Diagnostic Lab Data: Urgent Care Chest XRay (clear but showing distress) and EKG Hospital- EKG and Bloodwork (for Cardio) Other Hospital- Several tests were run (ultrasound, EKG, bloodwork) - diagnosis was myopericarditis. She was treated with high doses of NSAIDS and troponin levels began to drop from 7 to 6 to 5 to 3.5

CDC Split Type:

Write-up: On 4/17/21 (ie within 48 hours of receiving COVID 19 Pfizer Shot #2 (4/15/21), my daughter began experiencing chest pain in the PM (PM of 4/17). It was initially mild so we did a watch and wait overnight but when it did not go away by morning of 4/18/21 we went to Urgent Care . Upon presentation at urgent care, she had an irregular EKG, we were advised to immediately do to a Hospital ER , upon arrival she presented with same EKG findings from urgent care, BW was run and her troponin level was a 7, this hospital recommended (after consultation with their cardiologist) that based on her age and urgency of the heart condition, we should be transported to a pediatric hospital with cardiology expertise. She was transported by

ambulance to another Hospital, Cardiology Unit. . After a scary 24 hour overnight stay at the hospital she was released on 4/19/21.

VAERS ID: 1236864 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-04-15

Onset: 2021-04-20

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-04-21

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 AR / IM

Administered by: Private Purchased by: ?

Symptoms: Aphasia, Partial seizures, Stress, Transient ischaemic attack

SMQs: Systemic lupus erythematosus (broad), Ischaemic central nervous system vascular conditions (narrow), Dementia (broad), Convulsions (narrow), Embolic and thrombotic events, arterial (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vyvanse Mirtazapine sertraline

Current Illness:

Preexisting Conditions:

Allergies: Pineapple

Diagnostic Lab Data:

CDC Split Type:

Write-up: patient woke up with aphasia. per ER note, differential TIA vs focal seizure vs stress.

VAERS ID: 1242082 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Pennsylvania



Vaccinated: 2021-04-16  
Onset: 2021-04-17  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-04-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8735 / 2 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Abdominal pain, Appendectomy, Nausea, Pain, Vomiting  
SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies: NKDA  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Started Saturday, April 17 around 9am with nausea,  
abdominal pain and vomiting bile (this started 23-24 hours after the  
vaccine; no other side effects). The focus of the pain was on the  
lower right side of his abdomen, and when he tried to stand up  
straight the pain increased in intensity and he felt like it was  
"pulling". With all the vomiting the pain spread to most of the  
abdomen, but after getting Zofran and resting that additional area  
subsided. He was evaluated at Medical Center and ultimately  
transferred to hospital for appendectomy on April 17 around 5pm.  
Appendectomy was done early morning Sunday, April 17 and he was  
discharged home that afternoon

VAERS ID: 1242922 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-04-14  
Onset: 2021-04-21  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-04-22  
Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 RA / SYR  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Computerised tomogram, Headache, Metabolic function test,  
Nausea, Seizure, Vomiting  
SMQs:, Acute pancreatitis (broad), Systemic lupus erythematosus  
(broad), Convulsions (narrow), Noninfectious encephalitis (broad),  
Noninfectious encephalopathy/delirium (broad), Noninfectious  
meningitis (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (narrow), Generalised convulsive seizures  
following immunisation (narrow), Hypoglycaemia (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: No medications or vitamins.  
Current Illness: No illnesses prior to the vaccinations.  
Preexisting Conditions: No chronic or long standing health  
conditions prior to the vaccination.  
Allergies: Allergies to anything with cillin  
Diagnostic Lab Data: Blood panel was clean and CT scan.  
CDC Split Type:  
Write-up: My son developed headache, vomiting, nausea, and worst of  
all a 45 second seizure.

VAERS ID: 1243487 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-04-13  
Onset: 2021-04-21  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-04-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW010 / 1 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Completed suicide  
SMQs:, Suicide/self-injury (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-04-21  
Days after onset: 0  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Unknown, History of Mental Illness  
Current Illness: Mental Illness,  
Preexisting Conditions: Mental Illness  
Allergies: None Reported  
Diagnostic Lab Data: None  
CDC Split Type:  
Write-up: Patient Committed Suicide with a firearm.

VAERS ID: 1248068 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: California

Vaccinated: 2021-04-05  
Onset: 2021-04-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		019B21A / 1
LA / SYR		

Administered by: Public Purchased by: ?  
Symptoms: Asthenia, Blepharospasm, Cardiac flutter, Disturbance in attention, Fatigue, Formication, Muscle twitching, Nervous system disorder, Paraesthesia, Pyrexia, Seizure  
SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Tachyarrhythmia terms, nonspecific (narrow), Depression (excl suicide and self injury) (broad), Periorbital and eyelid disorders (narrow), Ocular motility disorders (narrow), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:

Other Medications: None  
Current Illness: None  
Preexisting Conditions: Lyme Disease  
Allergies: Amoxicillin  
Diagnostic Lab Data: Diagnosed with Lyme Disease on November 21st, 2011.

CDC Split Type:

Write-up: The day after the vaccine I felt very weak and fatigued on April 7th. A couple days later on April 9th I developed a fever. A few days after that my muscles started twitching and haven't stopped. I feel like something is crawling under my skin and the vaccine is extremely affecting my nervous system. I did not have this problem before I had the vaccine. It has not gone away and it is now April 23rd I still feel weak, not the same as I used to feel before having the vaccine, and my muscles are twitching all over my body. My face is twitching and my eye and there is nothing I can do to make it stop. I am so young and I thought the vaccine was safe but I am suffering from it. Especially in my feet I feel like they are tingling and vibrating and my calves are convulsing too. Meanwhile, my heart is fluttering and I feel like it is very hard for me to focus and I feel things crawling under my skin in my brain. The muscle convulsions are happening everywhere.

VAERS ID: 1252407 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-03-11

Onset: 2021-03-12

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EN6207 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Arteriovenous malformation, Computerised tomogram, Craniotomy, Haemorrhage intracranial, Headache, Intensive care, Intraventricular haemorrhage, Magnetic resonance imaging head abnormal

SMQs: Haemorrhage terms (excl laboratory terms) (narrow),  
Haemorrhagic central nervous system vascular conditions (narrow),  
Congenital, familial and genetic disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 15 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: MRI – revealed arteriovenous malformation (AVM)  
CT scans (multiple)  
CDC Split Type:  
Write-up: Severe headaches due to ventricular bleed, following bleed from arteriovenous malformation (AVM). Headaches persisted starting March 12 and continued for following 11 days. A visit to the Emergency Department led to an MRI, which revealed the AVM. Craniotomy removed the AVM, followed by 12 days in intensive care. Post-surgical complication of intracranial hemorrhage. Patient is currently in rehabilitation.

VAERS ID: 1255030 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-03-30  
Onset: 2021-04-19  
Days after vaccination: 20  
Submitted: 0000-00-00  
Entered: 2021-04-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8732 / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Biliary dilatation, Gamma-glutamyltransferase increased, Hepatic enzyme increased, Liver transplant rejection, Ultrasound Doppler abnormal  
SMQs: Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Biliary tract disorders (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Calcium carbonate, vitamin D, flonase, losartan,

xopenex, omeprazole, sirolimus, tacrolimus, cellcept, ursodiol, somatropin, bactrim, Mg

Current Illness: None

Preexisting Conditions: Iatrogenic adrenal insufficiency, autosomal recessive polycystic kidney disease, congenital hepatic fibrosis status post liver and kidney transplant in 2019. Growth hormone deficiency.

Allergies: Cefepime, immune globulin,

Diagnostic Lab Data: 4/19/21: ALT 827, AST 538, and GGT of 81

4/20/21: US w/doppler done showed some dilation of his CBD.

CDC Split Type:

Write-up: Elevated liver enzymes and dilation of common bile duct found on biopsy to be acute liver rejection in the setting of multiple prior acute liver rejections post transplant

VAERS ID: 1255191 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: New York

Vaccinated: 2021-04-09

Onset: 2021-04-09

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-04-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0158 / 1 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Diarrhoea, Dizziness, Erythema, Hypotension, Vomiting  
SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: FISH OIL; BENADRYL; ZYRTEC; MOTRIN

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Urticaria

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021392275

Write-up: She became very red; Dizziness; Vomiting; Diarrhea; Hypotension; This is a spontaneous report from a contactable healthcare professional. A 17-year-old female patient received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Batch/Lot Number: EW0158), intramuscular, administered in left arm on 09Apr2021 16:30 as single dose for COVID-19 immunization. Medical history included 3 weeks of urticaria prior to vaccination. The patient has had no COVID history prior vaccination. The patient has not been tested for COVID post vaccination. Concomitant medications included fish oil; diphenhydramine hydrochloride (BENADRYL); cetirizine hydrochloride (ZYRTEC); ibuprofen (MOTRIN), and an unspecified multivitamin. The patient previously took Amoxicillin and experienced drug allergies. After vaccine, the patient became very red, had dizziness, vomiting and diarrhea and hypotension on 09Apr2021. The events resulted in an emergency room/department or urgent care visit and hospitalization for 1 day. Treatment included epi, Benadryl, steroids, Pepcid, and fluid boluses. The outcome of the events was not resolved.

VAERS ID: 1258199 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Pennsylvania

Vaccinated: 2021-04-08

Onset: 2021-04-10

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-04-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

ER8734 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Balance disorder, Pyrexia

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vit D, MVI

Current Illness: None

Preexisting Conditions: Growth Hormone Deficiency, short stature  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Fever, dysequilibrium

VAERS ID: 1263480 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Montana

Vaccinated: 2021-04-21  
Onset: 2021-04-22  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-04-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0162 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Amnesia, Blood culture, Blood glucose decreased, Blood pressure decreased, Blood test, Body temperature increased, Cardiac murmur, Chest X-ray, Chills, Computerised tomogram head, Computerised tomogram thorax, Confusional state, Dizziness, Dysphemia, Full blood count, Headache, Incoherent, Inflammatory marker increased, Laboratory test abnormal, Liver function test normal, Loss of consciousness, Lymphadenopathy, Malaise, Motor dysfunction, Myalgia, Mydriasis, Pain, Painful respiration, Seizure, Seizure like phenomena, Syncope, Urinary incontinence, Vision blurred, White blood cell count normal

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Glaucoma (broad), Cardiomyopathy (broad), Lens disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (narrow), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No



Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Sprintec (birth control for PCOS), Melatonin

Current Illness: None

Preexisting Conditions: PCOS, exercised induced asthma

Allergies: None known

Diagnostic Lab Data: 4/22: Chest Xray, CT Scan of Brain and Lungs, 4/22 & 4/23 & 4/26 Full CBC/Blood Cultures for drugs and infections/ viruses, etc. Clinic would have results from those labs.

CDC Split Type:

Write-up: At 2am 4/22 patient started to feel sick and sent a text that I didn't read until 630 as I was asleep. She had severe muscle aches, hurt to move, hurt to breathe and felt like she was having a heart attack. She felt like she might pass out and had some blurred vision. At 630am, I saw her texts and immediately brought her 2 tylenol and a large glass of water. She went back to bed. She woke up around 10:45 and was feeling decent except for a headache but no fever or anything so we went to try on some Prom dresses. At the dress shop, she collapsed and had a seizure lasting around a minute. She lost her bladder and was completely confused and incoherent. She's never had a seizure before. I scooped her up, brought her to the ER where they ran every test and scan imaginable. Full blood work up and cultures, a chest xray, a CT scan of her brain and lungs. Her temp was high 103-104 and she had full body chills and a pounding headache. Her BP kept dropping and got as low as 81/36. They threw 2 bags of IV fluids into her and admitted her to the hospital. She had also developed a heart murmur. Over the course of the night, her BP stabilized but her temp continued to spike and come back down with Tylenol/Ibuprofen. She also had IV Tordahl for the headache. Her inflammatory markers were high at 15.3 which we were told should be less than 1. They reran labs in the morning but everything came back really low which they felt was a dilution effect from all the fluids so wanted us to follow up with her primary care on Monday. On Saturday night, her lymph nodes were swollen to the size of ping pong balls but have since slowly reduced in size although still there. Her labs were better from discharge and her white blood cell count was within range and her inflammatory marker was down to 1.7. Her blood sugar was a little low. She did pass out and have seizure like response to giving blood in the doctors office, lost bladder control again, shot pupils, etc. She is still stuttering over words, has some short term memory retention and has some motor function issues which they think is a result of the initial seizure and should resolve itself over time. Her liver function tests were totally normal in the hospital but are a high now so they will be checking her out again next week.

VAERS ID: 1266390 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Arizona

Vaccinated: 2021-04-26

Onset: 2021-04-27

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-28

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Aphasia, Cerebral artery occlusion, Cerebrovascular accident, Computerised tomogram head, Echocardiogram, Fall, Hemiparesis, Incontinence, Magnetic resonance imaging head, Paraesthesia

SMQs: Peripheral neuropathy (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: eplerenone, vitamin D, ergocalciferol, omeprazole, nadolol, aspirin, famotidine

Current Illness: none

Preexisting Conditions: complex congenital heart defect, supraventricular tachycardia, hepatic fibrosis, history of ITP, migraines

Allergies: pineapple, NKDA

Diagnostic Lab Data: head CT, brain MRI, echo on 4/27

CDC Split Type:

Write-up: Right paresis, paresthesia, aphasia, fall and incontinence found to have left MCA occlusive CVA

VAERS ID: 1269675 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-04-07

Onset: 2021-04-08

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-04-29

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 UN / IM

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain, Chest pain, Chills, Cytomegalovirus test, Cytomegalovirus test negative, Disorientation, Dizziness, Electrocardiogram normal, Enterovirus test negative, Epstein-Barr virus antibody negative, Malaise, N-terminal prohormone brain natriuretic peptide, SARS-CoV-2 antibody test, SARS-CoV-2 test, Troponin increased, Vaccination site pain, Vomiting

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: autism

Allergies:

Diagnostic Lab Data: SARS-CoV-2 IgM and IgG negative, SARS-CoV-2, RT-PCR negative. HHV6 PCR negative. Enterovirus PCR negative. EBV PCR negative. Mycoplasma pneumoniae IgM by IFA negative and IgG positive. Parvovirus B19 IgM negative and IgG positive. CMV IgG and IgM negative.

CDC Split Type:

Write-up: Patient was in his usual state of health. On Wed, 4/7/21, at 10:20am, he received the first dose of Pfizer COVID-19 vaccine. No immediate vaccine reactions. He went home, complained of pain at the vaccination site and took a nap because he stayed up late the night before. On Thursday morning, he woke up with chills and feeling like having a fever. He took Tylenol and then took a nap. On Thursday night, he began to have chest pain but he did not tell his parents. On Friday, he continued to have chest pain so he told his parents about it. His father told him that if chest pain got worse, they would go to an ER. On that night (Friday) at 1am, he told his parents that he was not feeling well, his chest pain had gotten

worse and he wanted to be taken to an ER. He also had abdominal pain, dizziness, disorientation, and he vomited. He was taken to ER where he was found to have elevated troponin of 10. The ER recommended transferring for further work up and the father drove him to the hospital. At the hospital, he was found to have elevated troponins and NT-proBNP concerning for myocarditis of unclear etiology. He was monitored on telemetry and had no concerning ectopy. He had an echo on admission that demonstrated no structural abnormalities, trivial mitral valve regurgitation, and normal biventricular systolic function. EKG was unremarkable. Troponins were trended q6h and decreased from 32 -- \$g 23 -- \$g 17. NT-pro-BNP decreased from 439 to 322 at discharge.

VAERS ID: 1275018 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Oregon

Vaccinated: 2021-04-29  
Onset: 2021-04-29  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-04-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH  
EW0171 / 1 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Electrocardiogram, External vagal nerve stimulation,  
Supraventricular tachycardia  
SMQs:, Supraventricular tachyarrhythmias (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: NA  
Current Illness: NA  
Preexisting Conditions: NA  
Allergies: NA  
Diagnostic Lab Data: rhythm strip, EKG  
CDC Split Type:  
Write-up: on the same day as first dose of covid vaccine, several hours later, patient had first episode of supraventricular tachycardia. Required vagal maneuvers in ambulance to resolve. No longterm sequelae.

VAERS ID: 1281795 (history)  
Form: Version 2.0

Age: 17.0  
Sex: Female  
Location: Minnesota

Vaccinated: 2021-04-08  
Onset: 2021-05-01  
Days after vaccination: 23  
Submitted: 0000-00-00  
Entered: 2021-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0173 / 2	- / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0161 / 1	- / IM	

Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Echocardiogram normal, Immunoglobulin therapy, Intensive care, Myocarditis, Troponin I increased, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: None; does have an IUD

Current Illness: Seen at urgent care for abdominal pain about 2 week prior to symptom onset. Workup with CT scan was negative for appendicitis and she got better. She has been also receiving treatment for a rash diagnosed as molluscum contagiosum which has been present for several months prior to vaccinations including acyclovir, topical medications and cryotherapy.

Preexisting Conditions: April 2020 had several episodes of syncope that was evaluated with echocardiography and MRI which were negative

Allergies: None

Diagnostic Lab Data: Echocardiogram Normal right ventricular systolic function. Low-normal left ventricular systolic function. M-mode fractional shortening 27% and biplane left ventricular ejection fraction 56%. Troponin 10.89 ng/mL-max troponin I CRP 5.2 mg/dL

CDC Split Type:

Write-up: acute myocarditis; acute onset chest pain; admitted to the pediatric intensive care unit; about to receive IVIG. Chest pain started 5/1/20 about 2 days after her 2nd Pfizer COVID-19 vaccination

VAERS ID: 1282128 (history)

Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-04-29

Onset: 2021-05-02

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Myocarditis

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Myopericarditis secondary to Pfizer vaccine

VAERS ID: 1282512 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Iowa

Vaccinated: 2021-04-30

Onset: 2021-05-02

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 2 LA / IM

Administered by: Public Purchased by: ?

Symptoms: Angiogram, C-reactive protein increased, Electrocardiogram normal, Intensive care, Myocarditis, Pyrexia, Red blood cell

sedimentation rate normal, SARS-CoV-2 test negative, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: troponin 11.93 on 5/3/21 EKG with diffuse ST elevation on 5/3/2021 Prepped for CT angiogram ESR 10 CRP 3.25 respiratory viral swab (including Sars cov2) negative  
CDC Split Type:  
Write-up: Patient with initial low grade fever which resolved but then developed 3 days after shot developed acute myopericarditis with elevated troponins requiring intensive care unit and therapy.

VAERS ID: 1284820 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-04-15  
Onset: 2021-04-01  
Submitted: 0000-00-00  
Entered: 2021-05-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8731 / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Electrocardiogram, Electrocardiogram abnormal, Troponin, Troponin increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210418; Test Name: EKG; Result  
Unstructured Data: Test Result:irregular; Test Name: troponin;  
Result Unstructured Data: Test Result:7  
CDC Split Type: USPFIZER INC2021444154  
Write-up: This is a spontaneous report from a contactable  
pharmacist. A 17-years-old female patient received second dose of  
BNT162B2 (PFIZER BIONTECH COVID VACCINE, Solution for injection, Lot  
number was ER8731), via an unspecified route of administration on  
15Apr2021 as single dose for COVID-19 immunization. The patient  
medical history and concomitant was not reported. Historical vaccine  
included BNT162B2 for COVID-19 immunization. It was reported that 48  
hours after receiving the 2nd Pfizer Biontech COVID vaccine she woke  
up with chest pains and the next morning went to urgent care where  
she had an irregular EKG. The sent her to the local hospital where  
her troponin was 7. The patient underwent lab tests and procedures  
which included electrocardiogram irregular on 18Apr2021, troponin  
was 7. Event took place after use of product. The outcome of the  
events was unknown.; Sender's Comments: Based on the information  
available and a close temporal association, a possible contributory  
role of the suspect BNT162B2 cannot be excluded for the reported  
events of Chest pain.The case will be reassessed once new  
information is available. The impact of this report on the benefit/  
risk profile of the Pfizer product is evaluated as part of Pfizer  
procedures for safety evaluation, including the review and analysis  
of aggregate data for adverse events. Any safety concern identified  
as part of this review, as well as any appropriate action in  
response, will be promptly notified to regulatory authorities,  
Ethics Committees, and Investigators, as appropriate

VAERS ID: 1285722 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-04-28  
Onset: 2021-04-29  
    Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -



Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain, Amylase increased, Computerised tomogram abdomen abnormal, Lipase increased, Nausea, Pancreatitis acute, Ultrasound abdomen normal  
SMQs:, Acute pancreatitis (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: May 4th: amylase 724, lipase 2270 CT abdomen and RUQ ultrasound normal  
CDC Split Type:  
Write-up: 6 days of abdominal pain, nausea, found to have acute pancreatitis with elevated amylase/lipase without any other identifiable etiology

VAERS ID: 1289980 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Connecticut

Vaccinated: 2021-04-29  
Onset: 2021-05-02  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
5R8731 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood test, Electroencephalogram, Seizure, Urine analysis  
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Flexeril 10 MG as needed Melatonin 5 mg as needed  
Current Illness:  
Preexisting Conditions: hyperflexibility disorder, muscle spasms from an injury  
Allergies: sulphur, latex  
Diagnostic Lab Data: EEG, bloodwork, urinalysis  
CDC Split Type:  
Write-up: non-epileptic seizures onset 3 days after 2nd dose. 5-6 hours in the ER, trying to figure out if it was epilepsy, then 48 hours of observation once valium was given to calm the muscle spasms down. 5-5-2021 patient still has seizures less frequently, but they still occur. patient did not have these prior to 2nd dose of vaccine.

VAERS ID: 1289987 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-01  
Onset: 2021-05-02  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-05  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 2 - / -  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Abdominal pain upper, Chest pain, Dyspnoea, Electrocardiogram abnormal, Fatigue, Headache, Myocarditis, Pyrexia  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Zyrtec, Vitamin D and Vitamin C  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin 7 at Hospital and now 19.43 Awaiting cardiac MRI  
CDC Split Type:  
Write-up: The day following the vaccine c/o tactile fever, headache, stomach ache and fatigue (on 5/2). On 5/4 developed chest pain and shortness of breath. Reported to the ER with concerning EKG and troponin levels and therefore transferred where he has been admitted for myocarditis.

VAERS ID: 1290426 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-04-21  
Onset: 2021-04-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time, Angiogram cerebral abnormal, Anticoagulant therapy, Arteriogram carotid abnormal, Blood fibrinogen, Body temperature increased, C-reactive protein normal, Computerised tomogram abnormal, Computerised tomogram head abnormal, Computerised tomogram neck, Deep vein thrombosis, Epstein-Barr virus antibody, Full blood count, Gene mutation identification test, Headache, Influenza A virus test, Influenza virus test, Intensive care, International normalised ratio normal, Localised oedema, Lymphadenitis bacterial, Malaise, Metabolic function test, Neck pain, Prothrombin time normal, SARS-CoV-2 test negative, Scan with contrast, Thrombophlebitis, Transverse sinus thrombosis  
SMQs: Angioedema (broad), Neuroleptic malignant syndrome (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Central nervous system vascular disorders, not specified as haemorrhagic or ischaemic (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypersensitivity (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic

symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lexapro, Gabapentin

Current Illness: Previously healthy

Preexisting Conditions: Previously healthy

Allergies: NKDA

Diagnostic Lab Data: CT Head and Neck – 4/26: Significant diffuse right-sided deep spatial neck edema. Right-sided adenopathy is present and there is a right level 2 1.8 cm suppurative lymph node or abscess. CTA Head and Neck – 5/4: 1. Deep venous thrombosis involving the left internal jugular vein from the skull base to approximately the level of the hyoid bone. Of note CT of the brain performed the same day shows extension of this thrombus into the transverse sinus. 2. Suppurative lymphadenopathy in the right side of the neck. This was present on the previous study and has decreased slightly in size. 3. No evidence of embolic disease in the visualized portions of the lungs on today's study. CBC, BMP, PTT, PT, INR, CRP, covid-19, RSV and influenza A+B PCR, EBV Ab, Fibrinogen, Factor V liden, Prothrombin 20210 G/A mutation Neurology Consult Hematology Consult Admitted to ICU

CDC Split Type:

Write-up: 17-year-old male who presents with 8 days of headache. He received his first dose of the Pfizer vaccine on 4/21. He felt like he had the flu after getting the vaccine and developed right-sided neck pain and a temperature to 100. The patient did endorse being elbowed in the neck playing basketball during this time as well, as he played in a basketball tournament in right after this. He got his Covid vaccine in his right deltoid. He saw his pediatrician on 4/26 and a CT scan of his neck with IV contrast was done and this showed significant diffuse right-sided deep spatial neck edema and right-sided adenopathy. The pediatrician discussed the findings with ENT who recommended augmentin and a medrol dosepak. The patient developed a headache several days after this and went to urgent care for evaluation. There was concern that the augmentin and steroids had caused the headache, so the steroids were stopped and he was switched to keflex on 4/30. He was given phenergan and toradol at Urgent Care and discharged home. His mom notes that several days ago he had fevers of 101-104. He has not had a fever for several days now. His headache continued and he felt unwell at basketball practice so he returned to urgent care on 5/4. A CT scan of his head was done which showed right sigmoid and transverse sinus thrombosis as well as thrombophlebitis of the right IJ. He was sent to ED for further management at that time. In the ED, the patient was hemodynamically stable and well-appearing. The CTs were overread by

our radiologists here. The patient had some labs done at the outside urgent care but PT/PTT/INR and a CRP were drawn here, which were unremarkable. A Covid PCR is negative. Neurosurgery, neurology, and hematology were consulted. Neurology recommended heparin and a hypercoagulable workup and hematology agreed with this plan. The patient was admitted to the ICU for neuro checks and monitoring during initiation of heparin.

VAERS ID: 1303394 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-03  
Onset: 2021-05-07

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Echo WNL. Trponin as high as 15

CDC Split Type:

Write-up: Chest pain with myocarditis

VAERS ID: 1307603 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Indiana

Vaccinated: 2021-04-09

Onset: 2021-04-09

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 1 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Aphasia, Dyspnoea, Flushing, Heart rate increased, Immediate post-injection reaction, Injection site pain, Lacrimation increased, Paraesthesia, Pruritus, Sensation of foreign body, Throat irritation, Throat tightness

SMQs: Anaphylactic reaction (narrow), Angioedema (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Lacrimal disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Qvar redihaler Claritin

Current Illness:

Preexisting Conditions: Asthma

Allergies: Bee Stings

Diagnostic Lab Data: Pulse Ox was not initially reading, but eventually (after about forty minutes) a different pulse oximeter was used and Pulse Ox was deemed an acceptable level. Blood pressure and pulse were taken around ten to twenty minutes after the reaction and deemed acceptable. Was offered to be taken to the hospital and advised to either go to the hospital or primary care physician that day for a follow up if not going immediately. Followed up with doctor.

CDC Split Type:

Write-up: Immediate sever pain at injection site, immediately followed by flushed face, racing heartbeat, tingling and inching of face, watering eyes, itchy throat that felt like it was closing in, lump in throat, difficulty breathing, unable to speak. Was able to speak after a couple minutes and the other symptoms started to gradually improve at that point. Most of the above symptoms subsided

within around forty minutes. The lump in the throat remained for weeks eventually coming and going.

VAERS ID: 1307657 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-04-19  
Onset: 2021-04-23  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 2 - / -  
Administered by: Other Purchased by: ?  
Symptoms: Completed suicide  
SMQs:, Suicide/self-injury (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? Yes  
Date died: 2021-04-23  
Days after onset: 0  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Death by suicide.

VAERS ID: 1310248 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-04-11  
Onset: 2021-04-29  
Days after vaccination: 18  
Submitted: 0000-00-00  
Entered: 2021-05-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 1 LA / SYR

Administered by: Private Purchased by: ?  
Symptoms: Abdominal pain upper, Appendectomy, Appendicitis, Blood test, Ultrasound scan  
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Tourette?s  
Allergies:  
Diagnostic Lab Data: Blood work, ultrasound, appendectomy  
CDC Split Type:  
Write-up: Extreme stomach pain, appendicitis

VAERS ID: 1311150 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Puerto Rico

Vaccinated: 2021-04-23  
Onset: 2021-05-03  
Days after vaccination: 10  
Submitted: 0000-00-00  
Entered: 2021-05-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0170 / 3 LA / IM

Administered by: Other Purchased by: ?  
Symptoms: Haematoma, Platelet count decreased, Thrombocytopenia  
SMQs:, Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 10 days  
Extended hospital stay? No



Previous Vaccinations:  
Other Medications: None according to mother  
Current Illness: NO  
Preexisting Conditions: ASTHMA  
Allergies: None  
Diagnostic Lab Data: Platelets at 40,000  
CDC Split Type:  
Write-up: Hematomas on the body from the thrombocytopenia

VAERS ID: 1313706 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Massachusetts

Vaccinated: 2021-05-06  
Onset: 2021-05-08  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) EW0167 / 2	UN / IM	PFIZER/BIONTECH
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) EW0170 / 1	UN / IM	PFIZER/BIONTECH

Administered by: Public Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Fibrin D dimer increased, Magnetic resonance imaging heart, Magnetic resonance imaging normal, Troponin increased  
SMQs: Haemorrhage laboratory terms (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Family history of Factor II mutation (maternal uncle and maternal great uncle); patient's genotype unknown  
Allergies:  
Diagnostic Lab Data: Elevated troponin 05/11/21 x 3; normal 05/12/21  
Borderline elevated D-dimer 05/11/21; normal 05/12/21 Serial EKGs normal 05/11/21, 05/12/21 Echocardiogram normal 05/11/21 Cardiac MRI, including gadolinium enhancement, normal 05/12/21  
CDC Split Type:

Write-up: Patient developed chest pain with onset 05/08/21, 3 days after receiving his second Pfizer COVID-19 vaccination (Lot EW0167) on 05/06/21; he had previously received his first Pfizer COVID-19 vaccination (Lot EW0170) on 04/15/21. Pain continued until presentation at Hospital on 05/11/21, where testing indicated possible myocarditis (see below). Symptom resolved under observation without specific treatment.

VAERS ID: 1313852 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-09  
Onset: 2021-05-10  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Electrocardiogram abnormal, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: 5/12/21 troponin ECG echocardiogram

CDC Split Type:

Write-up: presented to ER for chest pain on 5/11 and 5/12, diagnosed with myopericarditis with elevated troponin level, abnormal ECG; hospitalized and treated with anti-inflammatory (Ibuprofen)

VAERS ID: 1314732 (history)  
Form: Version 2.0

Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-07

Onset: 2021-05-10

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Diagnosed with myocarditis on day of admission, found to have elevated troponin levels, currently hospitalized for observation and potential supportive care, however patient with no cardiac compromise and stable. Patient with chest pain that has resolved.

VAERS ID: 1315414 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Michigan

Vaccinated: 2021-05-12

Onset: 2021-05-12

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0162 / 2            LA / IM

Administered by: Public            Purchased by: ?

Symptoms: Abnormal behaviour, Anaemia, Chest discomfort, Crying, Dyspnoea, Electrocardiogram abnormal, Fear, Feeling abnormal, Hypoaesthesia, Hypokalaemia, Laboratory test abnormal, Limb discomfort, Muscular weakness, Panic reaction, Tachycardia, Tremor  
SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Psychosis and psychotic disorders (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: none known

Preexisting Conditions: none known

Allergies: Per Medical Center hospital records, client has no known drug allergies. She does have a history of environmental allergies to pollen, dust, and cats. She also once had a reaction to a preservative in eye drops.

Diagnostic Lab Data: Labs and EKG, showed hypokalemia and anemia and tachycardia

CDC Split Type:

Write-up: Approximately 5 minutes after receiving vaccine client became quiet, clenching fists, and started crying. RN asked if she was okay, stated she was scared and that her arms felt weird and her chest was tight. RN asked some questions about her health history, she then offered a granola bar and water. Client drank some water, declined snack. Client's hand began to shake, RN offered to lay client on a cot but client declined. Her dad came to check on her, she broke down saying that her arms were numb and chest was tight. The 15 vaccine minute timer went off, client stood but legs were weak. She sat down and then slid herself onto the floor. She at first went into a fetal position then laid out flat on the floor. Client began acting more panicked and frantic with short quick breaths and her hands appeared to be contracting some. Clinic team made the decision to call 911 and administer 0.50 mg epinephrine. Ambulance arrived quickly and client was taken to the Medical Center

via ambulance.

VAERS ID: 1315653 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-02

Onset: 2021-05-03

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-13

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Cardiac monitoring, Chest pain, Intensive care,  
Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Asthma

Allergies: None

Diagnostic Lab Data: Elevated troponin- highest level was 11.6 on  
5/7.

CDC Split Type:

Write-up: Myocarditis. Patient initially presented with chest pain  
12 hours after vaccination. No other risk factors. Patient required  
to be in Pediatric ICU for treatment and cardiac monitoring.

VAERS ID: 1315976 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: New York

Vaccinated: 2021-04-07

Onset: 2021-04-25

Days after vaccination: 18

Submitted: 0000-00-00  
Entered: 2021-05-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0150 / 1 RA / SYR  
Administered by: Unknown Purchased by: ?  
Symptoms: Appendicitis, Computerised tomogram, Surgery  
SMQs:  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Ct scan and subsequent surgery  
CDC Split Type:  
Write-up: Appendicitis with hospitalization and surgery. Vaccine  
site. 2nd dose administered on 05/12/2021 at 3:00pm

VAERS ID: 1317116 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-01-19  
Onset: 2021-05-07  
Days after vaccination: 108  
Submitted: 0000-00-00  
Entered: 2021-05-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Cardiac failure, Heart transplant rejection  
SMQs:, Cardiac failure (narrow), Cardiomyopathy (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 7 days

Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: tacrolimus, calcitriol, calcitrate, magnesium oxide, prednisone, lisinopril, metformin, insulin, insulin long-lasting, famotidine  
Current Illness: gallbladder removal, obstruction of the bile duct, allergic reaction, hives big circles  
Preexisting Conditions: Patient is a heart transplant recipient with a history of PTLN, Lymphoma, Diabetes, and recently was admitted to the hospital due to heart failure, rejection. Medication used to treat rejection caused him many side effects, and doctors are wondering if the vaccine had anything to do with it.  
Allergies: allergic to contrast; opti ray  
Diagnostic Lab Data: There are over 200 tests I wouldn't know which ones to send.  
CDC Split Type:  
Write-up: Patient was recently admitted to the hospital with heart failure due to rejection. The medication that has been administered to him has caused too many side effects and negative reactions. I was told to report it.

VAERS ID: 1317129 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-07  
Onset: 2021-05-10  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-14

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 RA / SYR

Administered by: Private Purchased by: ?

Symptoms: Blood test abnormal, Chest discomfort, Hepatitis, Limb discomfort, Loss of personal independence in daily activities, Myocarditis

SMQs: Hepatitis, non-infectious (narrow), Anaphylactic reaction (broad), Dementia (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Inflammation of the heart, many test was takes

CDC Split Type:

Write-up: HI, couple days after my son (17 years old) got the 2nd shot he was heaving a pressure in his chest and left arm so we rushed him to the hospital. When we got to the hospital with his level of 26 (normal 1) and blood test show also lever inflammation they hospitalized him right away. He was there 3 days and just got released. now he need to be under care with medication and visit to a heart cardiology doctor every few days for tests. he cannot do any activity (per to the doctor including computer games that can raise his heart rate)

VAERS ID: 1318491 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Missouri

Vaccinated: 2021-04-04

Onset: 2021-04-19

Days after vaccination: 15

Submitted: 0000-00-00

Entered: 2021-05-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 RA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Abdominal discomfort, Abdominal pain upper, Blood test, Fatigue

SMQs:, Acute pancreatitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Tylenol and Claritin, if needed.

Current Illness: Depression, not yet diagnosed.

Preexisting Conditions: History of Asthma. History of Autism.

Allergies: No known allergies.

Diagnostic Lab Data: Bloodwork and he has been referred to a gastroenterologist.

CDC Split Type:



Write-up: He has developed constant, chronic fatigue, upset and painful stomach lasting for about a month. This started 2 weeks after his second dose. We aren't sure if it's related, but just in case we want to report it. The cause of his symptoms is still unknown at this time.

VAERS ID: 1320682 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-10  
Onset: 2021-05-11  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0171 / 2 RA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Blood test normal, Chest pain, Echocardiogram normal, Electrocardiogram normal, Myocarditis, Palpitations, Troponin SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: flax seed sometimes,

Current Illness: diarrhea from 5/9

Preexisting Conditions: none

Allergies: seasonal allergies, hay fever

Diagnostic Lab Data: Admission, regular blood labs, EKGs, Echo

CDC Split Type:

Write-up: chest pain, palpitations admitted for myocarditis now with troponin of 17 today 5/15

VAERS ID: 1320793 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Utah

Vaccinated: 2021-04-16  
Onset: 2021-04-27  
Days after vaccination: 11  
Submitted: 0000-00-00  
Entered: 2021-05-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / SYR  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / SYR  
Administered by: Public Purchased by: ?  
Symptoms: Appendicitis, Laboratory test, Pulmonary thrombosis,  
Thrombosis  
SMQs:, Embolic and thrombotic events, vessel type unspecified and  
mixed arterial and venous (narrow), Embolic and thrombotic events,  
venous (narrow), Thrombophlebitis (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 6 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Bupropion, sertraline, clonidine  
Current Illness: Depression  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Dozens and dozens of labs/tests were run after  
admitted to hospital for both cases. (We're still currently in the  
hospital for appendix)  
CDC Split Type:  
Write-up: After 1st shot; Patient developed multiple blood clots  
(lungs and legs) about 10-11 days afterwards. All tests for cause of  
clots were inconclusive. Patient received his second dose and with  
in 48 hours was hospitalized for appendicitis. If it was a reaction  
after just one shot, I would normally think it was a coincidence.  
With him have severe reactions after both shots, it seems very  
suspicious!

VAERS ID: 1321053 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-05-10  
Onset: 2021-05-12  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / SYR  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / SYR

Administered by: Unknown Purchased by: ?  
Symptoms: Condition aggravated, Hyperacusis, Tinnitus  
SMQs:, Hearing impairment (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No

Previous Vaccinations:  
Other Medications:  
Current Illness:

Preexisting Conditions: I have permanent tinnitus but not severe  
Allergies:

Diagnostic Lab Data:  
CDC Split Type:

Write-up: I have had wringing in my ears for about a year and when I got the vaccine about 2 or 3 days later my ringing became substantially worse. It used to be at about a 2 out of 10 but now it is like a 7 or 8 out of 10. My hearing has also become super sensitive. So sensitive to the point where talking with someone at medium volume hurts my ears. So sensitive that daily things that used to be no problem are now unbearable loud.

VAERS ID: 1321985 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-04-26  
Onset: 2021-04-26  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / IM

Administered by: Private Purchased by: ?  
Symptoms: Brain natriuretic peptide, C-reactive protein increased, Chills, Conjunctivitis, Ejection fraction decreased, Pyrexia, Rash, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 test negative, Tongue eruption, Troponin I increased, White blood cell count increased  
SMQs:, Cardiac failure (narrow), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Neuroleptic malignant

syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Cardiomyopathy (narrow), Conjunctival disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: Patient was noted to have elevated Troponin, BNP, decreased EF to 55%, Elevated CRP, ESR, and WBC. These worsened during the night. Further microbiology was noted for negative COVID by PCR and antibody testing. Patient also had negative respiratory panel testing.

CDC Split Type:

Write-up: Patient presented 4 days after the start of symptoms, which started 14 days after the second dose of the vaccine. Patient presented with fevers with a Tmax of 102, chills, conjunctivitis, stocking glove rash to the hands and feet and to the extensor surfaces of the extremities, and a geographic tongue.

VAERS ID: 1322387 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Utah

Vaccinated: 2021-04-27

Onset: 2021-05-05

Days after vaccination: 8

Submitted: 0000-00-00

Entered: 2021-05-16

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Brain natriuretic peptide increased, Chest X-ray normal, Cytomegalovirus test, Dyspnoea, Echocardiogram, Electrocardiogram normal, Enterovirus test negative, Epstein-Barr virus antibody, Epstein-Barr virus antibody negative, HIV antibody negative, HIV antigen negative, Haemangioma, Haemangioma of liver, Hepatitis, Hepatitis viral test negative, Herpes simplex test

negative, Hyperbilirubinaemia, Immunoglobulin therapy, Leukocytosis, Lymphopenia, Magnetic resonance imaging heart, Mycoplasma test negative, Pyrexia, Rash pruritic, Respiratory viral panel, SARS-CoV-2 antibody test, SARS-CoV-2 test negative, Spherocytic anaemia, Thrombocytosis, Troponin increased, Ultrasound abdomen, Urticaria, Varicella virus test negative, Vomiting

SMQs:, Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (narrow), Hepatitis, non-infectious (narrow), Liver neoplasms, benign (incl cysts and polyps) (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (narrow), Angioedema (narrow), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: COVID19 infection October 2020

Preexisting Conditions: Obesity, recurrent ear infections s/p multiple sets of PE tubes (most recently two years prior)

Allergies: Allergy to tape reported

Diagnostic Lab Data: 10/23/2020 SARS-CoV2 PCR detected 5/10, 5/14

Biofire RFA2.1 negative 5/10 Adenovirus PCR serum: not detected 5/10

Acute hepatitis panel: negative HAV IgM, HBc IgM, HBAg, HCV Ab 5/11

Quantitative immunoglobulins (pre-IVIG): IgG 761, IgA 99, IgM 69

5/11 CMV serology IgM/IgG negative 5/11 EBV Panel I serology: VCA

IgM/IgG, EBNA, EarlyD negative 5/11 Enterovirus PCR, serum: not

detected 5/13 HIV 1/2 Ab/Ag negative 5/13 HSV PCR serum negative

5/13 Mycoplasma PCR (OP): not detected 5/13 VZV IgM negative, IgG

positive (\$g8) \*Post-IVIG 5/13 VZV PCR serum: negative 5/13

parvovirus PCR serum: not detected 5/14 IgE 106 (post-IVIG) 5/16 RPR

negative Cardiac labs: Peak troponin 5/11 1.98-\$g 5/16 0.11 ng/mL

Peak BNP 5/11 469 -\$g 5/16 <10 pg/mL Pending labs: 5/11 (Pre-IVIG)

COVID IgG Spike Ab 5/11 (Pre-IVIG) COVID IgG Nucleocapsid Ab 5/14

HHV6 PCR serum: pending 5/15 enterovirus culture, throat: pending

5/16 enterovirus culture, feces: pending

CDC Split Type:

Write-up: 17-year old M with history of recurrent ear infections

requiring PE tube placement who was in his usual state of health until 5/5 when he noticed a new itchy hive-like rash. He was short of breath 5/6, and developed fevers that night along with vomiting. He was seen 5/6 with negative COVID19 PCR and documented fever to 104. Fevers continued, and he was admitted the evening of 5/10 with concern for myocarditis. See below for hospital course. Additional information for Item 18: ...Screening labs were notable for mild lymphopenia, hyperbilirubinemia, hepatitis, and elevated inflammatory markers. Given prior COVID infection, rash, and systemic inflammation, additional studies including troponin, D-dimer, BNP, and EKG were obtained. EKG was reassuringly normal, however the D-dimer (2.48), troponin (1.27), and BNP (469) were elevated. Other work-up included chest x-ray which was unremarkable, and right upper quadrant ultrasound with incidental cavernous hemangioma of the liver. He was started on milrinone (5/11-5/12) after initial TTE was concerning for severely diminished LV function. Follow-up TTE 12 hours later was normal (on milrinone), and remained so after milrinone was discontinued 5/12. Follow-up TTE after discontinuation remained normal. Cardiac MRI was completed 5/14, although read remains pending. He received IVIG on 5/11, and was started on methylpred 50 mg IV BID, Anakinra 100 mg SQ BID 5/14, and transitioned to prednisone 30 mg PO BID with clinical improvement, down-trending troponin and systemic inflammatory labs. Subsequent CBCs have been notable for rising leukocytosis (5/16 WBC 56.3) and thrombocytosis (5/16 plts 690) and 4+ spherocytes (with no known personal or prior history of spherocytosis). He will likely be discharged 5/17. Infectious evaluation was unrevealing including cultures and viral studies. COVID spike and nucleocapsid antibodies were sent, but remain pending. Pt. initial COVID-19 infection was diagnosed October 2020, with positive saliva PCR testing. He was symptomatic for 3-5 days. He received his second dose of the Pfizer COVID19 vaccine 4/27 in his left arm; denies any significant reactions (arm swelling, injection site redness, lymphadenopathy, myalgias, fatigue, or fever). He has had passing contact with school classmates who have recently been diagnosed with COVID19.

VAERS ID: 1323004 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-04-30  
Onset: 2021-05-10  
Days after vaccination: 10  
Submitted: 0000-00-00  
Entered: 2021-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0171 / UNK	- / -	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
ER8729 / UNK	- / -	

Administered by: Private Purchased by: ?  
Symptoms: Abdominal tenderness, Bradycardia, C-reactive protein

increased, Chest pain, Cough, Culture throat, Cytomegalovirus test negative, Echocardiogram, Echocardiogram normal, Electrocardiogram, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Epstein-Barr virus antigen positive, Epstein-Barr virus test negative, Eructation, Fibrin D dimer normal, Full blood count, Headache, Malaise, Myalgia, Myocarditis, Oropharyngeal pain, Pain, Pain in extremity, Palpitations, Pharyngitis, Pyrexia, Red blood cell sedimentation rate increased, SARS-CoV-2 RNA undetectable, SARS-CoV-2 antibody test positive, Serum ferritin normal, Streptococcal infection, Streptococcus test, Streptococcus test negative, Transaminases increased, Troponin increased, Vomiting  
SMQs: Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal infections (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness:

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: 17 y.o. male with non contributory PMHx presents with chest pain. Patient began not feeling well on Monday May 3rd with muscle aches, sore throat, dry cough, and headache. Received COVID vaccine on Apr 30. He woke up Friday May 7 he developed a fever to 102F. Went to urgent care yesterday was diagnosed with strep based on suspicion (negative rapid, culture pending) and started on amoxicillin. Rapid covid was negative at that time as well. Now presents for chest pain. He has woken up that last two mornings with chest pain (worse when laying flat), pain is substernal, sharp/throbbing, radiates to the left arm. Belching a lot. Palpitations and one episode of emesis prior to arrival. Suspected symptoms were from gas so took charcoal tablets prior to arrival without relief of

symptoms. Has been taking ibuprofen for discomfort (400 mg every 4-6 hours for \$g 7 days). No shortness of breath. No abdominal pain. No diarrhea. No hematuria or dysuria. No family history of sudden cardiac death or significant for CAD. No known tick bite. Of note, received Pfizer dose 2 3d prior to symptoms starting. Presented to ED earlier tonight where exam was notable for: Low-grade temp, mildly hypertensive with otherwise stable vitals, appears uncomfortable, belching, neck is supple without meningismus, bilateral tonsils 1+ with exudate, oropharynx is erythematous, uvula midline, no trismus, no swelling, lungs clear, regular rhythm mild bradycardia, no murmurs rubs or gallops, abdomen is soft and nondistended with mild tenderness in epigastrium and right upper quadrant they did ECG, bedside Echo, Strep PCR, zofran, maalox, pepcid, IVF, tylenol, and labs which were notable for elevated troponin -\$g 13.58 d/w YSC Ped ED and tx Assessment: Patient is a 17 y.o. male previously healthy who presents with 1 week of malaise, and 3 days of intermittent substernal chest pain (now resolved), found to have elevated troponin and ST segment elevations in I and lateral leads c/f myopericarditis. Etiology is unclear at this time, likely viral vs post-vaccine. Exam notable for exudative pharyngitis, however Strep and CMV neg. EBV serology with positive EBNA only. Labs otherwise notable for elevated CRP 180, ESR 38, some transaminitis, ferritin/D-dimer wnl. COVID RNA neg, spike Ab positive c/w recent COVID vaccination. Normal function on ECHO. CRP continues to downtrend. Troponin has started downtrending again and pt remains asymptomatic. Plan Plan: #Myopericarditis - Repeat echo today - q8 troponin, AM CBC, CRP, ferritin - Motrin 400mg prn - steroid taper per Rheumatology recs 30mg PO BID for 7 days 30mg PO qday for 7 days 15mg PO qday for 7 days 7.5mg PO qday for 7 days 2.5mg PO qday for 7 days Off - f/u ID and rheum labs - continuous telemetry: patient at high risk of arrhythmia #FEN/GI - Regular diet - strict I/O - Pepcid 20mg BID #dispo - steroid taper sent for delivery to bedside - upon d/c start ASA - f/u cardiology - If echo today reassuring and troponin continuing to downtrend will plan for discharge this afternoon

VAERS ID: 1323709 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-05-05  
Onset: 2021-05-08  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 2 RA / IM

Administered by: Other Purchased by: ?

Symptoms: Angiotensin converting enzyme, Antineutrophil cytoplasmic antibody, Antinuclear antibody, Antiphospholipid antibodies, Aphasia, Asthenia, Bacterial test, Beta-2 glycoprotein antibody,



Brain oedema, C-reactive protein normal, CSF cell count, CSF culture, CSF test abnormal, Cardiolipin antibody, Computerised tomogram head normal, Confusional state, Drooling, Dysarthria, Electroencephalogram normal, Facial paralysis, Fall, Full blood count normal, HIV antibody negative, Headache, Hyperacusis, Limb discomfort, Magnetic resonance imaging abnormal, Metabolic function test, Muscle spasms, Muscular weakness, Mycobacterium tuberculosis complex test, Peroneal nerve palsy, Pleocytosis, Polymerase chain reaction, Red blood cell sedimentation rate normal, Respiratory rate, Respiratory syncytial virus test, Seizure, Tonic clonic movements, Treponema test negative, Venogram, Viral test, West Nile virus test

SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hearing impairment (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: tylenol

Current Illness: none

Preexisting Conditions: Raynaud''s

Allergies: none

Diagnostic Lab Data: MRI 5/11: 1. Area of cortically based FLAIR/DWI hyperintensity in the right parietal lobe. There appear to be some areas of subtle associated restricted diffusion. In the setting of recent seizure activity, this is favored to represent cytotoxic edema (due to recent seizure activity). Alternative consideration would be a focal encephalitis, which is felt less likely. No abnormal enhancement is seen in this region. Consider repeat MRI upon resolution of seizure activity to document resolution of imaging findings. MRI 5/16: 1. Asymmetric, subtle right cerebral gyral swelling and increased signal. In the associated regions there is prominent sulcal enhancement which may be due to secondary vascular changes (slow flow or hyperemia) versus leptomenigeal enhancement. Findings are more prominent on the prior and favored to reflect encephalitis; autoimmune or infective. Postictal MRI changes remain a possibility, but are felt to be less likely in the absence of more

robust seizure activity. 5/11- CRP, ESR, ANA, anti-DNA ds, angiotensin converting enzyme , lupus anticoagulant panel, anti-cardiolipin, anti-beta 2 glycoprotein, CMP, ANCA, anti-Sm, RNP, Ro, La, C3/C4 unremarkable. 5/12 CSF significant for pleocytosis. Meningitis PCR panel, CSF cx, West Nile virus, Respiratory Virus Extended panel, Syphilis, HIV unremarkable. 5/14 quant TB gold pending, anti microsomal thyroid, thyroglobulin pending. 5/16 CBC ESR, CRP, CMP unremarkable.

CDC Split Type:

Write-up: Pt was seen at ED on 5/8 for L sided weakness in the setting of a headache. Pt's mother reports that these symptoms began 2 days after receiving second dose of Pfizer COVID-19 vaccination in R deltoid. She says that on 5/6, pt complained of L arm weakness during cooking class at school, which was followed by a mild L sided headache later in the day. Symptoms resolved without intervention but recurred on 5/8 with associated L sided facial droop, slurred speech, L arm spasms, and L foot drag. Pt was seen at ED for this and had a HA (5/10 in severity) at that time -- workup was unremarkable with a normal head CT, laboratory workup, and resolution of symptoms. Pediatric Neurology evaluated the pt, deemed no further workup necessary, and advised outpatient follow up. Pt presented again to the ED on 5/10 with concern for full tonic/clonic seizure, witnessed by pt's mother. Mother reports that she heard pt fall and went upstairs to find pt seizing on his bed -- says that pt had shaking of bilateral upper extremities (in flexed position close to chest) and symmetric lower extremity shaking; eyes were closed without clear focality or eye deviation. Also some drooling, though no incontinence or tongue biting. Episode lasted for approximately 2 minutes; pt was confused and did not recall what happened immediately afterwards but improved within the next 8 minutes. He was taken to the ED by EMS. By the time he arrived in the ED, he had left sided weakness again. He was given Keppra 1g, placed on EEG, and was admitted. EEG overnight was read "normal" and additional workup was unremarkable. Pt had MRI brain completed showing cortical abnormalities in the R parietal lobe, suspected to be related to recent seizure. MRA showed patent intracranial cerebral vasculature. MRV showed no evidence of dural venous sinus thrombosis. Weakness resolved by the morning and pt was back to baseline on morning of 5/11/21. However, around 9 AM, L sided weakness (face, arm & leg) with associated headache recurred. Mom says that this event was captured on EEG. He was then transferred to our facility. He was placed on pEEG and had repeat labs, imaging completed. Pt did have L sided facial droop, L arm weakness, and slurred speech on arrival, but this resolved within 24 hours. Pt had one additional episode of "wave" of L sided weakness including L sided facial droop and slurred speech at one other time during the hospitalization, but no additional seizure like activity. He was discharged on 5/14 with a normal neuro exam-- some labs (including labs of Rheum and Id workup were pending at time of discharge.) Primary and consulting teams elected to forgo steroids but reconsider should symptoms worsen or return. Pt was readmitted on 5/16-- had an episode of expressive aphasia + headache while at a social gathering; states that he became overwhelmed by the noise. No additional seizure like activity.

VAERS ID: 1324803 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-04-18  
Onset: 2021-05-08  
Days after vaccination: 20  
Submitted: 0000-00-00  
Entered: 2021-05-17

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / -

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein increased, Chest discomfort, Cough,  
Full blood count, Multisystem inflammatory syndrome in children, N-  
terminal prohormone brain natriuretic peptide increased, Neck pain,  
Pneumonia, Procalcitonin, Pyrexia, Red blood cell sedimentation rate  
increased, Respiratory failure, SARS-CoV-2 antibody test positive,  
SARS-CoV-2 test negative, Shock, Troponin I normal

SMQs: Cardiac failure (broad), Anaphylactic reaction (narrow),  
Neuroleptic malignant syndrome (broad), Anticholinergic syndrome  
(broad), Shock-associated circulatory or cardiac conditions (excl  
torsade de pointes) (narrow), Torsade de pointes, shock-associated  
conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-  
septic shock conditions (narrow), Anaphylactic/anaphylactoid shock  
conditions (narrow), Hypoglycaemic and neurogenic shock conditions  
(narrow), Acute central respiratory depression (narrow), Guillain-  
Barre syndrome (broad), Eosinophilic pneumonia (broad), Hypotonic-  
hyporesponsive episode (broad), Hypersensitivity (narrow), Arthritis  
(broad), Respiratory failure (narrow), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Infective  
pneumonia (narrow), Hypokalaemia (broad), Sepsis (broad),  
Opportunistic infections (broad), Immune-mediated/autoimmune  
disorders (narrow), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin

Current Illness: Had cough and chest tightness at time of  
vaccination.

Preexisting Conditions: History of seizure-like activity.

Allergies: No known allergies

Diagnostic Lab Data: 5/14 SARS-CoV2 PCR negative 5/14 SARS-Cov2 IgG

positive 5/14 proBNP 3474 5/14 troponin I 0.02 5/14 CBC:  
13.6\$g12.3<190 5/14 ESR 57 5/14 CRP 28 mg/dl 5/14 Procalcitonin 1.50  
CDC Split Type:

Write-up: Patient received first COVID19 Pfizer vaccine on 4/18. At that time, had about 3 days of cough and chest tightness. Subsequently began having neck pain on 5/8 and received second Pfizer vaccine on 5/9. Then began having fevers (Tmax 103F), cough. Admitted to Hospital on 5/15 with respiratory failure and shock. Unclear etiology of pneumonia vs multisystem inflammatory syndrome in children (MIS-C). Did not initially respond to antibiotics so treatment for MIS-C was initiated. Now slowly improving but still hospitalized.

VAERS ID: 1326494 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-05-14  
Onset: 2021-05-15  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (PFIZER-BIONTECH) / PFIZER/BIONTECH  
EW0176 / 2 UN / SYR

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase normal, Albumin globulin ratio normal, Aspartate aminotransferase normal, Basophil percentage decreased, Bilirubin conjugated, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood chloride normal, Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Blood lactate dehydrogenase increased, Blood magnesium, Blood phosphorus normal, Blood potassium normal, Blood sodium normal, Blood thyroid stimulating hormone increased, Blood urea normal, Bordetella test negative, C-reactive protein increased, Carbon dioxide increased, Chest pain, Chlamydia test negative, Electrocardiogram abnormal, Enterovirus test, Eosinophil percentage decreased, Fatigue, Full blood count, Gamma-glutamyltransferase normal, Globulins decreased, HIV test, Haematocrit normal, Haemoglobin normal, Headache, Hepatitis B antibody negative, Hepatitis C virus test, Human metapneumovirus test, Human rhinovirus test, Immunoglobulin therapy, Influenza A virus test negative, Influenza B virus test, Influenza virus test, Liver function test normal, Lymphocyte percentage, Mean cell haemoglobin concentration, Mean cell haemoglobin normal, Mean cell volume, Mean platelet volume normal, Monocyte percentage, Myalgia, Mycoplasma test negative, N-terminal prohormone brain natriuretic peptide increased, Neutrophil count, Platelet count normal, Pleuritic pain, Protein total normal, Pyrexia, Red blood cell count normal, Red blood cell sedimentation rate increased, Red blood cell sedimentation rate normal, Red cell distribution width normal, Respiratory syncytial virus test negative, Respiratory viral panel,

SARS-CoV-2 test, SARS-CoV-2 test negative, Thyroxine free normal, Troponin I increased, White blood cell count increased  
SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypothyroidism (broad), Hyperthyroidism (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None.

Current Illness: None.

Preexisting Conditions: Asthma, remote history.

Allergies: None.

Diagnostic Lab Data: Recent Results (from the past 72 hour(s)) EXT

COVID-19 PCR Collection Time: 05/16/21 11:53 AM Result Value Ref

Range EXT SARS-CoV-2 RNA (COVID-19) NOT DETECTED NOT DETECTED

Troponin I Collection Time: 05/16/21 8:00 PM Result Value Ref Range

Troponin I 1.59 (HH) <0.30 ng/mL Respiratory Pathogen PCR Panel

Collection Time: 05/16/21 9:32 PM Specimen: Nasopharyngeal Swab

Result Value Ref Range Source Nasopharyngeal Adenovirus Not Detected

Not Detected Coronavirus 229E Not Detected Not Detected Coronavirus

HKU1 Not Detected Not Detected Coronavirus NL63 Not Detected Not

Detected Coronavirus OC43 Not Detected Not Detected Human

Metapneumovirus Not Detected Not Detected Rhinovirus/Enterovirus Not

Detected Not Detected INFLUENZA A PCR Not Detected Not Detected

INFLUENZA B PCR Not Detected Not Detected PARAINFLUENZA 1 Not

Detected Not Detected PARAINFLUENZA 2 Not Detected Not Detected

PARAINFLUENZA 3 Not Detected Not Detected Parainfluenza 4 Not

Detected Not Detected Respiratory Syncytial Virus Not Detected Not

Detected Bordetella Pertussis Not Detected Not Detected

Chlamydia Pneumoniae Not Detected Not Detected Mycoplasma

Pneumoniae Not Detected Not Detected Bordetella Parapertussis Not

Detected Not Detected SARS Coronavirus 2, NAA Not Detected Not

Detected CBC auto differential Collection Time: 05/16/21 10:00 PM

Result Value Ref Range Comment Specimen clotted. Test not performed.

(A) No comment Hepatic function panel Collection Time: 05/16/21

10:00 PM Result Value Ref Range Alkaline Phosphatase 63 52 - 171 U/L

AST 38 10 - 55 U/L ALT 21 10 - 55 U/L Total Bilirubin 0.6 0.2 - 1.0

mg/dL Total Protein 7.1 6.0 - 8.0 g/dL Albumin 4.2 3.2 - 4.5 g/dL

Bilirubin, Direct <0.2 0 - 0.2 mg/dL Globulin 2.9 1.5 - 3.9 g/dL A/G Ratio 1.4 1.0 - 3.0 Ratio Gamma GT Collection Time: 05/16/21 10:00 PM Result Value Ref Range GGT 16 11 - 50 U/L Magnesium Collection Time: 05/16/21 10:00 PM Result Value Ref Range Magnesium 1.7 1.1 - 2.7 mg/dL Phosphorus Collection Time: 05/16/21 10:00 PM Result Value Ref Range Phosphorus 3.6 2.7 - 4.5 mg/dL C-reactive protein Collection Time: 05/16/21 10:00 PM Result Value Ref Range CRP 4.46 (H) 0 - 0.49 mg/dL Erythrocyte Sediment Rate (ESR) Collection Time: 05/16/21 10:00 PM Result Value Ref Range Sed Rate Specimen clotted. Test not performed. <15 MM/HR proBNP, N-terminal Collection Time: 05/16/21 10:00 PM Result Value Ref Range proBNP, N-terminal 1,433 (H) <125 pg/mL Creatine Kinase, Reflex to CKMB Collection Time: 05/16/21 10:00 PM Result Value Ref Range Total CK 243 (H) 24 - 204 U/L CK total and CKMB Collection Time: 05/16/21 10:00 PM Result Value Ref Range CK-MB 12.3 (H) 0 - 6.4 ng/mL RELATIVE INDEX 5.1 (H) 0 - 3.4 % iSTAT CHEM8+ : Collection Time: 05/16/21 10:03 PM Result Value Ref Range iSTAT TC02, Venous 30 (H) 20 - 28 mmol/L ISTAT Potassium 4.0 3.5 - 5.5 mmol/L ISTAT Chloride 99 98 - 106 mmol/L ISTAT Creat (with GFR) 1.0 0.5 - 1.3 mg/dL ISTAT BUN 5 5 - 18 mg/dL ISTAT Sodium 140 136 - 145 mmol/L ISTAT Glucose 87 65 - 99 mg/dL ISTAT Ionized Calcium 1.29 1.17 - 1.33 mmol/L POCT COVID-19 and Influenza A/B, BOTH Molecular (LIAT) Collection Time: 05/16/21 10:07 PM Result Value Ref Range Influenza A Not Detected Not Detected Influenza B Not Detected Not Detected SARS Coronavirus 2, NAA Not Detected Not Detected TSH, Highly Sensitive Collection Time: 05/17/21 6:01 AM Result Value Ref Range TSH, High Sensitivity 3.01 0.27 - 4.20 mIU/L T4, free Collection Time: 05/17/21 6:01 AM Result Value Ref Range Free T4 1.10 0.80 - 1.90 ng/dL C-reactive protein Collection Time: 05/17/21 6:01 AM Result Value Ref Range CRP 6.37 (H) 0 - 0.49 mg/dL Erythrocyte Sediment Rate (ESR) Collection Time: 05/17/21 6:01 AM Result Value Ref Range Sed Rate 27 (H) <15 MM/HR Lactate dehydrogenase(Serum) Collection Time: 05/17/21 6:01 AM Result Value Ref Range LDH 200 120 - 260 U/L CBC auto differential Collection Time: 05/17/21 6:01 AM Result Value Ref Range WBC 10.8 4.0 - 11.0 Thou/uL Platelets 270 150 - 450 Thou/uL Hemoglobin 13.6 13.0 - 17.7 g/dL Hematocrit 41.1 39.0 - 54.0 % RBC 4.70 4.50 - 6.20 Mil/uL MCV 87 80 - 100 fL MCH 28.9 25.0 - 35.0 pg MCHC 33.1 30.0 - 36.0 g/dL RDW 12.5 11.5 - 14.5 % MPV 9.5 9.4 - 12.5 fL Segmented Neutrophil 60 % Lymphocyte 23 % Monocyte 12 % Eosinophil 3 % Basophils 2 % Absolute Neutrophil Count, Total 6.5 2.0 - 7.5 Thou/uL Lymphocyte, Absolute 2.5 1.5 - 4.5 Thou/uL Monocyte, Absolute 1.3 0.2 - 1.5 Thou/uL Eosinophil, Absolute 0.3 0.0 - 0.7 Thou/uL Basophil, Absolute 0.2 0.0 - 0.2 Thou/uL Cell Count 100 Normochromic Present Normocytes Present Troponin I Collection Time: 05/17/21 6:01 AM Result Value Ref Range Troponin I 10.43 (HH) <0.30 ng/mL Urinalysis with Reflex to Microscopic Collection Time: 05/17/21 7:30 AM Result Value Ref Range Specimen Clean Catch Color Yellow Clarity Clear Specific Gravity, UA 1.008 1.003 - 1.030 pH, UA 8.0 5.0 - 8.0 Leukocytes, UA Negative Negative Nitrite, UA Negative Negative Protein, UA Negative Negative Glucose, UA 0 0 - 99 mg/dL Ketones, UA Trace (A) Negative Hemoglobin Urine Negative Negative Bilirubin Urine Negative Negative WBC, UA 0 0 - 4 per hpf RBC, UA 0 0 - 4 per hpf Miscellaneous Lab - HHV-6 PCR Collection Time: 05/17/21 11:45 AM Result Value Ref Range NAME Results: Request credited. Referral Lab

Performed at facility proBNP, N-terminal Collection Time: 05/17/21 11:45 AM Result Value Ref Range proBNP, N-terminal 1,888 (H) <125 pg/mL Troponin I Collection Time: 05/17/21 11:45 AM Result Value Ref Range Troponin I 14.62 (HH) <0.30 ng/mL Creatine Kinase, Reflex to CKMB Collection Time: 05/17/21 11:45 AM Result Value Ref Range Total CK 746 (HH) 24 - 204 U/L CK total and CKMB Collection Time: 05/17/21 11:45 AM Result Value Ref Range CK-MB 50.3 (H) 0 - 6.4 ng/mL RELATIVE INDEX 6.7 (H) 0 - 3.4 % HIV 1/2 Ag/Ab Rfx Confim Collection Time: 05/17/21 2:45 PM Result Value Ref Range HIV 1/2 Ag/Ab CMIA Nonreactive Nonreactive Hep B Surface Ag, Reflex Confirmation Collection Time: 05/17/21 2:45 PM Result Value Ref Range Hepatitis B Surface Antigen Nonreactive Nonreactive Hepatitis B surface antibody Collection Time: 05/17/21 2:45 PM Result Value Ref Range Hepatitis B, Surface Antibody Reactive (Immune) Reactive (Immune) Hep B Core Antibody Total Reflex IgM Collection Time: 05/17/21 2:45 PM Result Value Ref Range Hepatitis B Core, Total Antibody Nonreactive Nonreactive Hepatitis C antibody Collection Time: 05/17/21 2:45 PM Result Value Ref Range Hepatitis C Ab 0.19 0.00 - 0.79 S/C0 ratio Hepatitis C Ab, Interp Nonreactive Nonreactive Troponin I Collection Time: 05/17/21 6:25 PM Result Value Ref Range Troponin I 6.26 (HH) <0.30 ng/mL Troponin I Collection Time: 05/18/21 12:00 AM Result Value Ref Range Troponin I 4.90 (HH) <0.30 ng/mL Troponin I Collection Time: 05/18/21 6:00 AM Result Value Ref Range Troponin I 3.30 (HH) <0.30 ng/mL Troponin I Collection Time: 05/18/21 1:55 PM Result Value Ref Range Troponin I 1.69 (HH) <0.30 ng/mL Echo 5/17/2021 Mildly decreased EF at 52%. Decreased GLS, -16.3%. Cardiac MRI pending, further viral studies pending.

CDC Split Type:

Write-up: Patient is a 17 yo male with no hx asthma who presented to medical center ED as transfer from facility with pleuritic chest pain and fever x1 day. Recent history of second covid vaccine on Friday (5/14). Patient reported associated fatigue, headache and muscle aches late Friday into Saturday (5/15). Sunday patient reported a fever (101 F) and chest pain with deep inspiration. No associated SOB, increased work of breathing or abdominal pain. Was seen initially at urgent care and then referred to facility for "an abnormal EKG." Pertinent findings at facility: troponin 0.31, EKG wnl, rapid covid negative, ESR 9, CK 134, D-dimer <150, WBC 12.4 w/ left shift. Transferred to medical center for further workup. While in medical center ED, troponin 1.59. EKG rSR'' leads V1-V3 w/o ST segment elevation. MISC tier 1 studies drawn. Cardiology consulted - admit for observation, myocarditis infectious workup, echocardiogram and During his time in the ED, patient continued to have pain with deep inspiration as well as when he had to yawn. He other wise felt fine. Vital signs normal throughout out time in ED. His troponin continued to rise, with max of 14, so decision was made to start IVIG and steroids. His troponin fell over the next day. He remained stable from a clinical standpoint, and symptoms had resolved by the morning of 5/18. At time of filing, patient is still hospitalized at medical center, with further labs and imaging pending.

VAERS ID: 1326721 (history)  
Form: Version 2.0  
Age: 17.0

Sex: Male  
Location: New Jersey

Vaccinated: 2021-05-13  
Onset: 2021-05-15  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8731 / 2 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Blood creatine phosphokinase MB, Blood creatine phosphokinase decreased, Blood creatine phosphokinase increased, C-reactive protein increased, Chest pain, Chills, Echocardiogram abnormal, Electrocardiogram ST-T change, Electrocardiogram normal, Fatigue, Intensive care, Myocarditis, Pain, Pyrexia, Red blood cell sedimentation rate normal, Respiratory viral panel, SARS-CoV-2 antibody test positive, Troponin increased, Ventricular dyskinesia, Ventricular hypokinesia

SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Afrin nasal spray 2 pumps to each nostril every other day.

Current Illness: Congestion and runny nose. Denies fevers, nausea, vomiting, diarrhea, rashes, sick contacts, coughing, wheezing.

Preexisting Conditions: None.

Allergies: No food allergies, no medication allergies. (+) pollen allergies.

Diagnostic Lab Data: Patient is a 17-year-old male with no significant past medical history who presents with 1 day of sudden onset sharp chest pain, found to have diffuse ST elevation on EKG as well as elevated troponin consistent with acute myopericarditis.

Must consider whether presentation is related to patient having received his 2nd COVID-19 vaccine 2 days prior to presentation. COVID-19 spike protein antibodies are positive but no evidence of prior infection. However, will also evaluate possible viral causes for the myopericardial inflammation. Patient is currently



hemodynamically stable but admitted to the PICU for telemetry due to risk for dysrhythmia given myocardial inflammation. Working dx of myopericarditis secondary to possible COVID vaccine. #CV - Continue indomethacin 50mg TID - EKG from this AM: NSR with ST/T changes - ECHO: mild left ventricular apical dyskinesia (left ventricular systolic function borderline low with decreased wall excursion at apex with good RV systolic function and no significant pericardial effusion). -- Repeat ECHO today: globally borderline mildly depressed systolic function with mild hypokinesia as the ventricular apex. No significant pericardial effusion. Stable findings from ECHO 5/16/21. - Troponin elevated to 1.63 \$g 1.72 \$g 1.75 \$g 2.52 - CKMB: 109.1 (0-6.3) -- Ratio 14.4% (0-3.9%) - CPK: 759 - Cardio on consult -- recommends daily trending of labs - Qday ECGs ++ when pt clinically is symptomatic - Monitor for signs for clinical worsening #ID - COVID-19 spike protein Ab: (+), COVID-19 Nucleocapsid Ab: (-) - Obtain workup for viral myocarditis (CMV, EBV, adenovirus, enterovirus, coxsackievirus, adenovirus, Parvo B19) -- F/u results - RVP: negative - ESR 14 \$g 15 - CRP 8.12 \$g 6.54 - ID on consult -- recommends the MISC lab workup for possible MISC vs. adverse reaction to vaccine (CBC, CMP, BNP, COVID PCR, COVID Ab, ESR, CRP, BCx, UA, UCx, fibrinogen, PT/PTT, D-dimer, Ferritin, Procalcitonin, LDH, VBG (iCal, lactate), troponin, CPK). #FEN/GI - Regular diet - Pepcid 20mg BID

CDC Split Type:

Write-up: 5/14/21 - day 1 after vaccine dose #2 - had fevers, body aches, chills, fatigue. 5/15/21 - day 2 after vaccine dose #2 - began to have chest pain that started out at 5/10 and then became constant and persistent sharp, 10/10 chest pain that was worse with lying back and improved with sitting up and leaning forward. Pt went to Urgent Care, had ECG done and demonstrated ST wave changes where he was brought to ED and ECG confirmed ST/T wave changes and Troponin T was elevated to 1.62 - thus with these findings and the chest pain that was consistent with pericarditis - diagnosis of myopericarditis was made.

VAERS ID: 1327095 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Alabama

Vaccinated: 2021-05-05  
Onset: 2021-05-06  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
TRS735 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: trazodone, guanfacine, olanzapine, atomoxetine

Current Illness:

Preexisting Conditions: ADHD, oppositional defiant disorder,  
possible schizophrenia

Allergies: no known allergies

Diagnostic Lab Data: Troponin 5/8 at 1300 was 9.95 ng/mL; Troponin  
5/8 at 1830 was 8.44 ng/mL; Troponin 5/9 at 0600 was 5.47 ng/mL;  
Troponin 5/9 at 1900 was 5.66 ng/mL; Troponin 5/10 at 0600 was 5.99  
ng/mL; troponin 5/14 was 0.02 ng/mL Echo 5/8 revealed structurally  
normal heart with normal biventricular systolic function ECG 5/8:  
sinus rhythm with ST elevation ECG 5/10: sinus rhythm with T wave  
abnormalities

CDC Split Type:

Write-up: The patient presented to the emergency department on  
5/8/2021 with 2 days of chest pain. He had ST segment elevation on  
ECG consistent with pericarditis. A troponin was elevated at 9.9 ng/  
mL. He was admitted to the hospital from 5/8 to 5/10 to observe on  
telemetry. Echo was normal without pericardial effusion. Troponin  
trended downward. He was discharged home on naproxen and colchicine  
with scheduled follow up.

VAERS ID: 1327432 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Maryland

Vaccinated: 2021-05-12

Onset: 2021-05-14

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase increased, Arthralgia, Aspartate  
aminotransferase increased, Blood albumin normal, Blood alkaline  
phosphatase normal, Blood bilirubin normal, Blood calcium increased,  
Blood chloride normal, Blood creatinine increased, Blood glucose  
normal, Blood potassium normal, Blood sodium normal, Blood test,  
Blood urea normal, C-reactive protein increased, Carbon dioxide  
normal, Cardiac monitoring normal, Chest X-ray normal, Chest pain,

Chills, Cytomegalovirus test negative, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Epstein-Barr virus antibody positive, Haematocrit normal, Haemoglobin normal, Inflammation, Magnetic resonance imaging normal, Myocarditis, N-terminal prohormone brain natriuretic peptide increased, Pain, Painful respiration, Platelet count decreased, Protein total normal, Red blood cell count decreased, Red blood cell sedimentation rate increased, SARS-CoV-2 test negative, Tachycardia, Troponin increased, White blood cell count increased  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Arthritis (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Hematocrit 43.4 (5/15/2021) Hemoglobin 15.2 (5/15/2021) Platelets 148 (5/15/2021) RBC 4.76 (5/15/2021) WBC 12.83\* (5/15/2021) Albumin 4.3 (5/15/2021) Alk Phos 90 (5/15/2021) ALT 56\* (5/15/2021) AST 53\* (5/15/2021) Bilirubin Total 0.6 (5/15/2021) BUN 13 (5/15/2021) Calcium 9.8 (5/15/2021) Chloride 100 (5/15/2021) CO2 26 (5/15/2021) Creatinine 0.97 (5/15/2021) Glucose Bld 110\* (5/15/2021) Potassium 4.1 (5/15/2021) Sodium 137 (5/15/2021) Total Protein 7.6 (5/15/2021) 5/17/2021: Cardiac MRI "Normal biventricular size and function. No evidence of pericarditis. Minimal mid wall enhancement in the inferolateral and lateral left ventricular walls could reflect minimal/resolving inflammation/myocarditis given this patient's clinical presentation. Repeat cardiac MRI can be considered in 1-3 months."  
5/16/2021: Echocardiogram "Technically difficult, suboptimal study."

No pericardial effusion. Normal left ventricular systolic function. Normal right ventricular systolic function. Echobright septum."

CDC Split Type:

Write-up: 17 y.o. male who presents with chest pain, elevated troponins and diffuse ST elevations concerning for pericarditis vs myocarditis admitted for cardiac monitoring and evaluation. Pt states he has had 1 day of sudden onset L shoulder pain and chest pain. Endorses dyspnea due to pain with deep breaths, denies tachypnea, nausea/vomiting, diaphoresis. Endorses mild chills and aches after COVID vaccine 3 days prior to onset of symptoms, denies any fever, URI symptoms, diarrhea, rash, known COVID contacts. Pain continued to worsen and spread across his chest, causing presentation to ED this afternoon. No history of PE, DVT, long travel, recent surgery, malignancy, alcohol or cocaine use. Significant cardiac history in family: dad with CAD w/LAD blockage, both parents with hypertension. At ED, labs notable for elevated troponin 0.456, repeat 0.67 and diffuse ST elevations on EKG concerning for pericarditis. COVID neg, CXR unremarkable, blood cx drawn, no abx started. Patient was given toradol for pain with minimal improvement. Peds cardiology was consulted and patient was transferred to different ED for further care. At different ED, repeat EKG showed similar diffuse ST elevations in I, II, aVL. Repeat troponins uptrending (4.91), proBNP 562, ESR 43, CRP 18. Mildly tachycardic but otherwise hemodynamically stable. Given tylenol for pain. Cardiology recommended admission for trending troponins, echo and cardiac monitoring. CV: Troponins were trended every 12 hours with a max of 4.91. His last troponin checked on the morning of discharge was 0.41. He had an echo that showed normal cardiac function, an MRI that indicated normal ventricular size and function, with minimal or healing and inflammation or mild myocarditis. During his admission, he had continuous cardiorespiratory monitoring, that did not show any arrhythmias. Resp: On 2L NC for comfort, no respiratory distress or hypoxia. FENGI: Regular diet Neuro: Ibuprofen scheduled and tylenol PRN for pain. He was initially started on ibuprofen 800 mg every 8 hours, but was starting to have pain prior to being due for medicine every 8 hours so his regimen was changed to 600 mg every 6 hours which controlled his pain adequately. ID: Myocarditis panel sent with some results still pending. Thus far, he is CMV negative, EBV IgG was positive but not IgM. RVP was negative. This all occurred in the setting receiving the Covid vaccine 3 days prior to presentation, which has been reported as a rare reaction to the Covid vaccine. At the time of discharge, labs pending results include mycoplasma pneumonia, coxsackie, parvovirus, enterovirus. Etiology of myocarditis remains unclear at this time, could be related to infectious etiology not yet clear to us, vs related to his COVID vaccine prior to admission.

VAERS ID: 1328253 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-15  
Onset: 2021-05-17  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 UN / SYR  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Electrocardiogram,  
Electrocardiogram ST segment elevation, Myocarditis, Troponin  
increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None known allergies  
Diagnostic Lab Data: EKG 5/18 diffuse ST elevation ECHO 5/18 normal  
Troponin 5/18 17540  
CDC Split Type:  
Write-up: Developed chest pain and diagnosed with myopericarditis  
based on EKG and elevated troponins. admitted for monitoring

VAERS ID: 1328262 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Georgia

Vaccinated: 2021-04-15  
Onset: 2021-05-14  
Days after vaccination: 29  
Submitted: 0000-00-00  
Entered: 2021-05-18  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 - / IM  
Administered by: Public Purchased by: ?  
Symptoms: Brain natriuretic peptide increased, Cardiac arrest,  
Cardiac failure, Computerised tomogram, Fibrin D dimer increased,

Intensive care, Lung assist device therapy, Pulmonary embolism, Right ventricular hypertension, Temporary mechanical circulatory support, Troponin I increased  
SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (narrow), Cardiomyopathy (broad), Respiratory failure (broad)  
Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Norethin Ace-Eth Estrad-FE 1mg-20mcg

Current Illness: none

Preexisting Conditions: none

Allergies: Penicillin G

Diagnostic Lab Data: CT scan 5/14/21, troponin 0.167, BNP 768, Ddimer 3323

CDC Split Type:

Write-up: on 5/14 developed severe bilateral pulmonary embolism with severe right ventricular hypertension and heart failure. Progressed to cardiac arrest requiring mechanical circulatory support (ECMO) in PICU. Managed in the Cardiac ICU

VAERS ID: 1391879 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Minnesota

Vaccinated: 2021-05-11

Onset: 2021-05-15

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-05-18

Vaccin-ation / Manu-facturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 2 AR / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Myalgia, Myocarditis, Neck pain, Pharyngeal swelling, Sinusitis, Troponin

SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (narrow), Myocardial infarction (broad),

Arrhythmia related investigations, signs and symptoms (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Methylphenidate, albuterol, Symbicort, Bactrim, fluoxetine

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Serial troponin checks- 5/15-5/18, Peak troponin 25.2 EKG- 5/15-5/17, Diffuse ST segment elevations Cardiac MRI scheduled for 5/19

CDC Split Type:

Write-up: Presented on 5/15 with chest pain and diffuse ST segment elevation consistent with perimyocarditis. He received his second COVID vaccine (5/11) 4 days ago- reports 3 days ago feeling sinus inflammation, throat felt swollen, and laid in bed all day, 2 days ago- he reports just having sinus inflammation sensation, 5/10- he reports feeling like every muscle including his neck hurt. No headache, vision changes, weakness, tingling. No cardiac history, leg swelling, rash, rhinorrhea, or recent illness.

VAERS ID: 1330562 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-05-14

Onset: 2021-05-16

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0168 / 2 LA / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram normal, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Asthma Allergic Rhinitis

Allergies: NKDA

Diagnostic Lab Data: Troponin: 1.27 -\$g 1.62 -\$g 1.74 -\$g 1.62-\$g1.05 -\$g 1.06 -\$g 0.99

CDC Split Type:

Write-up: Left sided chest pain few days after second shot. Noted troponin to be elevated. Troponin: 1.27 -\$g 1.62 -\$g 1.74 -\$g 1.62-\$g1.05 -\$g 1.06 -\$g 0.99. Normal ECHO. Normal EKG. Dx with myocarditis. Patient's pains symptoms resolved in 1-2 days; observed in hospital until troponin trended down.

VAERS ID: 1331020 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Rhode Island

Vaccinated: 2021-05-12

Onset: 2021-05-15

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0179 / 2 - / SYR

UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN

MANUFACTURER - / UNK - / SYR

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Myocarditis, Troponin increased

SMQs:, Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)



Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: EKG: diffuse ST elevation Troponin 22.813  
(Reference range: 0.006 - 0.060 NG/ML ) 5/16/21 0857 Troponin 29.2  
(Reference range: 0.006 - 0.060 NG/ML ) 5/16/21 1302 Troponin 7.528  
(Reference range: 0.006 - 0.060 NG/ML ) 5/18/21 0731 Echo: normal  
5/16/21

CDC Split Type:

Write-up: Patient developed severe chest pain and was found to have myopericarditis. This occurred 3 days after receiving his 2nd Pfizer covid vaccine. Prior to this event, he was in his usual state of health and denied any viral prodrome or illness. In the hospital, he received NSAIDs and supportive care with significantly clinical improvement. He was discharged with cardiology follow up.

VAERS ID: 1334629 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-07  
Onset: 2021-05-14  
    Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-05-20

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Acute left ventricular failure, Brain natriuretic peptide increased, Dyspnoea, Echocardiogram abnormal, Ejection fraction decreased, Electrocardiogram abnormal, Epstein-Barr virus antibody negative, Left ventricular dysfunction, Respiratory viral panel, SARS-CoV-2 antibody test negative, SARS-CoV-2 test negative, Tachycardia, Tachypnoea, Troponin increased

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de

pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ritalin TID, melatonin nightly, benadryl prn

Current Illness: none

Preexisting Conditions: Autism with ADHD, Obesity with BMI 40,

Obstructive sleep apnea

Allergies: none

Diagnostic Lab Data: Troponin 0.08 (5/18), Viral Respiratory Panel nasal swab negative (5/17), BNP 616 (5/19), EBV antibody panel negative (5/18), Covid IgG antibody negative (5/18), COVID 19 PCR neg

CDC Split Type:

Write-up: 17-year-old male with a past medical history notable for autism who presents with 3-day history of worsening tachypnea, shortness of breath tachycardia. Patient presents with elevated BNP and troponin as well as severely depressed LV function on echocardiogram with associated EKG changes. Echo on admission with EF 22% and severe acute LV systolic and diastolic heart failure. Now on milrinone 0.5 mcg/kg/min, Lasix 20 mg IV q8h. Repeat 5/18 today continues with severe dysfunction, EF 28%. Troponin 0.09, BNP 616. Started carvedilol 5/19.

VAERS ID: 1334678 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Michigan

Vaccinated: 2021-05-01

Onset: 2021-05-19

Days after vaccination: 18

Submitted: 0000-00-00

Entered: 2021-05-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / IM

Administered by: Private Purchased by: ?

Symptoms: Acute myocardial infarction, Pericarditis, Troponin increased

SMQs: Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Chronic

kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Minocycline

Current Illness: None

Preexisting Conditions: Acne

Allergies: None

Diagnostic Lab Data: Troponin peak 9.81 three days after second vaccine

CDC Split Type:

Write-up: NSTEMI/Troponin elevation/pericarditis

VAERS ID: 1336040 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Wisconsin

Vaccinated: 2021-05-13

Onset: 2021-05-14

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-20

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0183 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Echocardiogram normal, Electrocardiogram ST segment depression, Electrocardiogram ST segment elevation, Myocarditis, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none

Diagnostic Lab Data: Troponin up to 15 ng/ml Initial EKG -- Mild ST segment elevation in lead I, aVL, and V3-V6, mild ST segment depression in lead III and V1 Echocardiogram essentially normal CRP 6 mg/dl

CDC Split Type:

Write-up: About 18 hours after the vaccine was given, the patient developed chest pain. The chest pain progress over about 24 hours to 9/10. He presented to the ER where he was found to have elevated troponin (up to 15) and ST changes on EKG. Echo was normal x2. He was treated for myopericarditis with NSAIDs and colchicine. He quickly improved. No clear etiology of his myopericarditis was identified, raising suspicion that it may have been an adverse reaction to the vaccine.

VAERS ID: 1338627 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-05-13  
Onset: 2021-05-14  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0193 / 1 LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Arthritis, Blood creatinine increased, Blood test, C-reactive protein increased, COVID-19, Chest pain, Computerised tomogram, Costochondritis, Dyspnoea, Echocardiogram abnormal, Myocarditis, Pain, SARS-CoV-2 antibody test positive, SARS-CoV-2 test positive, Troponin increased, Ultrasound scan  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Arthritis (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 7 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Enbrel injection(didnt take 2 weeks prior to vaccination); Leflunomide, omeprazole, marvelon birth control. Fluoxetine(never took for a month prior to vaccine.  
Current Illness: Juvenile Arthritis  
Preexisting Conditions: None Diagnosed with JA approx 2 years ago.  
Allergies: None  
Diagnostic Lab Data: May 17- Blood test - Troponin numbers high and Cr, high Crp levels, cat-scan, ultrasound. May 18, May 19- blood tests, heart ultrasound. 2 positive tests with low numbers for covid  
Continual blood tests checking Troponin level, crp. Did antibody serum testing to check for pre covid- test positive.  
CDC Split Type:  
Write-up: Chest pains, difficulty breathing, outcome: diagnosed with myopericarditis and costochondritis as well as inflammation in joints. Was in the hospital for 7 days and was on IV, morphine and then switched to hydro-morph for severe pain. Was given ketorolax via Iv for inflammation as well and steroids. Has been put on steroids for 1 month, Colchicine for 3 months, naproxen for inflammation.

VAERS ID: 1339031 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: New York

Vaccinated: 2021-05-21  
Onset: 2021-05-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-21  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8736 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Anaphylactic reaction, Cough, Dyspnoea, Lip swelling, Swelling face, Urticaria  
SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes

Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Tylenol, EmergenC  
Current Illness: None  
Preexisting Conditions: Asthma  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Initially developed hives then swelling of lips, face and difficulty breathing with cough (anaphylaxis reaction). Treated by school nurse with epipen then ambulance paramedics arrived and administered nebulizer treatment, IM benedryl, dexamethasone and transported to ER for follow up stabilization. ER administered additional antihistamine. Patient was discharged from ER stable and in much improved condition.

VAERS ID: 1340320 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Kansas

Vaccinated: 2021-04-19  
Onset: 2021-04-26  
Days after vaccination: 7  
Submitted: 0000-00-00  
Entered: 2021-05-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0162 / 2 RA / OT  
Administered by: Unknown Purchased by: ?  
Symptoms: Papule, Scab  
SMQs: Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: Vaso Vagal  
Syncope  
Allergies:  
Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021507376

Write-up: White papule; Scab; This is a spontaneous report from a contactable other hcp (patient's mother). A 17-year-old female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EW0162), dose 2 intramuscular, administered in right arm on 19Apr2021 09:15 as 2nd dose, single for covid-19 immunisation. Medical history included vaso vagal syncope. The patient's concomitant medications were not reported. The patient previously received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: ER8733,) intramuscular administered in right arm on 29Mar2021 16:00 for COVID-19 Immunization. On 26Apr2021, the patient developed white papule which turned into a scab approximately 1 week following second injection, roughly three inches below injection site. Seriousness criteria-Congenital anomaly/birth defect: Yes. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. There is no list of any other medications the patient received within 2 weeks of vaccination, no known Allergies. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has not been tested for COVID-19. The outcome of the vents was resolved with sequel. Information on Lot/Batch number was available. Additional information has been requested.; Sender's Comments: Based on temporal association, the contribution of the suspect drug to the onset of events cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1340329 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-04-08  
Onset: 2021-05-02  
Days after vaccination: 24  
Submitted: 0000-00-00  
Entered: 2021-05-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0151 / 1 LA / OT

Administered by: Pharmacy Purchased by: ?

Symptoms: Chest pain, SARS-CoV-2 test, Troponin, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Hospitalization (Vaccine received during existing hospitalization)  
Allergies:  
Diagnostic Lab Data: Test Date: 20210502; Test Name: Covid covid  
test type post vaccination= Nasal Swab; Test Result: Negative ; Test  
Date: 20210502; Test Name: Elevated troponin; Result Unstructured  
Data: Test Result:Elevated  
CDC Split Type: USPFIZER INC2021508963  
Write-up: Acute chest pain; Elevated troponin 16; This is  
spontaneous report received from a contactable Healthcare  
professional. A 17-year-old male patient received BNT162B2 (PFIZER-  
BIONTECH COVID-19 VACCINE) intramuscularly on 08Apr2021 13:15  
(Batch/Lot Number: EW0151) (at 17-year-old) as first dose, single in  
arm left for COVID-19 immunisation. Other unspecified Pfizer vaccine  
was received via an unspecified route of administration on 08Apr2021  
(Batch/Lot Number: EW0170) as second dose, single in arm. Medical  
history included ongoing hospitalization (Vaccine received during  
existing hospitalization). The patient's other concomitant  
medications were not reported. No other vaccines within 4 weeks  
prior to the COVID vaccine. Other medications received within 2  
weeks of vaccination was reported as unknown. On 02May2021 04:00 AM,  
the patient experienced acute chest pain and elevated troponin 16,  
he was admitted to hospital. It's reported AE resulted in: Doctor  
or other healthcare professional office/clinic visit, Emergency  
room/department or urgent care, Hospitalization, Prolongation of  
existing hospitalization (vaccine received during existing  
hospitalization). Prior to vaccination, the patient was not  
diagnosed with COVID-19. On 02May2021, PCR Nasal Swab was performed  
and showed negative. Ketorolac tromethamine (TORADOL) and ibuprofen  
(MOTRIN) were received as treatment. Duration of hospitalization was  
4 (discharged on 06May2021). The outcome of the event was resolved  
in May2021.; Sender's Comments: Based on the strong temporal  
relation, the association between chest pan, troponin increased and  
vaccine administration cannot be completely ruled out with the  
information available. The impact of this report on the benefit/risk  
profile of the Pfizer product is evaluated as part of Pfizer  
procedures for safety evaluation, including the review and analysis  
of aggregate data for adverse events. Any safety concern identified  
as part of this review, as well as any appropriate action in  
response, will be promptly notified to regulatory authorities,  
Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1340644 (history)  
Form: Version 2.0  
Age: 17.0



Sex: Male  
Location: Maryland

Vaccinated: 2021-05-12

Onset: 2021-05-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
545 / 2 RA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Arthralgia, C-reactive protein increased, Chest X-ray normal, Dyspnoea, Electrocardiogram abnormal, Influenza like illness, Intensive care, Myocarditis, Pericarditis, Troponin increased

SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Promethazine

Diagnostic Lab Data: Too many to list in my allotted 5 minutes!

Troponin high, c reactive high

CDC Split Type:

Write-up: 5/13 began as flu like , 5/14 6:00 pm couldn't get full breath, went to Patient 1st, chest X-ray nothing , 5/15 4:00 am shoulder pain, couldn't get full breath, Went to Hospital ER, Ekg progressively abnormal, Troponin and C reactive values increasing, transported to Medical Center ICU pediatric cardiology, physician and cardiologist, she diagnosed myocarditis and pericarditis. 5/18 discharged and home improving.

VAERS ID: 1341017 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-05-19  
Onset: 2021-05-19  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-05-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 LA / -  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain, Echocardiogram  
abnormal, Electrocardiogram ST segment elevation, Fibrin D dimer,  
Myocardial infarction, Myocarditis, Troponin  
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic  
events, arterial (narrow), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Advair Claravis Prilosec  
Current Illness: none  
Preexisting Conditions: none  
Allergies: amoxicillin  
Diagnostic Lab Data: 5/22 troponin elevated to 8.0 then to 10. 5/22  
EKG ST elevation, Echo cardiogram with prominent posterior coronary  
at the origin 5/22 D-dimer 0.55 elevated, CRP 7.4 elevated.  
CDC Split Type:  
Write-up: COVID-19, mRNA, LNP-S, PF (PFIZER-BIONTECH) 5/19/2021 (17  
Y) , 4/28/2021 (17 Y) Severe chest pain, Requiring hospitalization  
for pain management and MI/Myocarditis therapy.

VAERS ID: 1341255 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Hawaii

Vaccinated: 2021-05-13  
Onset: 2021-05-14  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-05-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0167 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Blood creatine phosphokinase, Blood culture, Blood thyroid stimulating hormone, Brain natriuretic peptide, Chest X-ray, Electrocardiogram, Full blood count, Heart rate increased, Metabolic function test, Pyrexia, Tachycardia, Thyroxine free, Toxicologic test, Troponin, Urine analysis

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Bupropion SR 150 mg tablet - 1 tablet two times per day

Current Illness: Anxiety- bupropion started 2 weeks prior with dose increase a few days prior to admission

Preexisting Conditions: ADHD, anxiety

Allergies: None

Diagnostic Lab Data: EKG, chest x-ray, free T4 and TSH, troponin, creatine kinase, comprehensive metabolic panel, pro-BNP, blood culture, urinalysis, urine toxicology screen, complete blood count all were done on 5/14/21

CDC Split Type:

Write-up: Tachycardia began at 27 hours after vaccine with hear rate up to the 160s . Fever developed after the tachycardia 31 hours after vaccine. Patient was monitored in the hospital on propranolol and was sent home on propranolol.

VAERS ID: 1343357 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: North Carolina

Vaccinated: 2021-05-20

Onset: 2021-05-22

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0182 / UNK - / IM

Administered by: Other Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Brain

natriuretic peptide increased, C-reactive protein increased, Echocardiogram abnormal, Ejection fraction decreased, Fibrin D dimer, Fibrin D dimer increased, Headache, Pyrexia, Troponin I increased

SMQs:, Cardiac failure (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Pulmonary hypertension (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Upper respiratory tract infection 5/6/2021

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin-I 10.04, CK-MB 76.6, BNP 135, CRP 11.31, d-dimer 435 (5/23, 1506) Echo: "Mildly decreased left ventricular function globally with an approx. EF of 45% ." (5/23, 1545)

CDC Split Type:

Write-up: Fever and headache 24 hours after vaccine. Continued fever and chest pain 48 hours after vaccine.

VAERS ID: 1343445 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-05-04

Onset: 2021-05-24

Days after vaccination: 20

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Computerised tomogram thorax, Echocardiogram, Ejection fraction decreased, Intensive care, Laboratory test, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Myocarditis, Pleuritic pain

SMQs:, Cardiac failure (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad), Infective pneumonia (broad), Immune-mediated/  
autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: Congestion, fever/chills, headache, nausea on day  
of vaccination that resolved within two days (5/4-5/6)  
Preexisting Conditions: Diet controlled Hypertension  
Allergies: Peanuts  
Diagnostic Lab Data: Complete infectious and MIS-C workup 5/10:  
Cardiac MRI 5/12 Chest CT 5/7: Echo 5/8: Echo 5/10: Echo 5/13: Echo  
CDC Split Type:  
Write-up: Woke up on 5/7 with pleuritic chest pain, and admitted to  
the PICU on the same day. Found to have myopericarditis confirmed by  
MRI, now with residual low-normal EF of 56%. Discharged from  
hospital on 5/11.

VAERS ID: 1343740 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Illinois

Vaccinated: 2021-05-16

Onset: 2021-05-17

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Abdominal pain, Chest discomfort, Echocardiogram normal,  
Electrocardiogram normal, Troponin

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad),  
Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: COVID+ 4/22/21

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: EKG 5/17 normal sinus rhythm ECHO 5/18 normal troponin 5/17 2043 0.175 troponin 5/17 2227 0.179 troponin 5/18 0510 0.07

CDC Split Type:

Write-up: Patient developed chest tightness during soccer tournament the day after receiving first dose of COVID vaccine and then subsequently developed abdominal pain with several episodes of hematochezia which self resolved. Upon arrival to the ED pt had elevated troponin which downtrended. EKG and ECHO were normal and symptoms resolved without intervention.

VAERS ID: 1343848 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Virginia

Vaccinated: 2021-05-20

Onset: 2021-05-22

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-05-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0177 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Angiogram pulmonary normal, Body temperature increased, C-reactive protein increased, Chest discomfort, Chest pain, Chills, Computerised tomogram abdomen, Echocardiogram normal, Electrocardiogram normal, Intensive care, International normalised ratio increased, Myocarditis, N-terminal prohormone brain natriuretic peptide normal, Pain, Prothrombin time prolonged, SARS-CoV-2 test negative, Troponin increased

SMQs: Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None

Diagnostic Lab Data: 5/22/21 at 2342 EKG – normal 5/22/21 at 2340  
Troponin 3.08, Pro BNP = 158, PT/INR=15.8/1.4 5/23/21 at 0110  
Abdomen, Chest/Thorax CT angiogram 5/23/21 at 0248 Troponin 7.259  
5/23/21 at 0320 SARS-CoV-S Ag = Negative 5/23/21 at 0450 EKG =  
normal 5/23/21 at 0815 Troponin 16.1 5/23/21 at 1000 ECHO = normal  
5/23/21 at 1955 Troponin 7.59 5/24/21 at 0845 Troponin 13.1 5/24/21  
at 0857 EKG = normal

CDC Split Type:

Write-up: 17-year-old male with no medical history, no allergies and no surgeries presented to the ER on 5/22 at 11 PM with concern for chest pain. The patient received his 2nd COVID-19 Pfizer vaccine on Thursday, 05/20/2021 in his left arm. The patient developed a temperature of a 102.5? with aches, chill, and pain overnight. The symptoms subsequently dissipated. Around noon on 5/22 he began to experience an achiness and pressure beneath the sternum and it has been constant since. The pain does not radiate into the back. No associated ripping or tearing sensation. No shortness of breath or difficulty breathing. In ED, EKG showed normal intervals, no ST changes and no STEMI. The patient underwent a CT angio of the chest and abdomen and did not show any dissection of the aorta. The left and right proximal coronaries are visible, however their path could not be seen on the studies performed. No pneumomediastinum both pneumothorax was observed. He had an elevated troponin of 3.1 and it increased to 7.3 prior to transfer to the ICU. VS were stable with HR 80 – 90 and normal BP. Repeat ECG was normal but his troponin increased x 2 with maximum of 16. His CRP was mildly elevated and BPN upper limits of normal. Echo was normal. Cardiologist consulted and pt diagnosed with myocarditis. As of 5/24/21, patient remains hospitalized as troponin was 13.1 at 9:00 am.

VAERS ID: 1344363 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-21  
Onset: 2021-05-23  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0185 / 2	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0167 / 1	LA / IM	

Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation, Fatigue, Malaise, Painful respiration, Pericarditis, Pyrexia, Troponin I increased, Vaccination complication  
SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: No known drug allergies  
Diagnostic Lab Data: 5/23/21: His EKG there reflected ST elevations, troponin I of 10.7.  
CDC Split Type:  
Write-up: 17 y/o M with no PMHx presenting to ED from another ED for work-up of acute onset chest pain. Patient experienced this pain at approximately 2200 on 5/23 and this prompted ED visit. His chest pain was 8/10 at that time. Did not radiate. He mentioned pain with deep inspiration. Prior to Sunday night he describes feeling tired, malaise on Saturday. He says he had a fever on Saturday. Temperature at that time unknown. Otherwise patient was in usual state of health. Of note, Friday 5/21 was his second dose of the COVID-19 vaccine. He denies having any adverse effects after vaccine #1. Patient diagnosed with acute pericarditis at this time thought to be due to COVID-19 vaccine

VAERS ID: 1347131 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Virginia

Vaccinated: 2021-05-20  
Onset: 2021-05-23  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/



BIONTECH- / UNK - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis  
SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Myocarditis

VAERS ID: 1347325 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: D.C.

Vaccinated: 2021-05-07  
Onset: 2021-05-23  
Days after vaccination: 16  
Submitted: 0000-00-00  
Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / IM

Administered by: Private Purchased by: ?  
Symptoms: Activated partial thromboplastin time abnormal, Anticoagulant therapy, Back pain, Catheter directed thrombolysis, Coagulation test abnormal, Deep vein thrombosis, Groin pain, Pain in extremity, Peripheral swelling, Protein S decreased, Renal vein thrombosis, Vena cava thrombosis  
SMQs:, Cardiac failure (broad), Liver-related coagulation and bleeding disturbances (narrow), Angioedema (broad), Haemorrhage laboratory terms (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Osteonecrosis (broad), Renovascular disorders (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: Protein S is low. aPTT abnormal with abnormal mixing study suggesting possible lupus anticoagulant. Further tests pending.

CDC Split Type:

Write-up: Patient presented with one week of back, right leg and right groin pain. Right lower extremity swelling and was diagnosed with deep vein thrombosis from right popliteal vein into IVC involving a renal vein. He is on anticoagulation currently and going for catheter-directed thrombolysis today. Patient has been in hospital two days and hospitalization is ongoing at the time of this report.

VAERS ID: 1347537 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Kansas

Vaccinated: 2021-05-21  
Onset: 2021-05-23  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Alanine aminotransferase normal, Aspartate aminotransferase increased, Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, C-reactive protein increased, Chest pain, Cytomegalovirus test negative, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Enterovirus test negative, Epstein-Barr virus antibody negative, Headache, Hepatic enzyme increased, Immunoglobulin therapy, N-terminal prohormone brain natriuretic peptide increased, Pain, Painful respiration, Parvovirus B19 test, Pericardial effusion, Pyrexia, SARS-CoV-2 test negative, Troponin increased, Ventricular hypokinesia, White blood cell count increased  
SMQs:, Rhabdomyolysis/myopathy (broad), Cardiac failure (broad),

Liver related investigations, signs and symptoms (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None listed on EMR

Current Illness: None

Preexisting Conditions: None

Allergies: Latex

Diagnostic Lab Data: From our facility: Enterovirus PCR Blood (5/24/21) = negative Adenovirus PCR Blood (5/24/21) = negative CMV IgG and IgM (5/24/21) = both negative SARS CoV2 PCR (5/24/21) = negative Parvo19 PCR Blood (5/24/21) = pending EBV serologies (5/24/21) = indicative of past infection (positive EBNA, negative VCA IgM and IgG) Troponin = 21.1 ng/L (5/23/21), 47.9 (5/24/21), 12.7 (5/25/21) CK = 552 u/L (5/23/21); 979 (5/24/21), 247 (5/25/21) NT pro BNP = 357 pg/mL (5/23/21); 502 (5/24/21) AST = 228 u/L (5/24/21); 126 (5/25/21) ALT = 46 U/L (5/23/21); 45 (5/25/21) CRP = 3.2 mg/dL (5/24/21) WBC =  $2.75 \times 10^3$  (5/25/21)

CDC Split Type:

Write-up: Patient received 2nd Pfizer COVID vaccine on 5/21/21. He had fever and headache for about 24-36 hours, which he had also had after the first dose of the vaccine. On 5/23, he woke up with constant substernal chest pain, which worsened with exertion and deep inspiration. The pain increased throughout the day. In the ED, he was found to have elevated troponin, CK-MB, elevated CPK, and elevated liver enzymes. EKG was concerning for ST elevation initially. Bedside echocardiogram showed low-normal function, normal coronaries, trace effusion, and no evidence of RV strain. Troponin and NT pro BNP were increased upon admission to our facility. Repeat ECHO showed borderline global hypokinesia of the LV with an LVEF of 51%. He received IVIG on 5/24/21 and also was started on ketorolac on 5/24/21. Troponin and CK were trending downwards at the time of this submission.

VAERS ID: 1348070 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-05-07

Onset: 2021-05-13

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-05-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0179 / 1 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase increased, Ascites, Aspartate aminotransferase increased, Band neutrophil percentage, Blood bilirubin increased, Blood lactate dehydrogenase increased, C-reactive protein increased, Coronary artery aneurysm, Echocardiogram abnormal, Fatigue, Fibrin D dimer increased, Headache, Hepatic steatosis, Hepatosplenomegaly, Hyperechogenic pancreas, Hyperhidrosis, Hypotension, Immunoglobulin therapy, Laboratory test abnormal, Lipase increased, Multisystem inflammatory syndrome in children, Myalgia, Pain, Pharyngitis streptococcal, Platelet count decreased, Prothrombin time prolonged, Pyrexia, Rash, Rash maculopapular, Red blood cell sedimentation rate increased, SARS-CoV-2 antibody test positive, Serum ferritin increased, Streptococcus test positive, Tachycardia, Ultrasound abdomen abnormal

SMQs: Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (narrow), Agranulocytosis (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Oropharyngeal infections (narrow), Biliary system related investigations, signs and symptoms (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: On admission 5/20/21 patient was febrile to 39 C, hypotensive and tachycardia with systolic blood pressures 90-100 and heart rates in the 120-130s. Labs included thrombocytopenia, bandemia, hyperbilirubinemia and transaminases, elevated lipase, elevated ESR, CRP, D-dimer, LDH, ferritin, and prolonged PT. COVID IgG antibodies were positive as expected given vaccination. The family had no known Covid exposure otherwise. Repeat echocardiogram (5/24/21) showed small fusiform aneurysm in the right coronary artery (Z score 3.0) that was not present on initial echo on admission. Additionally, abdominal ultrasound (5/23/21) showed hepatosplenomegaly and hepatic steatosis, echogenic pancreatic head, and small volume pelvic ascites. On admission 5/20/21: Platelets 106 Bands 60.5% Tbili 1.88 AST 235 ALT 306 Lipase 634 ESR 24 CRP 6.2 D-dimer 13,734 LDH 2,590 Ferritin 1,320 PT 14.3

CDC Split Type:

Write-up: Patient received his first dose of the Pfizer vaccine on 5/7/21. On 5/13/21 he began to feel feverish (unsure Tmax, never took temperature) and was intermittently febrile until hospital admission on 5/20/21. On 5/18/21 he was seen in the ED for fever and tested positive for strep throat and started on amoxicillin. His inflammatory labs were elevated at this time and did not notice improvement on amoxicillin. He returned to the ED on 5/20/21 at which time patient reported headaches on the right side, sharp 7/10 pain which come and go with the fevers as well as fatigue, muscle/body aches, and sweats in addition to persistent fever. He also noticed maculopapular rash on palms and soles and on distal extremities which was not pruritic or painful on day of hospital admission. All infectious workup was negative and patient did not improve on broad spectrum antibiotics. Given his persistent fever, hypotension, and inflammatory labs without other cause, patient was empirically treated for MIS-C and was given IVIG and methylprednisolone as well as being started on prophylactic dose enoxaparin for his elevated D-dimer. Repeat echocardiogram identified a new coronary aneurysm, supporting the diagnosis of MIS-C. Following IVIG and steroids patient remained afebrile and inflammatory markers down trended, however liver enzymes remained elevated at time of discharge. He improved and was discharged to finish steroid course at home with close follow up.

VAERS ID: 1351002 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-05-19

Onset: 2021-05-23

Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram normal, Heart rate  
increased, Palpitations, Troponin increased  
SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Dehydration (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Albuterol, Fluticasone, Montelukast, Cetirizine,  
Omeprazole  
Current Illness: Asthma, Obesity (BMI  $\geq 99^{\text{th}}$ tile), Allergic Rhinitis  
Preexisting Conditions: Asthma, Obesity  
Allergies: None  
Diagnostic Lab Data: EKG - normal sinus Troponin = 3.32  
CDC Split Type:  
Write-up: Rapid heart rate, Chest pain, Palpitations

VAERS ID: 1351892 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Washington

Vaccinated: 2021-05-19  
Onset: 2021-05-21  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM  
Administered by: Other Purchased by: ?  
Symptoms: Abdominal pain, Brain natriuretic peptide increased, C-  
reactive protein increased, Chest discomfort, Chills, Echocardiogram  
normal, Electrocardiogram T wave abnormal, Fatigue, Feeling hot,  
Hypotension, Nausea, Pyrexia, Troponin  
SMQs: Cardiac failure (broad), Anaphylactic reaction (narrow),  
Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad),

Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Imuran, prednisone, Plaquenil, famotidine, Vitamin D

Current Illness: None

Preexisting Conditions: Lupus

Allergies: None

Diagnostic Lab Data: Troponin 0.064, CRP 17, BNP 303, ECG with t-wave changes, normal ECHO

CDC Split Type:

Write-up: On 5/19 she got her first Covid Vacc (Pfizer). The following day she had mild fatigue and chills, but it did not interfere with activity. Then 5/21 PM she noted a discomfort in her chest. By yesterday she had marked chills, felt burning hot, c/o a mild ST and mild nausea and abd pain. Her chest discomfort (poorly characterized in location) worsened and she was brought to ER with concerns that she had another effusion. At the hospital, she had 24 hours of fever and hypotension.

VAERS ID: 1351950 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Louisiana

Vaccinated: 2021-05-22

Onset: 2021-05-23

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Arrhythmia, Blood bilirubin increased, Blood creatine phosphokinase increased, Chest pain, Chills, Differential white blood cell count, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Electrocardiogram normal, Full blood count abnormal, Headache, Hyperhidrosis, Immunoglobulin therapy, Intensive care, Magnetic resonance imaging,

Metabolic function test, Myocarditis, Nausea, Respiratory viral panel, Troponin  
SMQs: Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Acute pancreatitis (narrow), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Biliary system related investigations, signs and symptoms (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: hives after taking penicillin 1x as a toddler; no other known

Diagnostic Lab Data: 10/23/21 – EKG & labwork – . EKG normal; Troponin @ .03; no inflammatory markers run. 05/25/21: Clinic: C-Reactive Protein, 5.3 mg/dl (H); CBC w/ Differential – multiple results abnormal; CPK, 1050 ph (HH); EKG – normal sinus rhythm, diffuse ST elevation; Troponin level – 14 05/25/21: Hospital: Troponin level – 16; CPK, 711; Comprehensive Metabolic Panel – elevated bilirubin; Respiratory panel – no virus detected; Echocardiogram showed no apparent problems with heart function. Ped. Cardiologist ordered additional tests and IVIg infusion, which was started at approximately 3 a.m. 05/26/21: Hospital: troponin – 13.85; ECG – 5:44 a.m. Sinus rhythm with marked arrhythmia, rightward axis; ST elevation; possible lateral injury or acute infarct – abnormal. Compared to 10:26 ECG on 5/25, Rt axis deviation now present, ST(T Wave) deviation now present; myocardial infarct finding now present; troponin (2) @ 12.71; CPK @ 228; troponin (3) @ 10.80 (noon draw). (MRI conducted – results not provided yet). \* addition tests to be conducted as he is still in the hospital.

CDC Split Type:

Write-up: chest pain, nausea, sweating w/ alternate chills, and headaches onset at approximately 10–11 a.m. Sunday, 5/23/21. Because he was reporting for work to a camp, he reported to the camp nurse. After conferring with parents, he reported to Hospital for testing. EKG there was normal; minimal labwork performed – Troponin test requested by parent came back at 0.03. Advil taken earlier had resolved pain at that time, but pain was persistent the following



day. Parent retrieved patient, and he reported to his pediatrician at the PCP Clinic and more labwork was performed at approximately 10 a.m. Troponin level had increased to 14, with other inflammatory markers elevated and abnormal EKG result. Pediatrician consulted with pediatric cardiologists, and parents were advised to proceed to the ER. Mother arrived with Hospital at approximately 5:30 p.m. Troponin results from 6:45 elevated to 16. Ped. Cardiologist performed echo-cardiogram, which showed no abnormal heart functioning. Ped. Cardiologist diagnosed myocarditis and prescribed 15-hour IVIg infusion. As of Wednesday, 5/26, at noon, troponin level had decreased to 10.8 and other inflammatory markers were improving. Patient is currently still hospitalized in the ICU Step Down Unit at Hospital.

VAERS ID: 1354648 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-05-21  
Onset: 2021-05-23  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-05-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Electrocardiogram P wave abnormal, Electrocardiogram ST segment abnormal, Magnetic resonance imaging heart, Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Supraventricular tachyarrhythmias (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: Troponin elevated to max 12.44 on 5/25 Cardiac MRI with findings consistent with myocarditis ST changes and P wave inversions on EKG on 5/25

CDC Split Type:

Write-up: myocarditis with elevated troponins, findings on cardiac MRI. No treatment required, self-resolved. Admitted for close monitoring

VAERS ID: 1355814 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-05-23

Onset: 2021-05-26

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0168 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Pain in jaw, Palpitations, Paraesthesia

SMQs: Peripheral neuropathy (broad), Arrhythmia related

investigations, signs and symptoms (broad), Guillain-Barre syndrome

(broad), Gastrointestinal nonspecific symptoms and therapeutic

procedures (broad), Cardiomyopathy (broad), Osteonecrosis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: no

Current Illness: no

Preexisting Conditions: controlled asthma

Allergies: amoxicillin

Diagnostic Lab Data: on

CDC Split Type:

Write-up: complained of chest pain, heart palpitation, jaw pain,

tingling on fingers on both hands after waking up at 7:00AM

05/26/2021, denied nausea/vomiting

VAERS ID: 1358106 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Massachusetts

Vaccinated: 2021-05-18

Onset: 2021-05-22

Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 1 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Paget-Schroetter syndrome, Peripheral swelling, Skin  
discolouration, Subclavian vein occlusion, Subclavian vein  
thrombosis, Thrombolysis, Ultrasound Doppler abnormal, Venogram  
abnormal  
SMQs:, Cardiac failure (broad), Angioedema (broad), Embolic and  
thrombotic events, vessel type unspecified and mixed arterial and  
venous (narrow), Embolic and thrombotic events, venous (narrow),  
Extravasation events (injections, infusions and implants) (broad),  
Haemodynamic oedema, effusions and fluid overload (narrow),  
Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: strattera, lexapro  
Current Illness: none  
Preexisting Conditions: She has a known prothrombin gene mutation  
(G20210A) that was previously identified because of a family history  
of thrombosis.  
Allergies: azithromycin, prednisone  
Diagnostic Lab Data: see above.  
CDC Split Type:  
Write-up: Vaccine 5/18. On 5/22 4 days after vaccine, she developed  
right arm swelling and skin discoloration. On 5/23 she went to the  
ED. Ultrasound revealed acute, occlusive thrombosis of right  
subclavian vein. She was admitted to the hospital, started on  
enoxaparin, achieved therapeutic levels. On 5/25 she underwent  
thrombolysis and venogram and was confirmed to have findings  
consistent with Paget-Schroetter syndrome. She was discharged home  
on 5/25 in good condition. Note: she also has known prothrombin gene  
mutation G20210A that confers an increased risk of thrombosis. She  
does have repetitive use of the right arm (lacrosse player).

VAERS ID: 1358513 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: New York

Vaccinated: 2021-05-18

Onset: 2021-05-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-05-28

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 1 LA / SYR

Administered by: Other Purchased by: ?

Symptoms: Blood test, Coagulation test abnormal, Condition aggravated, Culture urine positive, Escherichia test positive, Escherichia urinary tract infection, Hypotonia, Loss of consciousness, Seizure, Syncope, Unresponsive to stimuli  
SMQs: Torsade de pointes/QT prolongation (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations: After 1st dose for HPV - Gardasil - Increased seizures after this vaccine - when she was 12 years old

Other Medications: Seizure meds; Levothyroxine; birth control pill; loads of Vitamins: multivitamin, c, d, zinc, iron (about every three days) and magnesium.

Current Illness: She was feeling ill before the vaccine - she presented with nothing; when we had her urine tested before the vaccine and nothing was found -

Preexisting Conditions: Epilepsy; brain mal-formation; she had a stroke in utero

Allergies: Limitol - a seizure drug; use to be allergic to beets but not anymore

Diagnostic Lab Data: ER - Bloodwork -It showed that her blood wasn't clotting right - it was below what it should have been for clotting. We were due on Monday for extended EEG (previously scheduled appt before the vaccine) and we were just released for - slight UTI - culture was found of: e-coli. They think it could be hormone related and they took her off the birth control pills. They gave her a different hormone to take now. They She was given an

antibiotic.

CDC Split Type: vsafe

Write-up: She had been bleeding since May 2. We took her to Hospital Pediatric ER on Thursday, the ambulance took her in because she had a seizure on Wednesday (the Ambulance - they stabilized her that day and took her vitals and was sure she was okay - they knew we had an appt to go in the next day at 10:00 am for tests (previously scheduled); Thursday morning she had another seizure - we gave her seizure meds and she came out that - she ate breakfast after and then took her regular meds and the next thing we know ,50 minutes later, her head drop forward and her arms go completely limp and there was no response. She was breathing but she was out. I called the ambulance. And they took her in to ER. What they put in the paperwork was that she had a seizure and they wrote that she had had syncope episode - it took 20 minutes to come out of it. Which she has never had anything like that. We were in the ER for 7 hours. Was admitted to Hospital -from 24th -28th.

VAERS ID: 1360764 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Connecticut

Vaccinated: 2021-05-25

Onset: 2021-05-28

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-05-29

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Chest discomfort, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Myocarditis, Troponin increased, Vaccination complication, Ventricular hypokinesia  
SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: claritin

Current Illness: diarrhea x1

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: trop above, ekg above,

CDC Split Type:

Write-up: I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the Fellow note. Of note patient is a 17yo male with no significant past medical history who received the second dose of his Pfizer COVID19 vaccine on 5/25/21. This morning he woke up with chest pressure and eventually was seen at an outside hospital ED. EKG was concerning for possible myocarditis and he was transferred further work-up of myocarditis. On arrival, echocardiogram was performed demonstrating grossly normal LV function with some suggestion of apex hypokinesis. EKG was repeated and showed ST elevation in lead I and V1. Troponin was elevated at 1.11. On exam, no murmurs rubs or gallops. No known family history cardiomyopathy. I personally reviewed the echocardiogram. Overall, patient is a 17yo male with what appears to be myocarditis that is temporally associated with the second dose of the MRNA Pfizer COVID19 vaccine. We have seen several of these patients with similar presentations over the past few weeks and most seem to respond well to treatment with IVIG and steroids. We will confer with our Rheumatology and ID colleagues. Plan will be to obtain cardiac MRI in the next 24 hrs. Ibuprofen PRN for pain. Will trend troponin and EKG.

VAERS ID: 1361614 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: New York

Vaccinated: 2021-05-19

Onset: 2021-05-26

Days after vaccination: 7

Submitted: 0000-00-00

Entered: 2021-05-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0178 / 1 UN / UN

Administered by: Private Purchased by: ?

Symptoms: Blood glucose increased, Blood immunoglobulin G, C-reactive protein increased, Chills, Diarrhoea, Dysuria, Enterovirus test, Haematuria, Haemoglobin decreased, Headache, Hyperhidrosis, Lumbar puncture normal, Lymphocyte percentage increased, Mean cell volume decreased, Monocyte percentage increased, Myalgia, Neck pain, Neutrophil percentage decreased, Pain, Platelet count normal, Protein total increased, Pyrexia, Red blood cell count increased, Red blood cell nucleated morphology, Red blood cell sedimentation rate increased, Respiratory viral panel, Rhinorrhoea, SARS-CoV-2 antibody test, SARS-CoV-2 antibody test negative, Urine analysis, White blood cell count increased

SMQs: Rhabdomyolysis/myopathy (broad), Agranulocytosis (broad),

Haematopoietic erythropenia (broad), Haematopoietic leukopenia

(broad), Haemorrhage terms (excl laboratory terms) (narrow),

Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset

diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tubulointerstitial diseases (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Single Kidney

Allergies: Seasonal allergies

Diagnostic Lab Data: 5/28/21: Lumbar Puncture culture negative

5/28/21: lumbar puncture analysis: Erythrocytes 93 cells/hpf, Nucleated cells 3 cells/hpf (5% neutrophil segs, 51% lymphocytes, 44% monocytes), Glucose 84, Protein 19. 5/29/21: SARS-CoV-2 IgG <1.4 (negative) 5/29/21 UA: largely negative except for hematuria.

5/29/21: CRP 151.8mg/L 5/29/21: ESR 23mm/hr 5/29/21: CBC WBC 17.7 (ANC 14.6, ALC 1.3) //Hgb 12.7 (MCV 78.7) // Platelets 330. Pending studies sent on 5/29 at time of this report: - Enterovirus CSF PCR - Respiratory viral panel - Ganglioside GQ 1b IgG from blood

CDC Split Type:

Write-up: Patient evaluated at local hospital for concern for meningitis / encephalitis, transferred to our facility and was able to get studies (detailed below some of which are still pending). Initial symptoms presented with rhinorrhea, then severe headache, neck pain, and fever (tactile). Had sweats and chills. Began to experience diarrhea, dysuria, diffuse body aches and myalgias. Severe pain in his neck / posterior occiput. Denied any mental status changes at the time. Studies largely negative for an identifiable bacterial process so presumptive diagnosis is aseptic meningitis. Unclear if from vaccine or other etiologies. Outside hospital had started antibiotics but this was stopped and patient symptomatically recovered with only symptomatic care.

VAERS ID: 1385169 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Maryland

Vaccinated: 2021-05-26

Onset: 2021-05-29

Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-30  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 RA / IM  
Administered by: School Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Electrocardiogram abnormal, Troponin  
SMQs:, Myocardial infarction (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: cefdinir  
Diagnostic Lab Data: 5/29/21 Troponin 0.4, 4.10 EKG with St  
elevation of inferior leads  
CDC Split Type:  
Write-up: Chest pain requiring hospital observation

VAERS ID: 1362391 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-05-25  
Onset: 2021-05-28  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-05-31  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No



Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Methylphenidate  
Current Illness:  
Preexisting Conditions: Anxiety, ADHD  
Allergies:  
Diagnostic Lab Data: Troponin 13.5 5/30/21 4pm; downtrended to 7.74  
5/31/21 6am  
CDC Split Type:  
Write-up: Chest pain w/elevated troponins and small ST elevations in  
infero/lateral leads concerning for myocarditis

VAERS ID: 1362568 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-26  
Onset: 2021-05-30  
    Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-05-31  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER- /  
UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Myocarditis  
SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:

CDC Split Type:  
Write-up: myocarditis

VAERS ID: 1364659 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-05-26  
Onset: 2021-05-29  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac telemetry, Chest pain, Echocardiogram normal,  
Electrocardiogram normal, Fibrin D dimer normal, Laboratory test, N-  
terminal prohormone brain natriuretic peptide normal, Troponin  
increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: chest pain Saturday morning actually resolved, but had  
troponins 3800 then 4160, trending down. Telemetry and check labs  
going down. Our ECHO and EKG were fine, as was proBNP, d-dimers.

VAERS ID: 1364754 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-25  
Onset: 2021-05-26  
Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / IM

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time shortened, Acute kidney injury, Anaemia, Blood calcium decreased, Blood creatinine increased, Blood lactate dehydrogenase increased, Blood phosphorus increased, Blood sodium decreased, Blood urea increased, Blood uric acid increased, Carbon dioxide decreased, Epistaxis, Gastrointestinal haemorrhage, Haematocrit decreased, Haemoglobin decreased, Intermenstrual bleeding, Lipase increased, Occult blood positive, Pancreatitis, Platelet count decreased, Platelet transfusion, Prothrombin time prolonged, Thrombocytosis, Transfusion, Tumour lysis syndrome, Urine analysis abnormal, White blood cell count increased

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver-related coagulation and bleeding disturbances (narrow), Acute pancreatitis (narrow), Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Malignancy related conditions (narrow), Gastrointestinal haemorrhage (narrow), Hyponatraemia/SIADH (narrow), Ischaemic colitis (broad), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Desogesrel-Eth Estrasiol 0.15-30 mg-mcg;  
venlafaxine XR 37.5 mg,

Current Illness: Depression and Anxiety

Preexisting Conditions: Depression and Anxiety, allergic rhinitis and conjunctivitis, Acid reflux, rectal bleeding, constipation

Allergies: Citrus, Clotrimazole, eggs, lactose, tomato

Diagnostic Lab Data: CBC: WBC 17.5\$g14.1, H/H 8/23.2 \$g\$g6.3/18.7 ,  
Plt 19\$g17\$g15 CMP: BUN/Cr 82/9.76, Calcium 7.5, sodium 130, CO2 10  
UA +many uric acid Lipase 74\$g106\$g867 FOBT + PT/PTT 14.6/<24 LHD

2187 Uric acid \$g34 Phosphorus 12

CDC Split Type:

Write-up: Critical thrombocytopenia, causing anemia due to nose bleeding, GI bleeding and metrorrhagia. Elevated WBC. Acute kidney failure. Pancreatitis. Admitted with Dx of Tumor lysis syndrome required blood and platelets transfusion

VAERS ID: 1364803 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: New York

Vaccinated: 2021-05-29

Onset: 2021-06-01

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Electrocardiogram ST segment elevation, Myocarditis, Troponin T increased, Troponin increased

SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: No

Allergies: Peanuts, Pollen, Soy

Diagnostic Lab Data: hSTNT 203 then 300. EKG with diffuse ST elevation

CDC Split Type:

Write-up: Myocarditis

VAERS ID: 1365552 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Colorado

Vaccinated: 2021-05-27

Onset: 2021-05-29  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-01  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Cardiac imaging procedure abnormal, Echocardiogram,  
Echocardiogram normal, Electrocardiogram, Myocarditis, Troponin  
increased  
SMQs: Myocardial infarction (narrow), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Ibuprofen  
Current Illness: none  
Preexisting Conditions: none  
Allergies: None  
Diagnostic Lab Data: EKG TTE Serial Troponins cardiac MRI  
CDC Split Type:  
Write-up: myo-pericarditis . TTE showed normal LV function, no  
pericardial effusion, Troponins elevated to as high as 15.8 (still  
rising) with cMRI confirming myocardial inflammation.

VAERS ID: 1368422 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: New York

Vaccinated: 2021-04-03  
Onset: 2021-04-29  
Days after vaccination: 26  
Submitted: 0000-00-00  
Entered: 2021-06-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0169 / 1 LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Electroencephalogram, Loss of consciousness, Seizure  
SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/  
new onset diabetes mellitus (broad), Neuroleptic malignant syndrome  
(broad), Systemic lupus erythematosus (broad), Anticholinergic

syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: sertraline 200mg, guanfacine er 3mg

Current Illness:

Preexisting Conditions: anxiety/depression

Allergies: amoxicillin, penicillin

Diagnostic Lab Data: edg on brain

CDC Split Type:

Write-up: passing out episodes, seizures, hospitalized

VAERS ID: 1369965 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Florida

Vaccinated: 2021-05-30

Onset: 2021-05-31

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW 0177 / 1 LA / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Erythema, External ear inflammation, Pruritus, Rash

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow),

Drug reaction with eosinophilia and systemic symptoms syndrome

(broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Metformin ER 1,000 mg, Vitamin D, Vit C, Fish Oil, complex B, Probiotics  
Current Illness:  
Preexisting Conditions: Skeletal Ciliopathy ( IFT80) Insulin Resistance  
Allergies: Reglan, Iodine ( using on MRI as contrast), Diclofenac .  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Bumps on the body( legs, under arms, neck, back, scalp, chest, groin) and extreme itching , inflammation on ears, redness. Itching everywhere, feeling on skin and inside body. Everything was getting worse until medicines started to work.

VAERS ID: 1370571 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-01  
Onset: 2021-05-05  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Disease recurrence, Dyspnoea, Myocarditis, SARS-CoV-2 test

SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 6 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:  
Myocarditis

Allergies:

Diagnostic Lab Data: Test Date: 20210505; Test Name: Nasal Swab;  
Test Result: Negative

CDC Split Type: USPFIZER INC2021565275

Write-up: myocarditis; myocarditis; chest pain; shortness of breath; This is a spontaneous report from a contactable physician. This physician reported similar events for two patients. This is the second of two reports. A 17-year-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 01May2021 (Batch/Lot number was not reported) as 2nd dose, single dose (at the age of 17-years-old) for COVID-19 immunization. Medical history included myocarditis from 2019 to an unknown date. The patient's concomitant medications were not reported. The patient previously received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as 1st dose, single dose for COVID-19 immunization. Patient admitted to hospital with chest pain and shortness of breath, diagnosed with myocarditis on 05May2021. The patient was hospitalized for 6 days. Treatment received for the adverse events include metoprolol, amiodarone, ketorolac, IVIG. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on 05May2021. The outcome of the events was recovering. The events were considered as serious (hospitalization). The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient has been tested for COVID-19. Information on the lot/ batch number has been requested.; Sender's Comments: Myocarditis is not uncommon disease in young population. This 17-year-old male patient had medical history of myocarditis from 2019. Based on information available, the reported recurrence of myocarditis with symptoms of chest pain and shortness of breath was not considered as causally related to the bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE). The case will be reassessed should additional information become available. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics committees and Investigators, as appropriate.,Linked Report(s) : PFIZER INC-2021565225 same reporter/AEs/vaccine, different patient.

VAERS ID: 1371640 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-05-05  
Onset: 2021-05-09  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/ BIONTECH - / 2 - / -		



Administered by: Unknown Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, C-reactive protein normal, Chest X-ray normal, Chest discomfort, Chest pain, Cough, Echocardiogram normal, Electrocardiogram abnormal, Full blood count normal, Metabolic function test normal, Myocarditis, Myoglobin blood increased, SARS-CoV-2 test negative, Sinus arrhythmia, Sinus bradycardia, Streptococcus test, Streptococcus test negative, Troponin I increased

SMQs:, Rhabdomyolysis/myopathy (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: vitiligo

Allergies: None

Diagnostic Lab Data: 5/9 – Total CK (317), CPK-MB (13), troponin I (3.34), and myoglobin (168) were done and elevated. Repeat troponin I 2 hours later was higher at 4.85. EKG revealed sinus bradycardia and sinus arrhythmia. Chest x-ray was done and unremarkable. Echo final read was normal.

CDC Split Type:

Write-up: 17-year-old male with past medical history of vitiligo presenting with chest pain in the setting of acute myocarditis. Patient refers history of pressure-like chest pain which started suddenly on the morning of presentation, retrosternal, nonradiating, 4/10, with no exacerbating factors, relieved with a p.o. dose of metamizole, which prompted a visit to Hospital. He developed a dry cough in route to the hospital. At the hospital, CBC, BMP, and CRP were done and unremarkable. U tox, SARS-CoV-2 PCR, and rapid strep were done and unremarkable. Total CK (317), CPK-MB (13), troponin I (3.34), and myoglobin (168) were done and elevated. Repeat troponin I 2 hours later was higher at 4.85. EKG revealed sinus bradycardia and sinus arrhythmia. Chest x-ray was done and unremarkable.

VAERS ID: 1371767 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Florida

Vaccinated: 2021-05-14

Onset: 2021-05-19

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Antinuclear antibody positive, Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, C-reactive protein increased, Cardiac imaging procedure abnormal, Cardiac telemetry abnormal, Chest X-ray normal, Chest pain, Condition aggravated, Cytomegalovirus test negative, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Full blood count normal, HIV test negative, Magnetic resonance imaging heart, Mycoplasma test negative, Myocardial oedema, Myocarditis, Nausea, Red blood cell sedimentation rate normal, Respiratory viral panel, Troponin I increased, Ventricular extrasystoles, Ventricular tachycardia, Vomiting

SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Bactrim and Keflex

Current Illness: abscess on right groin

Preexisting Conditions: hypercholesterolemia 2014 - myocarditis

Allergies: None

Diagnostic Lab Data: 5/19 - Patient's troponin at outside was 34.5. CK-MB was 41.6. CK was 523, x-ray that showed no acute process, EKG at outside hospital shows sinus rhythm with occasional PVC. Mild diffuse settle ST elevation and no PR depression. Echo: Very poor

echocardiographic windows. No significant valvar dysfunction. Qualitatively normal biventricular systolic function. No significant pericardial effusion 5/21 - Patient's troponin has been up trending from 6.07-8.92. Repeat troponin at 10 AM this morning was 5.03. RPP at outside hospital negative. CMV negative. Mycoplasma negative. HIV negative. Follow up ECHO: Acute myopericarditis. Cardiac MRI: 1. Late gadolinium enhancement pattern and edema on T2 STIR images are consistent with acute myocarditis (and other nonischemic cardiomyopathies). 2. Normal biventricular size and systolic function. 3. No significant pericardial effusion. 5/22 - troponin 2.93 Patient was found to have positive TPOG, SS-A and Sm ab CDC Split Type:

Write-up: Patient began with substernal chest pain 8 out of 10. Patient was taken to emergency room. At the outside hospital patient was given Motrin with improvement of pain. Patient's troponin at outside was 34.5. CK-MB was 41.6. CK was 523. CBC was unremarkable. Sed rate was 15. CRP 1.46. Patient had chest x-ray that showed no acute process. EKG at outside hospital shows sinus rhythm with occasional PVC. Mild diffuse settle ST elevation and no PR depression. Upon arrival to the floor patient had no significant pain. On telemetry patient was found to have an episode of nonsustained ventricular tachycardia. Patient denies recent cough, congestion or fevers. Patient does have 2 parents and a dog at home. Of note patient got first dose of pfizer Sars-Covid-19 vaccine on April 14. Second dose of Pfizer vaccine was given on May 14. Initial troponin i-STAT presentation was 11.03. Patient also experiencing nausea and vomiting on 5/20.

VAERS ID: 1371854 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Rhode Island

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-03

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0185 / 2 AR / IM

Administered by: Public Purchased by: ?

Symptoms: Pallor, Syncope

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none reported  
Current Illness: none reported  
Preexisting Conditions: none reported  
Allergies: nka reported  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: pt had suffered a reported syncople episode according ro rn  
staff administering shot. pt was with mother//. pt was pale but  
responsive and ao\*4. pt vitasl were taken and pt was considered  
stable. pt had been eating a cracker and drinking water at time of  
ems crew arrival. pt then claimed to be "feeling better" pt was  
considered stable and no indication or report of pt hitting head. pt  
reportedly "slythered" to the ground by rn staff. pt was deemed  
stable, however twice more requested ems evaluation. pt and pts  
mother was advised to accept ems transport. pts mother consented to  
er rescue transport and pt was transported to hospital by ems.

VAERS ID: 1375634 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Ohio

Vaccinated: 2021-05-22  
Onset: 2021-05-28  
    Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-06-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Electroencephalogram, Epilepsy, Generalised tonic-clonic  
seizure, Laboratory test, Neurological examination  
SMQs:, Systemic lupus erythematosus (broad), Convulsions (narrow),  
Noninfectious encephalitis (broad), Noninfectious encephalopathy/  
delirium (broad), Noninfectious meningitis (broad), Generalised  
convulsive seizures following immunisation (narrow), Hypoglycaemia  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lamictal XR 300mg daily.

Current Illness: No acute illnesses

Preexisting Conditions: Juvenile Myoclonic Epilepsy

Allergies: None known

Diagnostic Lab Data: 06/02/2021 Hospitalization with EEG, lab tests and neuro assessments.

CDC Split Type:

Write-up: on 05/28/2021 at 0815 patient experienced tonic-clonic grand mal seizure lasting approximately 1 minute. A second tonic-clonic grand mal seizure lasting approx 1 minute was also experienced and witnessed in pt's home on 06/02/2021. Second grand mal resulted in hospitalization of pt overnight and adjustment of AED's was made. Prior to these seizures pt had been seizure free for 3 months.

VAERS ID: 1376330 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Oregon

Vaccinated: 2021-06-01

Onset: 2021-06-02

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-06

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0191 / 2 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Adenovirus test, Alanine aminotransferase normal, Aspartate aminotransferase normal, Blood creatine normal, Blood sodium normal, Chest pain, Chills, Computerised tomogram thorax normal, Cytomegalovirus test, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Enterovirus test, Eosinophil percentage, Epstein-Barr virus test, HIV test, Haematocrit normal, Headache, Herpes simplex test negative, Human herpes virus 6 serology, Intensive care, International normalised ratio decreased, Lymphocyte percentage, Magnetic resonance imaging heart, Malaise, Metabolic function test, Mycobacterium tuberculosis complex test, Myocarditis, Neutrophil percentage decreased, Parvovirus B19 test, Platelet count normal, Prothrombin time prolonged, Pyrexia, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Troponin increased, White blood cell count decreased

SMQs:, Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (broad), Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal

nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (narrow), Infective pneumonia (broad),  
Opportunistic infections (broad), Immune-mediated/autoimmune  
disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: None: no cough/cold/URI or other illnesses

Preexisting Conditions: None

Allergies: none

Diagnostic Lab Data: 6/4: Outside hospital WBC 4.2 HCT: 39.7 Plt:  
164 N: 45.2 E:2.9 L: 38.8 CMP: Na 140 Cr: 0.71 AST: 28 ALT 16 Trop:  
2980 INR: 1.1 PTT: 29.1 EKG: "reported ST changes" Chest CT:  
negative for PE 6/4: Troponin 4.90\$g\$g3.07\$g1.41\$g1.23\$g1.24 ID  
labs: COVID PCR negative; COVID Ab positive (qual/semi); HSV  
negative Pending: HHV6/Enterovirus/Parvovirus/CMV/EBV/Adenovirus  
PCR, EBV panel; HIV; TB Quant Gold Cardiac MRI: 1. Normal left  
ventricular size and systolic function. 2. Normal right ventricular  
size and systolic function. 3. No significant valvular disease. 4.  
No abnormal late gadolinium enhancement. 5. No evidence for active  
or remote pericarditis. Lack of evidence for active myocarditis.  
ECHO 6/4: without dysfunction

CDC Split Type:

Write-up: 8 hours post vaccination, developed subjective fever,  
chills, headache, malaise 6/2: Around 32 hours post vaccination,  
developed acute chest pain, shortness of breath, difficulty  
breathing when laying flat. Required ibuprofen. 6/3: felt better,  
required ibuprofen. Presented to ED on 6/4 with continued symptoms  
(chest pain, shortness of breath), noted to have elevated troponins.  
Transferred to Hospital on 6/4 to ICU for monitoring. To the floor  
on 6/5. Clinically doing well just on NSAIDs with slowly decreasing  
troponins. Dx: probable acute myocarditis per cardiology based on  
clinical symptoms and troponin leak

VAERS ID: 1376919 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Arizona

Vaccinated: 2021-04-24

Onset: 2021-05-08

Days after vaccination: 14

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0150 / 1	LA / SYR	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8729 / 2	LA / SYR	

Administered by: Pharmacy Purchased by: ?

Symptoms: Anticoagulant therapy, Computerised tomogram, Deep vein thrombosis, Hypoaesthesia, Laboratory test, Nasopharyngitis, Paraesthesia, Peripheral artery thrombosis, Surgery, Ultrasound scan  
SMQs: Peripheral neuropathy (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Guillain-Barre syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Vitamin D Primidone for tremors

Current Illness: None

Preexisting Conditions: Tremors and allergies

Allergies: Allergy to melon, olives, orange blossom, and some environmental allergies

Diagnostic Lab Data: Multiple tests run including CT and ultra sounds from 5/25/21 through 5/29/21. Hospital has records.

CDC Split Type:

Write-up: First shot received on 4/3/21, and second received on 4/24/21. Symptoms of cold, tingling, and numb left toes and left foot noticed about 2 weeks after 2nd Pfizer dose. Went to ER and blood clots were found in arteries in left knee and ankle, and clots in the vein in left calf. Four procedures performed by Intervention Radiology (IR) at Hospital on 5/25/21, and was treated with Heparin and TPA. Released from hospital with clot remaining in left calf vein and is taking Eliquis. Continuing treatment with hematologist post release from hospital.

VAERS ID: 1377671 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-06-04

Onset: 2021-06-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Carditis, Chest discomfort, Chest pain, Discomfort,  
Echocardiogram, Electrocardiogram ST segment elevation, Feeling  
abnormal, Pyrexia  
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome  
(broad), Myocardial infarction (broad), Anticholinergic syndrome  
(broad), Dementia (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Multivitamin.  
Current Illness: None.  
Preexisting Conditions: Acne.  
Allergies: None.  
Diagnostic Lab Data: As above.  
CDC Split Type:  
Write-up: Reported by mother. When he got his vaccine, he went home  
and had no reaction. The next morning he had a fever of 103, and  
gave her Tylenol chewable. The following day he has no fever, in the  
early at 4:00 AM he woke up with pain on his chest. He said that he  
felt weird, tightness on his chest and he could not actually  
describe it, said it was in the middle of his chest. It was  
uncomfortable but uncomfortable and was worried. They observed him,  
the pain didn't go away, just on the chest. If he tried to sit up  
he felt better, but when he laid down the pain was always there.  
Around 3:00 PM she brought him to the ER and had tests run, and all  
tests were okay. His EKG showed ST-elevations and inflammation of  
the heart. He had an US of the heart and was discharged home this  
morning. He has to be seen by his PCP to be referred to a  
cardiologist. He was given some medications and is sleeping right  
now. He has an APT with his PCP on 6/9/21. He was sent home to take  
Ibuprofen.

VAERS ID: 1378544 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Michigan

Vaccinated: 2021-05-28  
Onset: 2021-05-30  
Days after vaccination: 2



Submitted: 0000-00-00  
Entered: 2021-06-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 - / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 1 - / IM  
Administered by: Private Purchased by: ?  
Symptoms: C-reactive protein increased, Chest pain,  
Electrocardiogram, Intensive care, Myocarditis, Red blood cell  
sedimentation rate increased, Troponin  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: covid 19 vaccine 1  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: multiple ekg and troponin testing in addition  
to elevated inflammatory markers such as esr and crp.  
CDC Split Type:  
Write-up: myocarditis with ekg changes and severe chest pain  
requiring pediatric ICU stay. Treated with scheduled Motrin and  
cardiology follow up

VAERS ID: 1381158 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-05-02  
Onset: 2021-05-01  
Submitted: 0000-00-00  
Entered: 2021-06-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 RA / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Echocardiogram, Magnetic resonance imaging,  
Myocarditis  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic

procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Sulfonamide allergy

Allergies:

Diagnostic Lab Data: Test Name: Echocardiogram; Result Unstructured

Data: Test Result:Unknown results; Test Name: MRI; Result

Unstructured Data: Test Result:Unknown results

CDC Split Type: USPFIZER INC2021587128

Write-up: Heart chest pain; Diagnosed within 4 days with Myocarditis Hospitalized; This is a spontaneous report received from a non-contactable consumer (patient). A 17-year-old male patient received 1st dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection, LOT/Batch number and expiration date unknown) via an unspecified route of administration at arm right on 02May2021 at 12:00 AM at age of 17-year-old at single dose for COVID-19 immunization. Medical history included known allergies to Sulfa. Patient also had known allergies to amoxicillin. Other medical history was none. Patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine. Patient didn't receive any other medications within 2 weeks of vaccination. Concomitant medication was none. Patient experienced heart chest pain on 06May2021 at 07:00 AM, and was diagnosed within 4 days with Myocarditis and hospitalized. The events resulted in emergency room/department or urgent care visit and hospitalization. Patient was hospitalized for 6 days. Patient performed echocardiogram and MRI, both with unknown results. Patient received antibiotics and steroids as treatment for the events. Outcome of the events was recovering. Prior to vaccination, the patient wasn't diagnosed with COVID-19. Since the vaccination, the patient hasn't been tested for COVID-19. No follow up attempts are possible. Information about lot/batch number cannot be obtained.

VAERS ID: 1381767 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Virginia

Vaccinated: 2021-05-13

Onset: 2021-05-15

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0173 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal distension, Abdominal pain, Adverse drug reaction, Blood culture negative, Chills, Culture urine negative, Cytomegalovirus test negative, Epstein-Barr virus test negative, Haematemesis, Headache, Hepatic enzyme increased, Hyperhidrosis, Hypotension, Intensive care, Lymphadenopathy, Lymphopenia, Malaise, Mobility decreased, Nausea, Neck pain, Odynophagia, Oropharyngeal pain, Pain, Pyrexia, Respiratory viral panel, SARS-CoV-2 test negative, Swelling

SMQs: Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Haematopoietic leukopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Gastrointestinal haemorrhage (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Rifampin 300mg as directed JUNE 1/20 (birth control)

Current Illness: Here is full timeline: See for routine visit on 4/21. Given flu shot and meningitis vaccine. Ordered TB test due to travel history Quantiferon gold was positive. Chest xray was negative Rifampin was prescribed May 11th and she started it May 12th. COVID vaccine was given 5/13/21. She first began to feel ill on May 15th. She had throat pain and it hurt to swallow. She then had headaches that were severe. The week after, she started having fevers and sweats. She noticed left sided neck swelling and felt fullness of her lymph nodes. She also felt generalized abdominal pain. Her symptoms were on and off. -On 6/1/21, she felt very sick with headaches and body aches. On 6/2/21, she felt nauseous and then

had severe abdominal pain. She was feeling very bloated. She felt chills. She then vomited what she thinks was blood. She had neck pain and had trouble moving her head normally. Her mom called our clinic for an appt but then drove her to the ER. --In the ER, she was noted to have hypotension. Lowest BPs were 80s/40s. In the ER, she had a temperature of 102.7. She was given a dose of ceftriaxone in the ER and three saline boluses. She was also noted to have elevated liver enzymes to the 300s and lymphopenia. Patient was admitted to the ICU for hypotension. A urine culture was negative. Blood cultures were negative. A respiratory viral panel and COVID test were negative. Acute CMV and EBV were negative. No hepatitis panel was done. --She was discharged on 6/3/21. Doctors suspected that her symptoms were a result of a drug reaction to rifampin. This was discontinued and she was started on Zyrtec. She was referred for follow up of her latent TB. --Since being home, she has not had any rash. She is not taking Zyrtec. She stopped both birth control and rifampin. She feels OK currently without any lingering fevers or symptoms. Her headaches have stopped but she has mild neck soreness. No pain with urination. Last sexually active 5/8/21 with the same partner. LMP 5/23. clinic is supposed to call her with an appt for latent TB.

Preexisting Conditions: latent TB, recently found No other chronic conditions

Allergies: no allergies prior to episode

Diagnostic Lab Data: see prior

CDC Split Type:

Write-up: see prior

VAERS ID: 1382146 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-05

Onset: 2021-06-05

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 1 RA / IM

Administered by: School Purchased by: ?

Symptoms: Magnetic resonance imaging, Seizure

SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Vyvanse  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: MRI, etc. Non-epileptic seizure  
CDC Split Type:  
Write-up: seizure within 3 min of receiving vaccine, sent to hospital by ambulance.

VAERS ID: 1383777 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Connecticut

Vaccinated: 2021-06-02  
Onset: 2021-06-08  
Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Blood creatine phosphokinase MB, Blood creatine phosphokinase increased, C-reactive protein normal, Chest discomfort, Chest pain, Condition aggravated, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Full blood count normal, Immunoglobulin therapy, Metabolic function test normal, Myocarditis, Pain, Painful respiration, Respiratory viral panel, Troponin

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Sprintec (norgestimate-ethinyl estradiol) daily  
Current Illness: None

Preexisting Conditions: Previous history myocarditis in 2019,  
migraines

Allergies: none

Diagnostic Lab Data: 6/8 troponin 0.819\$g 4.43. CK-MB 42.8, CK 471.  
BMP, CBC, CRP within normal limits. ECG non ischemic however mild j-  
point elevation in anterior leads consistent with myocarditis. POCT  
echo normal.

CDC Split Type:

Write-up: Patient having pain 7am 6/8 upon awakening. Sharp, heavy  
10/10 left sided chest pain radiated to L arm. Shortness of breath.  
pain worse with inspiration, no positional changes. Similar to  
previous myocarditis episode in 2019 (thought to be 2/2 virus as had  
fevers, fully resolved). No recent URI, last sick 1 year ago, no  
covid per knowledge. Had COVID vaccine week prior without side  
effects. Presented to hospital. Initial troponin 0.819\$g 4.43. CK-MB  
42.8, CK 471. BMP, CBC, CRP within normal limits. ECG non ischemic  
however mild j-point elevation in anterior leads consistent with  
myocarditis. POCT echo normal. Patient admitted for IVIG, steroids,  
viral panel and monitoring.

VAERS ID: 1385138 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: North Carolina

Vaccinated: 2021-05-29

Onset: 2021-05-31

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 2 LA / IM

Administered by: Public Purchased by: ?

Symptoms: Blood test, C-reactive protein increased, Cardiac  
monitoring, Chest X-ray normal, Chest pain, Dyspnoea, Echocardiogram  
normal, Electrocardiogram normal, Impaired work ability, Intensive  
care, Sleep disorder, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction  
(narrow), Acute central respiratory depression (broad), Pulmonary  
hypertension (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: May 31st: X-ray negative for pneumothorax.

Blood tests/labs: Troponin numbers at 1.05 and C-reactive Protein

(CRP) numbers at 5.42. June 1st: Troponin was 0.26 and CRP was 6.10

June 2nd: Troponin was .45 and CRP was 3.54. June 3rd: Troponin

was .45, and the CRP was down to 1.83. EKGs on May 31st (two times),

June 1st (two times), June 2nd (1 time), June 8th (1 time) - all

were normal. Echocardiogram on June 1st and June 8th - both were

normal. 72 heart monitor placed June 8th. Results will be read June

11th.

CDC Split Type:

Write-up: On Monday, May 31, 2021 at 1:20am pt. woke up with intense chest pain and labored breathing. He was able to fall back to sleep

and woke up two hours later (3am) with the pain escalating. He did

fall back to sleep again and once again woke up at 9am only to learn

the pain was even worse and was barely able to breathe. He called

me, his mother, and I raced him home and straight to our local

Emergency Room. The ER originally thought it was a collapsed lung.

After the x-ray came back negative for a pneumothorax, they

continued testing. The very last test they did showed extremely

elevated Troponin numbers at 1.05 and C-reactive Protein (CRP)

numbers at 5.42. We were transferred by EMS/ambulance to the

hospital 40 minutes away and checked into the Pediatric Intensive

Care Unit (PICU). Pt was admitted in the afternoon of May 31st and

was released on June 3rd at 1:30pm. June 1st his Troponin was 0.26

and CRP was 6.10. June 2nd Troponin was .45 and CRP was 3.54. The

day he was released from the PICU (June 3rd ), his Troponin was .45,

and the CRP was down to 1.83. Pt received daily EKGs, 24-hour heart

monitoring, constant blood pressure tests, as well as blood oxygen

levels. Once released from the hospital, Pt will be on light duty

for at least a week, if not more. First follow-up Cardiologist

appointment was June 8th at 10:30am. Echocardiogram, EKG, and blood

work was ?normal.? Pt was put on a 72 hour heart monitor on June 8th

and will be removed June 11th. Will start weaning off Ibuprofen and

acid reducer, Pantoprazole, the next three weeks. Will continue to

take Colchicine for three months, as well as light movement and

exercise, nothing strenuous (swimming, running, etc.). Follow-up

with cardiologist in one month (beginning of July).

VAERS ID: 1386133 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: California

Vaccinated: 2021-05-28

Onset: 2021-06-01

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
59267-1000-1 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Central nervous system lesion, Dysarthria, Gait disturbance, Hemiparesis, Hemiplegia, Magnetic resonance imaging head abnormal

SMQs: Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 16 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: multiple sclerosis diagnosed December 2020, not on disease modifying therapy

Allergies: none

Diagnostic Lab Data: MRI brain showed at least 3 new lesions compared to December 2020, none enhancing. No spine lesions.

CDC Split Type:

Write-up: Patient received Pfizer vaccines on 5/7/21 and 5/28/21. On June 1, 2021, she started to notice LEFT arm weakness while texting. She presented to the emergency room June 2 2021 with LEFT arm and leg weakness, difficulty walking, and slurred speech. Over the next few days, sx progressed to dense hemiplegia of the LEFT arm & leg.

VAERS ID: 1386269 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: California

Vaccinated: 2021-06-06

Onset: 2021-06-08

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-09

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 UN / IM



Administered by: Other Purchased by: ?  
Symptoms: Abnormal behaviour, Blood calcium normal, CSF test, Chest pain, Computerised tomogram head normal, Dysphonia, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Electrocardiogram repolarisation abnormality, Emotional distress, Gait inability, Lethargy, Lumbar puncture, Magnetic resonance imaging head, Muscular weakness, Neck pain, Neurological examination abnormal, Photophobia, Protein total normal, Pyrexia, Scan with contrast, Troponin normal  
SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Dementia (broad), Dystonia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Hostility/aggression (broad), Glaucoma (broad), Cardiomyopathy (broad), Corneal disorders (broad), Retinal disorders (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Albuterol PRN  
Current Illness: None  
Preexisting Conditions: Intermittent asthma  
Allergies: Strawberries and apples  
Diagnostic Lab Data: EKG (6/8/21) – Normal sinus rhythm. ST elevation, consider early repolarization, pericarditis, or injury  
EKG (6/9/21) – Normal sinus rhythm. Early repolarization. Unchanged compared to prior EKG Troponin studies x2 (6/8/21) – <0.01  
06/08/2021@12:38 139 | 103 | 7 / Ca: 9.8 TProt: 7  
----- 86 4.0 | 29 | 0.7 / CT Head w/o contrast  
(6/8/21) – Normal noncontrast CT exam of the head. Echocardiography (6/9/21) 1. There is qualitatively normal right ventricular size and systolic function. 2. There is qualitatively normal left ventricular size and systolic function. 3. Normal origins and proximal courses of the right and left main coronary arteries by two dimensional imaging. 4. Transverse aorta appears unobstructed. 5. No pericardial effusion. 6. No prior echocardiographic images are available for comparison. Lumbar Puncture and CSF studies (6/9/21) – pending MRI Head and Neck w/ and w/o Contrast (6/9/21) – pending

CDC Split Type:

Write-up: Day after vaccination, patient reports intermittent fevers (Tmax 104F), neck pain that radiates down her back, and is interacting a lot less than usual, The following day, she was unable to walk at all and required being carried to use the bathroom. Patient denies and fevers, cough, gi distress. She does states that she is not feeling short of breath at this time, but is having weakness in her hands as well as her legs. Additionally patient states that she has been having chest pain today that comes and goes. On neuro exam Mental status: Appears to be distressed due to photophobia. Lethargy, however easily arousable, able to have a conversation, attention intact to spelling "globe" backwards, intact to high and low frequency words. Able to name and repeat. Speech: Mild dysphonia Cranial Nerves: II: Pupils equal, round reactive III/IV/VI: EOMI. Pupils move in all four cardinal directions VII: Face symmetric when talking, however limited effort to excursion on command VIII: Responds to voice IX/X: Voice normal XI: Turns head side-to-side XII: Tongue midline Motor: Normal bulk and tone. Resistance met to passive motion of BLE RUE/LUE: shoulder abduction 4/5, elbow flexion/extension 5/5, wrist flexion/extension with give-way weakness up to 4+/5, finger flexor 4/4 RLE/LLE: On command, 0/5 -however able to support her legs in a flexed position bilaterally, with encouragement 5/5 on dorsiflexion. Able to support her weight on her legs, however does not walk slowly sits back on the bed. Sensory: Intact to light touch, proprioception intact Coordination: No obvious dysmetria on FNF testing DTR: 2+ brachioradialis, bicep, patellar, ankle b/l. Plantars mute. Absent pathological reflexes: Hoffman, cross adductor

VAERS ID: 1387747 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Missouri

Vaccinated: 2021-05-21  
Onset: 2021-05-23  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0618 / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Adenovirus test, Blood creatine phosphokinase, Blood creatine phosphokinase MB, Blood creatine phosphokinase MB increased, Blood creatine phosphokinase increased, Chest pain, Cytomegalovirus test negative, Echovirus test, Electrocardiogram, Electrocardiogram ST segment elevation, Enterovirus test, Epstein-Barr virus test, Heart injury, Parvovirus B19 test, Pericardial effusion, Troponin, Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Accidents and injuries (broad),

Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergy; Chromosomal abnormality NOS; Diabetes (endocrine abnormalities); Immune status; Obesity; Respiratory disorder

Allergies:

Diagnostic Lab Data: Test Name: Adenovirus; Test Result: Negative ;

Test Name: CK; Result Unstructured Data: Test Result:Elevated; Test

Name: CK MB; Result Unstructured Data: Test Result:Elevated; Test

Name: CMV; Test Result: Negative ; Test Name: Echo; Result

Unstructured Data: Test Result:trivial effusion, normal coronaries;

Comments: low to normal function; Test Name: EKG; Result

Unstructured Data: Test Result:ST Segment Elevation; Test Name:

Enterovirus; Test Result: Negative ; Test Name: EBV; Test Result:

Negative ; Test Name: Parvovirus; Test Result: Negative ; Test Name:

Troponin; Result Unstructured Data: Test Result:Elevated

CDC Split Type: USPFIZER INC2021602041

Write-up: elevated Troponins, CK, CK MB, EKG showed ST segment elevation, trivial effusion, normal coronaries, and low to normal function; elevated Troponins, CK, CK MB, EKG showed ST segment elevation, trivial effusion, normal coronaries, and low to normal function; elevated Troponins, CK, CK MB, EKG showed ST segment elevation, trivial effusion, normal coronaries, and low to normal function; elevated Troponins, CK, CK MB, EKG showed ST segment elevation, trivial effusion, normal coronaries, and low to normal function; elevated Troponins, CK, CK MB, EKG showed ST segment elevation, trivial effusion, normal coronaries, and low to normal function; Myocardial Injury; sudden chest pain that woke him up and got worse; This is a spontaneous report from a contactable physician. A 17-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection), via an unspecified route of administration on 21May2021 (Lot Number: EW0618) (at the age of 17 years old) as 2nd dose, single dose for COVID-19 immunisation. Medical history allergies, compromised immune status, respiratory illness, genetic/chromosomal abnormalities, endocrine abnormalities (including diabetes) and obesity from an unknown date. The patient's concomitant medications were not reported. No reported family medical history relevant to adverse events (AE), no reported cardiac arrhythmias, myocardial infarction

(MI) under 50, no early deaths, nor any pertinent history. The patient previously received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, Lot Number: EW0619) on Apr2021 for COVID-19 immunization. The patient experienced myocardial injury on 23May2021, 2 days after he received his second Covid vaccine with possible association. It was stated that the patient came in to the emergency room (ER) about 28 hours after his second vaccine with sudden chest pain that woke him up and got worse. Further stated that the patient was seen at an outside emergency department (ED) and had elevated troponins, creatine kinase (CK), creatine kinase-MB (CK MB), electrocardiogram (EKG) showed ST segment elevation, Echo showed trivial effusion, normal coronaries, and low to normal function. It was reported that he was admitted for monitoring due to potentially decompensating. Stated that he was consulted because of the association with the vaccine, and viral testing was done; the patient was tested for enterovirus, adenovirus, cytomegalovirus (CMV), epstein-barr virus (EBV), and parvovirus, all were negative. Treatment received was intravenous immune globulin (IVIG), pain medication and general support. States that the patient did receive IVIG while he was there, a one time dose, because the cardiologist was concerned with the way his troponins were trending, no decompensation. Further stated that the patient did not receive any pressors at any point and that the patient was still in the hospital but he was being transferred to the floor and they were trending labs, but he was not on any pressors or anything and he seemed like he has been doing well. There were no additional vaccines administered on same date of the Pfizer suspect. Chest pain and myocardial injury required a visit to Emergency Room on 23May2021. No prior vaccinations (within 4 weeks). No or unknown AE following prior vaccinations. As per the reporter all events seriousness criteria reported as medically significant, hospitalization. The patient was hospitalized from 24May2021 and ongoing at the time of the report (also reported as 2 days and counting). The outcome of all the events was recovering.; Sender's Comments: Based solely on chronological connection to the vaccine causality between reported events and BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) cannot be completely excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees and Investigators, as appropriate.

VAERS ID: 1388042 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Massachusetts

Vaccinated: 2021-05-23  
Onset: 2021-06-07  
Days after vaccination: 15  
Submitted: 0000-00-00

Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0168 / 2 UN / IM

Administered by: Private Purchased by: ?

Symptoms: Brain oedema, Cerebral infarction, Computerised tomogram head abnormal, Decompressive craniectomy, Haemorrhage intracranial, Intracranial pressure increased, Intraventricular haemorrhage, Ventricular drainage

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Headache started around 3 weeks prior to event that delayed dose of second vaccine. Headache was very severe and she saw PCP for it twice and it lasted a week. It then resolved and she got her second vaccine.

Preexisting Conditions: None except obesity with BMI 39

Allergies: None

Diagnostic Lab Data: CT scans 6/7 and 6/8

CDC Split Type:

Write-up: Patient had massive acute intracranial hemorrhage. Was found down in bathroom. In ED CT scan showed large intraventricular hemorrhage, EVD placed, patient progressed to massive brain swelling and infarctions, decompressive craniectomy, unable to control intracranial pressure, parents agreed to DNR status and patient is not expected to survive.

VAERS ID: 1388899 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Virginia

Vaccinated: 2021-06-06

Onset: 2021-06-09

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation,  
Intensive care, Myocarditis, Troponin, Ventricular tachycardia  
SMQs:, Torsade de pointes/QT prolongation (narrow), Myocardial  
infarction (broad), Ventricular tachyarrhythmias (narrow), Shock-  
associated circulatory or cardiac conditions (excl torsade de  
pointes) (narrow), Torsade de pointes, shock-associated conditions  
(narrow), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: ADHD and GERD

Allergies:

Diagnostic Lab Data: Troponin level 43 (normal 0.02)

CDC Split Type:

Write-up: Myocarditis with chest pain and ST segment elevation.  
Elevated troponin. Runs of ventricular tachycardia. Hospitalization  
to pediatric cardiac intensive care unit. Presented to ED 6/9 and  
currently in the intensive care unit.

VAERS ID: 1388960 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Unknown

Vaccinated: 2021-06-06

Onset: 2021-06-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Asthenia, Back pain, Condition aggravated, Guillain-Barre  
syndrome, Headache, Hyperthyroidism, Intensive care, Mobility  
decreased, Neck pain, Pain, Pyrexia, Tick paralysis  
SMQs:, Peripheral neuropathy (narrow), Neuroleptic malignant

syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Demyelination (narrow), Hyperthyroidism (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 17 y/o F with a hx of asthma and GBS presents to the ED for weakness and difficulty moving beginning on 6/7/2021. Pt got her second COVID-19 vaccination on 6/6/2021 and has had an intermittent fever since (Tmax 104 F). Pt has been taking Motrin and Tylenol; last dose was at 07:00 today. Note, pt only had a fever after the first COVID-19 vaccination. Mother reports pt's baseline includes normal range of motion. However, in 2016 pt was diagnosed with GBS and was hospitalized for temporary paralysis for 1 month. Pt was also diagnosed with mononucleosis in 2017. Mother reports pt has also had neck pain that radiates down her back, and is interacting a lot less than usual. Pt denies any confusion, but admits to a mild headache. Differential Diagnosis: Guillain-Barre Syndrome, status post vaccine, tick paralysis, thyrotoxicosis, consider meningitis and other infectious causes like UTI, URI. Patient admitted to hospital.

VAERS ID: 1388999 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Virginia

Vaccinated: 2021-06-05

Onset: 2021-06-09

Days after vaccination: 4

Submitted: 0000-00-00

Entered: 2021-06-10

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment elevation, Electrocardiogram abnormal, Intensive care, Myocarditis, Troponin, Ventricular tachycardia, Vomiting

SMQs: Torsade de pointes/QT prolongation (narrow), Acute pancreatitis (broad), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None (patient has Adderall listed in meds but unclear if currently taking)

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponin 25

CDC Split Type:

Write-up: Patient presented with myopericarditis. Woke up at 230 am with vomiting and then developed chest pain. Came to ED immediately. ECG showed widespread ST elevations. Troponin at 25, peaked at 44, now downtrending. Admitted to cardiology, had run of Vtach and then admitted to PICU on Day 2.

VAERS ID: 1391487 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Minnesota

Vaccinated: 2021-04-17

Onset: 2021-05-06

Days after vaccination: 19

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0169 / 1 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Infectious mononucleosis, Pharyngitis

SMQs: Agranulocytosis (broad), Oropharyngeal infections (narrow),

Drug reaction with eosinophilia and systemic symptoms syndrome



(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: Patient had several ED visits: 5/6/2021, 5/10/2021, 5/12/2021 for infectious mononucleosis. On 5/15/2021 patient was hospitalized for pharyngitis due to infectious mononucleosis. These visits are within 6 weeks of first covid vaccination. Patient did get second vaccination on 5/22/2021.

VAERS ID: 1392096 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-01  
Onset: 2021-06-04  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment abnormal, Electrocardiogram abnormal, Heart rate irregular, Immunoglobulin therapy, Inflammatory marker increased, Intensive care, Nausea, Palpitations, Troponin increased  
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes

Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Procsybi, Aleve, Cystadrops Eyedrops omeperazole  
Lexapro  
Current Illness: None  
Preexisting Conditions: Cystinosis, Anxiety depression  
Allergies: NKA  
Diagnostic Lab Data: 6/5/2021 ER EKG ST segment abnormalities,  
irregular heart rate, elevated troponin 12.5, inflammatory markers  
elevated. Given NS 1L. ECHO normal Transferred to PCICU by  
ambulance, troponin 30 given morphine IV, Toradol IV, IVIG,  
solumedrol Discharged home 6/8  
CDC Split Type:  
Write-up: 2 days after 2nd Pfizer dose sudden severe chest pain with  
SOB, nausea, palpitations. Unrelieved by OTC IB or rest.

VAERS ID: 1392137 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-05-01  
Onset: 2021-06-01  
    Days after vaccination: 31  
Submitted: 0000-00-00  
Entered: 2021-06-11  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 AR / IM  
Administered by: Private Purchased by: ?  
Symptoms: Cardiac monitoring, Chest X-ray abnormal,  
Electrocardiogram abnormal, Pericarditis  
SMQs: Systemic lupus erythematosus (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Cardiomyopathy (broad),  
Chronic kidney disease (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Infective pneumonia (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:

Other Medications: none.  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: ECG, CXR, IV ketorolac and admission for monitoring.  
CDC Split Type:  
Write-up: Pericarditis

VAERS ID: 1392656 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Ohio

Vaccinated: 2021-06-07  
Onset: 2021-06-08

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0153 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Anticoagulant therapy, Deep vein thrombosis, Iliac vein occlusion, Pelvic venous thrombosis, Peripheral vein occlusion, Thrombolysis, Vascular operation, Venogram abnormal

SMQs: Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Xulane 150-35 mcg/ 24 hour patch ( birth control), Lexapro, Midodrine, Mag-Ox, Corlanor

Current Illness: None

Preexisting Conditions: repaired gastroschisis, left thoracic outlet syndrome surgery, POTS (postural orthostatic tachycardia syndrome), and tension headaches

Allergies: Morphine

Diagnostic Lab Data: MRV pelvis on 6/9: Complete occluding thrombosis beginning in the right groin of the right venous system, the common femoral vein is occluded as are the right internal and external iliac veins and numerous smaller unnamed pelvic veins. Thrombus extends into and occludes the right common iliac although a left to the level of the expected anastomosis with the left system

to form the IVC. There is no evidence of thrombus in the IVC. On the left side, clot is seen occluding several left-sided unnamed pelvic veins, thrombosis extends into the left internal iliac vein which is occluded, thrombus extends into the left common iliac which contains nonoccluding thrombus leading up to just proximal to the formation of the IVC. The left external iliac and the common femoral vein on the left side are patent.

CDC Split Type:

Write-up: Patient with significant right leg DVT requiring thrombolysis by vascular surgery. She will need to continue on anticoagulants outpatient.

VAERS ID: 1393027 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: California

Vaccinated: 2021-05-16

Onset: 2021-06-06

Days after vaccination: 21

Submitted: 0000-00-00

Entered: 2021-06-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0217 / 2 - / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Asthenia, CSF cell count normal, CSF culture negative, CSF protein normal, Hypokinesia, Lumbar puncture normal, Magnetic resonance imaging head normal, Magnetic resonance imaging spinal normal, Pyrexia

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol, Loratidine

Current Illness:

Preexisting Conditions: Asthma

Allergies: Apples, Strawberries

Diagnostic Lab Data: MRI Brain and Cervical Spine, CSF cell count, protein, culture all negative

CDC Split Type:

Write-up: 17 y/o F with a hx of asthma presents to the ED for

weakness and difficulty moving beginning on 6/7/2021. Pt got her second COVID-19 vaccination on 6/6/2021 and has had an intermittent fever since (Tmax 104 F). Workup including brain and spine MRI, and Lumbar puncture with CSF studies all normal. Of note patient had Guillan Barre Syndrome in 2016 which required 1 month of hospitalization.

VAERS ID: 1394371 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Puerto Rico

Vaccinated: 2021-05-20  
Onset: 2021-06-04  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-06-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 1 LA / SYR

Administered by: Pharmacy Purchased by: ?  
Symptoms: Gait inability, Headache, Hypoaesthesia, Muscle spasms, Pain, Paraesthesia

SMQs: Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Dystonia (broad), Guillain-Barre syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: none

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Headache, body numbness ,muscle cramp,tingling all over the body, extreme pain, not able to walk As of today, june 12 2021, he still in pediatrics department, since June 7 2021.

VAERS ID: 1394388 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-05-23

Onset: 2021-06-08  
Days after vaccination: 16  
Submitted: 0000-00-00  
Entered: 2021-06-12  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 1 RA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Wheezing  
SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/  
bronchospasm (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic  
pneumonia (broad), Hypersensitivity (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain and wheezing

VAERS ID: 1395422 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-06-07  
Onset: 2021-06-10  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Alanine aminotransferase normal, Anion gap decreased,  
Aspartate aminotransferase increased, Band neutrophil count, Blood  
albumin normal, Blood alkaline phosphatase normal, Blood bilirubin  
normal, Blood calcium normal, Blood chloride normal, Blood  
creatinine normal, Blood glucose normal, Blood potassium normal,  
Blood sodium normal, Blood urea normal, C-reactive protein  
increased, Carbon dioxide normal, Chest pain, Echocardiogram

abnormal, Haematocrit normal, Haemoglobin normal, Lipase normal, Lymphocyte percentage, Magnetic resonance imaging heart, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte percentage, Neutrophil count, Neutrophil percentage, Platelet count normal, Platelet morphology normal, Protein total normal, Red blood cell count normal, Red cell distribution width normal, Right atrial enlargement, Right ventricular enlargement, Troponin I increased, White blood cell count normal

SMQs:, Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Myocardial infarction (narrow), Pulmonary hypertension (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: No known

Diagnostic Lab Data: Results for as of 6/14/2021 08:28 6/11/2021 14:24 Troponin I: 13.00 (AA) 6/11/2021 20:12 Troponin I: 9.88 (AA) 6/12/2021 02:43 Troponin I: 9.61 (AA) 6/12/2021 04:26 Troponin I: 12.40 (AA) 6/13/2021 05:00 Troponin I: 9.10 (AA) 6/14/2021 04:38 Troponin I: 3.01 (AA) 6/11/2021 14:24 Sodium: 138 Potassium: 4.5 Chloride: 103 CO2: 29 Anion Gap: 6 BUN: 11 Creatinine: 0.85 Glucose, Bld: 93 Calcium: 9.7 Total Protein: 7.4 Albumin: 4.3 AST: 91 (H) ALT: 29 Bilirubin Total: 0.5 Alk Phos: 97 Lipase: 23 6/11/2021 17:29 CRP: 1.4 (H) 6/11/2021 14:24 WBC: 6.0 Hemoglobin: 16.0 Hematocrit (HCT): 45.1 Platelets: 179 Plt Morphology: Normal Neutros Abs: 3.70 Neutros %: 57 Bands: 5 Lymphs %: 30 Monos %: 8 Nucleated RBC Abs: 0.0 Nucleated RBC %: 0.0 MCH: 30.9 MCHC: 35.5 MCV: 87.1 MPV: 9.8 RBC: 5.18 RDW: 11.5 (L) TTE 6/11: mild RV dilation, mild RA dilation, normal biventricular systolic function Cardiac MRI 6/12: final read pending

CDC Split Type:

Write-up: Chest pain and elevated troponins concerning for myocarditis

VAERS ID: 1395815 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Texas

Vaccinated: 2021-06-11  
Onset: 2021-06-11  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0170 / 1 - / IM  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0167 / 2 - / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Brain natriuretic peptide normal, Chest pain,  
Electrocardiogram ST segment elevation, Electrocardiogram abnormal,  
Headache, Myocarditis, SARS-CoV-2 test negative, Troponin  
SMQs:, Myocardial infarction (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad), COVID-19 (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Omeprazole 20 mg QD  
Current Illness:  
Preexisting Conditions: VACTERL Syndrome, Hashimoto's thyroiditis,  
Celiac disease  
Allergies: Metoclopramide (anaphylaxis) Strawberry flavor  
(Anaphylaxis)  
Diagnostic Lab Data: ECG shows demonstrates diffuse ST Elevations.  
Troponin. COVID test was negative. Serial Troponin levels: 6/12@0003  
= 26.3, 6/12@0346 = 21, 6/12@0924 = 11.3, 6/12@1545 = 8.01,  
6/13@0400 = 14.7, 6/13@100 = 20.90, 6/13@1545=17.10, 6/13@2200 =  
12.80, 6/14@0400 = 14.7. Serial BNP levels 6/12@0346 = 27, 6/13@0400  
58, 6/14 @ 0400 = 46  
CDC Split Type:  
Write-up: Pfizer-BioNTech COVID-19 Vaccine EUA: Myocarditis Per  
COVID-19 Vaccination Card patient received Pfizer vaccine dose #1 on  
5/19/21, and Pfizer dose #2 on 6/9/21. Patient presented to Hospital  
on 6/11/2021 and was transferred. On the evening of 6/9 patient  
began to experience mild chest pain with headache. On 6/10 the pain  
increased to an intensity of 8/10, and on 6/11 the pain became  
unbearable. Pain is described as sharp, squeezing, and constant.

VAERS ID: 1396438 (history)  
Form: Version 2.0



Age: 17.0  
Sex: Female  
Location: Minnesota

Vaccinated: 2021-04-08  
Onset: 2021-06-11  
Days after vaccination: 64  
Submitted: 0000-00-00  
Entered: 2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER2613 / 1	LA / SYR	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8729 / 2	RA / SYR	

Administered by: Private Purchased by: ?  
Symptoms: COVID-19, Cough, Diarrhoea, Dysgeusia, Fatigue, Myalgia, SARS-CoV-2 test positive

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Taste and smell disorders (narrow), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (narrow), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: h/o liver transplant, immunosuppression

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Received Pfizer vaccines on 3/18/21, 4/8/21 Tested positive for COVID 19 by PCR on 6/11/21. Hospitalized 6/11-6/14/21. symptoms of fatigue, myalgias, diarrhea, dysgeusia, cough Received four doses of Remdesivir.

VAERS ID: 1396507 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Florida

Vaccinated: 2021-06-05

Onset: 2021-06-13

Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram  
abnormal, Troponin increased  
SMQs:, Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: N/A  
Current Illness: N/A  
Preexisting Conditions: N/A  
Allergies: N/A  
Diagnostic Lab Data: 6/13/2021-6/14/2021--chest pain , abnormal EKG,  
Elevated troponin levels, normal echo  
CDC Split Type:  
Write-up: Chest pain limited to one day 6/13/2021 Supportive care

VAERS ID: 1397028 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Vermont

Vaccinated: 2021-06-09  
Onset: 2021-06-10  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 RA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Appendectomy, Appendicitis perforated, Blood test  
abnormal, Complicated appendicitis, Computerised tomogram abnormal,  
Ultrasound abdomen abnormal  
SMQs:, Retroperitoneal fibrosis (broad), Gastrointestinal  
perforation (narrow)  
Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Imipramine 50mg  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Ultrasound, CAT scan, blood tests (6/12/2021)  
confirm appendicitis  
CDC Split Type:  
Write-up: Appendicitis, appendectomy (gangrenous, perforated),  
recovery – pain management, antibiotics

VAERS ID: 1398787 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-06-11  
Onset: 2021-06-13  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / 2 AR / IM

Administered by: School Purchased by: ?

Symptoms: C-reactive protein increased, Cardiac imaging procedure  
abnormal, Chest discomfort, Chest pain, Echocardiogram normal,  
Electrocardiogram ST segment elevation, Electrocardiogram abnormal,  
Magnetic resonance imaging heart, Myocardial oedema, Myocarditis,  
Pericardial effusion, Troponin increased  
SMQs:, Anaphylactic reaction (broad), Systemic lupus erythematosus  
(broad), Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Haemodynamic oedema, effusions and fluid overload (narrow),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad), Immune-mediated/autoimmune disorders  
(broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No

ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: ECG 6/13/21 with anterolateral ST elevations.  
Troponin peaked at 2453 on 6/14/21. CRP 84 on 6/13/21. Echo 6/13/21  
with normal LV function. Cardiac MRI on 6/14/21 with normal LV  
function. Myocardial edema involving the basal to apical lateral  
wall. Delayed gadolinium enhancement of the basal to apical lateral  
wall and apical anterior wall. Trace pericardial effusion. Diagnosed  
with acute myocarditis.  
CDC Split Type:  
Write-up: History of prior COVID19 infection in March 2021, mild  
symptoms. Vaccine #1 on 5/14/21, Vaccine #2 on 6/11/21. Acute onset  
chest pain/pressure on 6/13/21 in the early morning. Chest pain  
slowly improved throughout the day. Treated with NSAIDs and  
colchicine due to concern for myopericarditis.

VAERS ID: 1401972 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-12  
Onset: 2021-06-12  
    Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-16  
Vaccination / Manufacturer      Lot / Dose      Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2      LA / IM  
Administered by: Military      Purchased by: ?  
Symptoms: C-reactive protein normal, Chest pain, Dyspnoea, Troponin  
SMQs:, Anaphylactic reaction (broad), Acute central respiratory  
depression (broad), Pulmonary hypertension (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (broad),  
Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:

Other Medications: NONE  
Current Illness: NONE  
Preexisting Conditions: NONE  
Allergies: NKDA  
Diagnostic Lab Data: Initial Troponin 6.420 Repeat Troponin 7.690  
CRP 1.1  
CDC Split Type:  
Write-up: PT with chest pain and SOB since the day of vaccination;  
this was the 2nd COVID vaccine. First dose 22May2021 with no  
reactions.

VAERS ID: 1402390 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Illinois

Vaccinated: 2021-06-11  
Onset: 2021-06-11  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0178 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Adenovirus test, Alanine aminotransferase increased,  
Albumin globulin ratio, Anion gap normal, Aspartate aminotransferase  
increased, Basophil count decreased, Blood albumin decreased, Blood  
alkaline phosphatase normal, Blood bilirubin normal, Blood calcium  
decreased, Blood chloride increased, Blood creatinine normal, Blood  
glucose normal, Blood potassium normal, Blood sodium normal, Blood  
urea nitrogen/creatinine ratio, Blood urea normal, C-reactive  
protein normal, Carbon dioxide normal, Chest X-ray normal, Chest  
pain, Chlamydia test negative, Coronavirus test negative,  
Echocardiogram, Electrocardiogram normal, Enterovirus test negative,  
Eosinophil count normal, Full blood count normal, Globulin,  
Haematocrit normal, Haemoglobin normal, Human metapneumovirus test,  
Human rhinovirus test, Immature granulocyte count, Influenza A virus  
test negative, Intensive care, Lymphocyte count normal, Magnetic  
resonance imaging heart, Mean cell haemoglobin concentration normal,  
Mean cell haemoglobin normal, Mean cell volume normal, Monocyte  
count decreased, Mycoplasma test negative, Myocarditis, N-terminal  
prohormone brain natriuretic peptide, Neutrophil count normal, Pain,  
Platelet count normal, Protein total increased, Red blood cell count  
normal, Red cell distribution width, Respiratory syncytial virus  
test negative, SARS-CoV-2 antibody test negative, SARS-CoV-2 test  
negative, Sleep disorder, Troponin I increased, Viral test, White  
blood cell count normal

SMQs:, Rhabdomyolysis/myopathy (broad), Liver related  
investigations, signs and symptoms (narrow), Haematopoietic  
leukopenia (narrow), Myocardial infarction (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Cardiomyopathy (broad), Chronic kidney disease (broad),

Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Amoxicillin

Diagnostic Lab Data: NT proBNP: 187 (H) 6/14/2021 15:33 TROPONIN I:

32.70 (HH) 6/14/2021 15:33 TROPONIN I: 25.30 (HH) 6/14/2021 23:40

TROPONIN I: 22.70 (HH) 6/15/2021 07:51 TROPONIN I: 23.10 (HH)

6/15/2021 17:04 CMP 6/15/2021 07:51 Sodium: 139 Potassium: 4.3

Chloride: 108 (H) CO2: 24 ANION GAP: 11 Glucose: 98 BUN: 10

Creatinine: 0.79 Glomerular Filtration Rate: Pend BUN/CREATININE

RATIO: 13 CALCIUM: 8.5 TOTAL BILIRUBIN: 0.4 AST/SGOT: 48 (H) ALT/

SGPT: 41 ALK PHOSPHATASE: 76 Albumin: 3.3 (L) GLOBULIN: 3.3 A/G

Ratio, Serum: 1.0 TOTAL PROTEIN: 6.6 CBC with Diff 6/14/2021 15:33

WBC: 7.4 RBC: 5.16 HGB: 14.8 HCT: 41.4 MCV: 80.2 MCH: 28.7 MCHC:

35.7 RDW-SD: 35.8 (L) RDW-CV: 12.5 PLT: 250 NRBC: 0 Neutrophil: 56

LYMPH: 30 MONO: 9 EOSIN: 5 BASO: 0 Absolute Neutrophil: 4.1 Absolute

Lymph: 2.2 Absolute Mono: 0.7 Absolute Eos: 0.4 Absolute Baso: 0.0

Immature Granulocytes: 0 Absolute Immature Granulocytes: 0.0 C-

REACTIVE PROTEIN: 0.9 6/15/2021 07:51 Results for patient as of

6/16/2021 09:07 6/14/2021 16:59 2019 NOVEL CORONAVIRUS (SARS-COV-2):

Attch SARS CoV 2 Qualitative RT PCR: Not Detected Respiratory

Pathogen Panel 6/14/2021 23:40 Chlamydomphila pneumoniae: Not

Detected Mycoplasma pneumoniae: Not Detected ADENOVIRUS: Not

Detected Bocavirus: Not Detected Coronavirus, 229E: Not Detected

Coronavirus, HKU1: Not Detected Coronavirus, NL63: Not Detected

Coronavirus, OC43: Not Detected CSF Enterovirus: Not Detected

Rhinovirus / Enterovirus: Not Detected Influenza A, 2009 H1N1

Subtype: Not Detected Influenza A, Not Subtyped: Not Applicable

Influenza A, Subtype H1: Not Detected Influenza A, Subtype H3: Not

Detected INFLUENZA B: Not Detected PARAINFLUENZA,TYPE 1: Not

Detected PARAINFLUENZA,TYPE 2: Not Detected PARAINFLUENZA,TYPE 3:

Not Detected PARAINFLUENZA,TYPE 4: Not Detected METAPNEUMOVIRUS: Not

Detected RESPIRATORY PATHOGEN PANEL: Attch Respiratory Syncytial

Virus (RSV), Subtype A: Not Detected Respiratory Syncytial Virus

(RSV), Subtype B: Not Detected SARS-CoV-2 IgG: Negative 6/15/2021

17:04 Enterovirus (genus A - D) Not Detected 6/14/2021 23:40 EKG:

6/14/2021 15:05 Ventricular Rate EKG/Min (BPM): 74 Atrial Rate

(BPM): 74 PR-Interval (MSEC): 118 QRS-Interval (MSEC): 81 QT-

Interval (MSEC): 364 QTc: 404 P Axis (Degrees): 56 R Axis (Degrees):

41 T Axis (Degrees): 51 Complete transthoracic echocardiogram with 2-dimensional imaging from all standard views. 6/14/2021 6:04 PM  
SUMMARY: Normal ventricular systolic performance and dimensions. LV average longitudinal strain -19.3 No shunts. . No outflow tract obstruction. Study negative for pulmonary artery hypertension. Study negative for coronary artery ectasia or aneurysm. DETAILED FINDINGS: Situs: Levocardia with abdominal situs solitus. Normal intracardiac connections. Systemic Venous Return: Normal return of the superior & inferior vena cava to the right atrium with no apparent obstruction to flow. Right Atrium: Normal right atrial size and structure. Tricuspid Valve: Structurally normal tricuspid valve without stenosis and with physiologic regurgitation with PISG 22 mmHg. Right Ventricle: Qualitatively normal right ventricular size, wall thickness, and systolic function. Structurally normal right ventricular outflow tract without obstruction. Pulmonary Valve: Structurally normal pulmonary valve with physiologic trivial regurgitation and no stenosis. Pulmonary Artery: Normal size and structure of the main and branch pulmonary arteries with normal flow velocities. Ductus Arteriosus: No patent ductus arteriosus identified. Pulmonary Venous Return: Normal return of at least one right and one left pulmonary vein to the left atrium. Left Atrium: Normal left atrial size. Interatrial septum: No shunt was identified. Mitral Valve: Structurally normal mitral valve without stenosis and with trace regurgitation. There was no valve prolapse. Left Ventricle: Qualitatively normal left ventricular size, wall thickness, and systolic function. LV average longitudinal strain -19.3 Structurally normal left ventricular outflow tract without obstruction. Interventricular septum: Intact ventricular septum. Aortic Valve: Trileaflet aortic valve without stenosis or regurgitation. Aortic Root: Normal dimension of the aortic root. Aortic Arch: No coarctation of the aorta was identified. Coronary Arteries: Normal origins of the left main and right coronary arteries by two-dimensional imaging. No coronary artery ectasia or aneurysm was identified. Effusion: No pericardial effusion. EXAM: XR CHEST PA AND LATERAL 2 VIEWS 6/14/2021 16:46 FINDINGS: External monitor leads overlies the chest. The lungs are clear. There is no evidence of pneumothorax or pleural effusion. The heart size is within normal limits. No other significant findings are appreciated. IMPRESSION: No acute disease.

CDC Split Type:

Write-up: Patient is a 17 year old male presenting with post-vaccine myocarditis. He had his second dose of his Pfizer COVID vaccine 3 days ago (6/11/2021) and that evening felt some mild burning central chest pain. States that the pain has been intermittent since then, non-pleuritic, non-exertional, but last night he had a severe episode that woke him from sleep, so his mother called the pediatrician who recommended he come to the ED. ED Course: Vitals - T: 36.7 °C, P: 79, R: 20, BP: 119/73, O2 SAT: 98% RA EKG - NSR 74, no acute abnormalities CXR - no acute process Trop - 32 Echo - normal PICU Course Cards: Troponin downtrending from 32.7 = \$g 25.3 = \$g 22 = \$g 23.1 at time of discharge. Has been without chest pain during admission. Cardiac MRI demonstrating "Subepicardial delayed gadolinium enhancement in the mid inferolateral wall consistent with suspected diagnosis of acute myocarditis. Normal biventricular size

and function with no hypertrophy. Normal valve function and structure." He will follow up with cardiology on 7/12 with repeat troponin on 6/18. EKG and ECHO unremarkable. ID: CBC, CRP unremarkable. Enterovirus PCR and RPP Negative. COVID-19 PCR Negative. COVID-19 IgG negative. Afebrile though out admission.

VAERS ID: 1402821 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-03-24  
Onset: 2021-05-01  
Days after vaccination: 38  
Submitted: 0000-00-00  
Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 UN / SYR

Administered by: Private Purchased by: ?

Symptoms: Acute myocardial infarction, Chest pain, Electrocardiogram abnormal, Oropharyngeal pain, Troponin decreased

SMQs: Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Embolic and thrombotic events, arterial (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: N/A

Allergies: N/A

Diagnostic Lab Data:

CDC Split Type:

Write-up: Symptoms: (05/01/21) Woke up with sore throat. Shortly developed stabbing chest pain that got progressively worse.

Treatment: (05/01/21) taken to ED, was given morphine for pain. EKG showed STEMI. Troponin levels were in the 20s . Was also given 325mg of Aspirin. Troponin levels finally decreased to ~6 on day three (05/03/21). He was discharged that same afternoon on 5/3.

VAERS ID: 1403731 (history)  
Form: Version 2.0



Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-05-04  
Onset: 2021-05-07

Days after vaccination: 3  
Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 AR / IM

Administered by: Unknown Purchased by: ?

Symptoms: Borrelia test negative, Chest pain, Echocardiogram abnormal, Ejection fraction decreased, Immunoglobulin therapy, Magnetic resonance imaging abnormal, Magnetic resonance imaging heart, Myocarditis, Respiratory viral panel, SARS-CoV-2 antibody test positive

SMQs: Cardiac failure (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: The patient with a past medical history of Hypertension presented 3 days after receiving the 2nd dose of Pfizer vaccine with chest pain. The patient initially received pain medication for symptom relief. An echocardiogram showed a low normal ejection fraction. Cardiac MRI showed evidence of myocarditis. COVID antibodies were positive. RVP and Lyme panel for myocarditis negative. The patient received a total of 2g/Kg of IVIG over 2 days then was discharged on colchicine, ibuprofen, Aldactone, and lisinopril. In follow up appointment patient endorsed having gotten back to baseline activity and function

VAERS ID: 1407150 (history)

Form: Version 2.0

Age: 17.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-04-01  
Onset: 2021-04-01  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/ BIONTECH - / 1 - / IM		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/ BIONTECH - / 2 - / IM		

Administered by: Unknown Purchased by: ?  
Symptoms: Acute kidney injury, Biopsy kidney abnormal, Haematuria, Hypertension, Hypoalbuminaemia, IgA nephropathy, Proteinuria  
SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver related investigations, signs and symptoms (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Hypertension (narrow), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none

Diagnostic Lab Data: 6/4/21 kidney biopsy suggestive of IgA Nephropathy.

CDC Split Type:

Write-up: SARS CoV2 Pfizer vaccine 1 given at CVS in 4/2021. Day of vaccination, pt developed hematuria which self resolved in 2 days. Pt o/w asymptomatic. Dose 2 of pfizer vaccine given at PCP's office. Few days after, pt developed hematuria which progressed

until presentation 2 weeks post vaccination. At presentation pt was found to have hematuria, hypoalbuminemia, proteinuria, HTN, and AKI. Dx by biopsy determined IgA nephropathy.

VAERS ID: 1407241 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-12  
Onset: 2021-06-15  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 UN / UN  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Chest pain, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Elevated troponin of 22.36 on 6/15/21.  
CDC Split Type:  
Write-up: Chest pain 2 days post second dose of vaccination.

VAERS ID: 1407658 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-02-27  
Onset: 2021-03-12  
Days after vaccination: 13  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Magnetic resonance imaging heart, Myocarditis, Nodal rhythm, Pleuritic pain, Pyrexia, Tachycardia, Troponin increased

SMQs: Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Disorders of sinus node function (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol

Current Illness: none

Preexisting Conditions: asthma

Allergies: NKDA

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: myocarditis with fever, tachycardia, pleuritic chest pain, elevated troponin, accelerated junctional rhythm, normal echo, tachycardia. MRI and two day hospitalization and follow-up with pediatric cardiologist.

VAERS ID: 1407923 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: California

Vaccinated: 2021-06-12

Onset: 2021-06-13

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 1 UN / SYR

Administered by: Unknown Purchased by: ?

Symptoms: C-reactive protein increased, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram normal, Red blood cell sedimentation rate increased, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction

(narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: obesity

Allergies:

Diagnostic Lab Data: elevated troponins, normal ECG, normal echocardiogram, elevated ESR and CRP

CDC Split Type:

Write-up: chest pain, shortness of breath

VAERS ID: 1407948 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Pennsylvania

Vaccinated: 2021-06-11

Onset: 2021-06-14

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Myocarditis, Troponin increased, Ventricular extrasystoles, Ventricular tachycardia

SMQs: Torsade de pointes/QT prolongation (narrow), Myocardial infarction (narrow), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Albuterol as needed  
Current Illness: none  
Preexisting Conditions: history of mild asthma  
Allergies: none  
Diagnostic Lab Data: peak troponin 14.9 (6/15/2021), ST elevation on ECG (6/15/2021), echo with normal RV and LV systolic function (6/14/2021 and 6/15/2021)  
CDC Split Type:  
Write-up: presented to the hospital 6/14/2021 with chest pain and troponin leak (peak of 14.9 after 2nd Pfizer vaccination (6/11/2021) with ST elevation on EKG and ventricular ectopy with non-sustained ventricular tachycardia, PVCs. treated for suspected myocarditis. remains hospitalized

VAERS ID: 1408440 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Connecticut

Vaccinated: 2021-06-14  
Onset: 2021-06-16  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-06-17  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase increased, Chest X-ray normal, Chest pain, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment elevation, Red blood cell sedimentation rate increased, Troponin increased  
SMQs:, Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 1 days  
    Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness: None  
Preexisting Conditions: ADHD  
Allergies:  
Diagnostic Lab Data: Elevated Troponin to 2.95, CK of 413, ESR 40  
EKG with slight ST elevations in anterior leads CXR and ECHO normal  
CDC Split Type:  
Write-up: Chest Pain and SOB

VAERS ID: 1409761 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: New Jersey

Vaccinated: 2021-06-13  
Onset: 2021-06-13

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 RA / -

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood test, COVID-19, SARS-CoV-2 test positive

SMQs: Infective pneumonia (broad), Opportunistic infections  
(broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None, Comment:  
None

Allergies:

Diagnostic Lab Data: Test Date: 20210613; Test Name: Blood test;  
Result Unstructured Data: Test Result:Positive; Comments: Blood  
test; Test Date: 20210613; Test Name: Covid-19; Result Unstructured  
Data: Test Result:Positive; Comments: [{covid test type post  
vaccination=Blood test, covid test name post vaccination=  
covid\_test date=13/Jun/2021, covid test result=Positive}]

CDC Split Type: USPFIZER INC2021696186

Write-up: No/Blood test: Positive/Since the vaccination, has the  
patient been tested for COVID-19?:Yes; This is a spontaneous report

from a contactable physician. A 17-years-old non-pregnant female patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection, Batch/Lot number was not reported), an unspecified route of administration, administered in Right Arm on 13Jun2021 at 12:00 as 1st Dose, Single Dose for COVID-19 immunization. The patient's medical history included None. The patient had no known allergies. The patient's concomitant medications were not reported. Since the vaccination, the patient has tested for COVID-19. It was Unknown, if patient diagnosed with COVID-19 prior to vaccination. On 13Jun2021, after 1st Dose of vaccination, the patient underwent a covid test type post vaccination=Blood test, covid test name post vaccination, covid test result=Positive. AE resulted in Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event), Congenital anomaly or birth defect]no days hospitalization: 4. The patient underwent lab tests and procedures which included blood test was positive on 13Jun2021 Blood test, sars-cov-2 test positive: positive on 13Jun2021 [covid test type post vaccination was Blood test, covid test name post vaccination=covid test date was 13Jun/2021, covid test result was Positive. The outcome for the events was recovered/resolved. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

VAERS ID: 1410003 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-05-17

Onset: 2021-06-03

Days after vaccination: 17

Submitted: 0000-00-00

Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / SYR

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / SYR

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Dyspnoea, Echocardiogram normal, Troponin increased

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No



ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: COVID vaccine (Pfizer) on 4/26/2021 and 5/17/2021  
Current Illness: none  
Preexisting Conditions: none  
Allergies: NKDA  
Diagnostic Lab Data: 6/16 troponin 0.98, 6/17 troponin 1.35, 6/17 evening troponin 0.85 6/17 ECHO- within normal limits  
CDC Split Type:  
Write-up: Patient admitted to hospital on 6/16/2021. Patient was experiencing chest pain with intermittent shortness of breath for two weeks prior to presenting to emergency department. Troponin on admission 0.98, increased to 1.35 on following day then decreased to 0.85. ECHO was within normal limits. Patient discharged on 6/18/2021 and will have repeat troponin/ECHO in 4 weeks. Patient received Pfizer Covid vaccine on 4/26 and 5/17/2021.

VAERS ID: 1410227 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-02  
Onset: 2021-06-11  
Days after vaccination: 9  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0176 / 1	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
EW0176 / 2	LA / IM	

Administered by: Private Purchased by: ?  
Symptoms: Alanine aminotransferase increased, Anion gap, Aspartate aminotransferase increased, Bilirubin urine, Blood albumin normal, Blood alkaline phosphatase normal, Blood bilirubin normal, Blood calcium normal, Blood chloride normal, Blood creatine phosphokinase increased, Blood creatinine normal, Blood glucose normal, Blood potassium normal, Blood sodium normal, Blood urea nitrogen/creatinine ratio, Blood urea normal, Blood urine, Carbon dioxide normal, Cardiac imaging procedure abnormal, Chest X-ray, Chest pain, Drug screen negative, Echocardiogram abnormal, Electrocardiogram PR segment depression, Electrocardiogram ST segment elevation, Electrocardiogram T wave inversion, Eosinophil count decreased, Eosinophil percentage, Fatigue, Glucose urine absent, Haematocrit normal, Haemoglobin decreased, Immunoglobulin therapy, Intensive care, Lymphocyte morphology abnormal, Lymphocyte percentage decreased, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Monocyte count normal, Monocyte percentage increased,

Myocarditis, Neutrophil count normal, Neutrophil percentage, Nitrite urine absent, Nucleated red cells, Platelet count normal, Protein total normal, Protein urine, Red blood cell anisocytes present, Red blood cell count decreased, Red blood cell microcytes present, Red cell distribution width, Specific gravity urine decreased, Troponin I increased, Urine amphetamine negative, Urine barbiturates, Urine leukocyte esterase, Urobilinogen urine, White blood cell count normal, White blood cells urine negative, pH urine normal  
SMQs:, Rhabdomyolysis/myopathy (broad), Liver related investigations, signs and symptoms (narrow), Haematopoietic erythropenia (narrow), Haematopoietic leukopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Malignant lymphomas (broad), Proteinuria (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Admitted 6/16 CBC, CMP, ESR, CRP, Serial Troponins, Chest XR, Echocardiogram (6/16), Cardiac MRI (6/17)  
6/16/2021 06:08 Troponin I: 12,474 6/16/2021 11:42 Troponin I: 15,130 6/16/2021 18:11 Troponin I: 9,207 6/17/2021 00:01 Troponin I: 8,391 6/17/2021 06:29 Troponin I: 14,360 6/17/2021 12:09 Troponin I: 17,605 6/17/2021 18:39 Troponin I: 13,884 6/17/2021 23:51 Troponin I: 17,719 6/18/2021 05:58 Troponin I: 19,326 6/16/2021 00:21 Sodium: 138 POTASSIUM: 4.4 Chloride: 105 CO2: 27 BUN: 10 CREATININE: 0.8 Glucose: 106 Calcium: 9.3 Anion Gap: 6 Total Protein: 7.3 Albumin: 3.9 Alkaline Phosphatase: 86 SGOT(AST): 72 (H) SGPT (ALT): 42 (H) Total Bilirubin: 0.5 BUN/Creatinine Ratio: 12 Total CK: 681 (H)  
6/16/2021 01:15 Urine Benzodiazepine Screen: Negative Urine Opiate Screen: Negative Urine Amphetamine Screen: Negative Urine Barbiturate Screen: Negative Urine Cannabinoid Screen: Negative Urine Cocaine Screen: Negative 6/16/2021 00:21 WBC: 9.45 RBC: 4.66 Hgb: 13.4 Hct: 41.6 MCV: 89 MCH: 28.8 MCHC: 32.2 RDW S.D.: 41.0 Platelets: 313 MPV: 9.4 Platelet Estimate: Normal NRBC %: 0 Eosinophils%: 2 Neutrophils %: 63 Neutro Absolute: 5.95 Lymphs Absolute: 2.27 Mono Absolute: 1.0 Eos Absolute: 0.2 Lymphocytes %: 19 Atypical Lymphocytes%: 5 (H) Monocytes%: 11 Anisocyte: Moderate

(A) Microcyte: Moderate (A) EXAM DESCRIPTION: Site: DX CHEST 2 VIEWS  
RP: XR CHEST 2 VIEWS CLINICAL HISTORY: 17 years Male; pain;  
COMPARISON: None. FINDINGS: No lobar consolidation. Costophrenic  
recesses are preserved. No cardiomegaly. No acute osseous findings.  
IMPRESSION: 1. No acute findings. Electronically signed by: MD  
06/15/2021 11:33 PM 6/16/2021 00:18 Urine Color: Straw Urine  
Appearance: Clear Urine Ketones: Negative Urine Specific Gravity:  
1.004 (L) Urine pH: 6.0 Urine Protein: Negative Urine Glucose:  
Negative Urine Bilirubin: Negative Urine Blood: Negative Urine  
Nitrite: Negative Urine Urobilinogen: Normal Urine Leukocyte  
Esterase: Negative Urine Microscopic: Not Indicated Urine WBC: 1  
Urine Ascorbic Acid: Negative  
CDC Split Type:

Write-up: Chest pain for 2 weeks with fatigue, found to have  
Perimyocarditis, admitted to the Pediatric ICU. Seen by pediatric  
cardiology, Started on ibuprofen, IV Immunoglobulin, IV steroids.  
Troponin continuing to rise. Serial EKGs with ST Elevations(v2-v6)  
and PR depressions (lead I), which normalized then developed lateral  
T wave inversions (v3-v6) Admitted on 6/16 Patient is still admitted  
at time of filing.

VAERS ID: 1410247 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-04-20  
Onset: 2021-05-07  
Days after vaccination: 17  
Submitted: 0000-00-00  
Entered: 2021-06-18

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0169 / 1 LA / IM  
Administered by: Other Purchased by: ?  
Symptoms: Unevaluable event

SMQs:  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 1 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient had an ED visit and/or hospitalization within 6 weeks of receiving COVID vaccine.

VAERS ID: 1412057 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Oregon

Vaccinated: 2021-06-13

Onset: 2021-06-14

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?

Symptoms: Alanine aminotransferase increased, Aspartate aminotransferase increased, Brain natriuretic peptide normal, C-reactive protein increased, COVID-19, Conjunctivitis, Dehydration, Fatigue, Full blood count abnormal, Oropharyngeal pain, Platelet disorder, Procalcitonin increased, Pyrexia, Rash, Rash erythematous, Red blood cell sedimentation rate increased, Respiratory viral panel, Rhinorrhoea, SARS-CoV-2 test positive, Troponin increased, Vaccine breakthrough infection

SMQs: Liver related investigations, signs and symptoms (narrow), Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Haematopoietic leukopenia (broad), Haematopoietic thrombocytopenia (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Conjunctival disorders (narrow), Ocular infections (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (narrow), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Isotretinoin Tylenol Ibuprofen

Current Illness: COVID in February, but no other recent illnesses.

First vaccine 5/23, second vaccine of Pfizer 6/13

Preexisting Conditions: Asthma, well-controlled

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Got the vaccine on 6/13. Developed fatigue, sore throat, runny nose within 24 hours on 6/14. Was stable, but on 6/17 developed high fevers up to 101-102, erythematous rash on his neck, bilateral conjunctivitis and runny nose. Presented to the ED under my care on 6/18 due to ongoing fever, dehydration and neck pain. Currently undergoing full evaluation: COVID19 PCR positive. ESR, CRP, procal elevated. ALT/AST elevated High sensitivity troponin elevated. BNP normal. CBC with neutrophilic predominance, platelets clumped - repeating. RVP pending. Evaluating for MIS, COVID reinfection, post-vaccine reaction, different viral illness, post-covid reaction + development of a cellulitis.

VAERS ID: 1412472 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Ohio

Vaccinated: 2021-04-01

Onset: 2021-04-01

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / 0T

Administered by: Unknown Purchased by: ?

Symptoms: Biopsy kidney, Haematuria, IgA nephropathy

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Systemic

lupus erythematosus (broad), Chronic kidney disease (broad),

Tubulointerstitial diseases (broad), Drug reaction with eosinophilia

and systemic symptoms syndrome (broad), Immune-mediated/autoimmune

disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data: Test Date: 202104; Test Name: kidney biopsy;

Result Unstructured Data: Test Result:have IgA nephropathy confirmed

CDC Split Type: USPFIZER INC2021659117

Write-up: admitted w/ hematuria found to have IgA nephropathy confirmed on kidney biopsy; admitted w/ hematuria found to have IgA nephropathy confirmed on kidney biopsy; This is a spontaneous report from a contactable Physician. A 17-years-old male patient received bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 1 at the age of 17-years-old intramuscular on Apr2021 (Batch/Lot number was not reported) as 1st dose, single for covid-19 immunisation. Medical history was none. The patient received no other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. Since the vaccination, the patient had not been tested for COVID-19. The patient's concomitant medications were not reported. The patient experienced admitted w/ hematuria found to have IgA nephropathy confirmed on kidney biopsy in Apr2021. History suggestive of symptom correlation with pfizer covid 19 vaccine doses. Pt first noted 1-2d hematuria immediatly after first dose. Sx resumed few days after second dose. The patient was hospitalized for admitted w/ hematuria found to have IgA nephropathy confirmed on kidney biopsy for 5 days. The adverse event result in Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care. The outcome was recovering. Information about lot/batch number has been requested.; Sender's Comments: Limited information regarding patient medical history , any concurrent medical conditions ,family history of nephropathy ,clinical course of events and concomitant medications preclude a comprehensive causality assessment of event IgA Nephropathy and Hematuria post- vaccination.

VAERS ID: 1412980 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-06-18  
Onset: 2021-06-18  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
WW0162 / 1 UN / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Computerised tomogram head normal, Electrocardiogram normal, Fall, Head injury, Laboratory test, Laboratory test normal, Syncope, Unresponsive to stimuli, Urinary tract infection, Urine analysis abnormal

SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad),

Hypoglycaemia (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: Amoxicillin and Beef  
Diagnostic Lab Data: Labs, UA, and CT of head were normal, except for a mild UTI as per FNP last night at hospital, but it was decided to admit her last night and is pending a neuro consult as of this early afternoon.  
CDC Split Type:  
Write-up: around 7:00 pm in the evening, she had a syncope episode. Video footage shows she is standing in line with other children, and just faints and falls to the floor. Initially she was not responding much to EMS and to FNP that received her, EKG was completed, and VS were within normal limits. She received lab work, UA, and CT of Head as she appeared to have hurt her head at time of fall. Few hours later, when FNP checked on her again, about 9:50 pm, she was more responsive, answering his questions and doing much better than when she initially arrived to hospital around 8 pm. She was verbal, and VS were within normal limits during my time with her at the hospital

VAERS ID: 1412987 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-15  
Onset: 2021-06-18  
    Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-19  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No

Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Chest pain

VAERS ID: 1413566 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-06-15  
Onset: 2021-06-16  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-20  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Myocardial necrosis marker increased, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: elevated cardiac enzymes( troponin: 192)  
CDC Split Type:  
Write-up: Chest pain



VAERS ID: 1415501 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Massachusetts

Vaccinated: 2021-05-17  
Onset: 2021-05-28  
Days after vaccination: 11  
Submitted: 0000-00-00  
Entered: 2021-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0183 / 2	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER8731 / 1	LA / IM	

Administered by: Private Purchased by: ?

Symptoms: Arthralgia, Bacterial test, Blood lactate dehydrogenase increased, Borrelia test negative, C-reactive protein increased, Chlamydia test, Culture throat negative, Cytomegalovirus test negative, Ehrlichia test, Epstein-Barr virus test, Erythema nodosum, Gait inability, Joint swelling, Mobility decreased, Mycobacterium tuberculosis complex test, Mycoplasma test, Neutrophil count decreased, Neutrophil percentage, Platelet count decreased, Rash, Red blood cell sedimentation rate increased, Respiratory viral panel, SARS-CoV-2 test negative, Streptococcus test, Urine analysis normal, White blood cell count decreased

SMQs: Anaphylactic reaction (broad), Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: naproxen, famotidine

Current Illness:

Preexisting Conditions: Juvenile idiopathic arthritis, uveitis

Allergies: No known allergies.

Diagnostic Lab Data: 6/21/21: LDH 265, mycoplasma pending, COVID neg, 6/20/21: ESR 36, CRP 146.5, throat culture - no growth to date, Chlamydia/Gonorrhoea pending, T spot pending, streptococcal ab

pending, urinalysis negative 6/18/21: WBC 2.71, Plt 140, Neutrophils 1.74 (64.2%), Ehrlichia/anaplasma PCR neg, EBV pending, respiratory viral panel neg, CMV neg, Lyme neg,  
CDC Split Type:

Write-up: Bilateral knee swelling and pain (severely limiting mobility to the point of being unable to walk due to pain/swelling), rash (c/f erythema nodosum) for 2-3 weeks (presented on 6/18/21). Concerning for flare of JIA vs other autoimmune etiology (infectious studies mostly negative, though some studies pending). Diagnostics ongoing.

VAERS ID: 1417192 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-04-30  
Onset: 2021-05-24  
Days after vaccination: 24  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0167 / UNK - / -		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0185 / UNK - / -		

Administered by: Private Purchased by: ?

Symptoms: Chest pain

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Previously healthy male presented with severe chest pain 2 days after 2nd dose to Emergency Dept (no records obtained), transferred to another Hospital and admitted for < 48 hours.

VAERS ID: 1417284 (history)  
Form: Version 2.0

Age: 17.0  
Sex: Male  
Location: Washington

Vaccinated: 2021-06-11  
Onset: 2021-06-16  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-22

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8737 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Activated partial thromboplastin time shortened, Alanine aminotransferase increased, Aspartate aminotransferase increased, Bilirubin conjugated, Blood alkaline phosphatase increased, Blood bilirubin, Blood creatine phosphokinase decreased, C-reactive protein increased, Chest X-ray normal, Condition aggravated, Diarrhoea, Drug screen negative, Electrocardiogram abnormal, International normalised ratio increased, Jaundice cholestatic, Malaise, Myalgia, N-terminal prohormone brain natriuretic peptide increased, Procalcitonin, Pyrexia, Sinus tachycardia, Systemic inflammatory response syndrome, Troponin, Urinary tract infection  
SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (narrow), Liver-related coagulation and bleeding disturbances (narrow), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Pseudomembranous colitis (broad), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Sepsis (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: UTI

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: performed on 6/21 at 1755-1900: aPTT 11.9; INR 21.2; Alk Phos 240, AST 48, ALT 96; Bilirubin Total 5.6, Bili direct 4.2; CRP 18.2; CK 24, Troponin <0.012, NT-proBNP 558; procalcitonin 1.73; negative urine tox; CXR-no acute findings; EKG-sinus tach, no ectopy

CDC Split Type:

Write-up: c/o "feeling sick for a week"; treated at clinic Saturday, 6/19, for UTI and prescribed antibiotics; c/o generalized muscle pain/aches since 6/16/2004; positive for diarrhea and fever. Received an EKG, labs, and chest Xray. Diagnosis of Obstructive jaundice and SIRS. Transferred to higher level of care with specialty in house.

VAERS ID: 1420210 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Iowa

Vaccinated: 2021-06-18

Onset: 2021-06-21

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0191 / 2 RA / SYR

Administered by: Private Purchased by: ?

Symptoms: Allergy test negative, Anaphylactic reaction, Blood immunoglobulin E normal, Dysphagia, Eye swelling, Ocular hyperaemia, Swollen tongue, Tongue pruritus, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Anticholinergic syndrome (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Glaucoma (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoxetine 20 mg daily

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Food panel IGE which included whitefish, tuna, shrimp, egg white, peanut, soy, hazelnut, walnut, milk, soy, and sesame was drawn and was negative.

CDC Split Type:

Write-up: The patient had an apparently spontaneous anaphylactic type reaction with facial hives, eye redness and swelling, diffuse hives on trunk, lips, and extremities, tongue swelling, difficulty swallowing, and itchy tongue. The only thing had had to eat or drink was a cows milk latte with hazelnut 2 hours prior to the reaction. No fever. The family gave her 2 tabs of Benadryl (50 mg total) at home and brought her to urgent care whereupon her hives and tongue swelling had decreased substantially. They showed photos of her face and skin prior to the Benadryl. She was given 60 mg prednisolone and observed for over 30 minutes. She improved substantially and was discharged home with her mother pending results of allergy testing.

VAERS ID: 1420762 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Unknown

Vaccinated: 2021-06-17

Onset: 2021-06-23

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / -

Administered by: Private Purchased by: ?

Symptoms: Autopsy, Cardiac arrest

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-06-23

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Vienva 0.1-20 mg-mcg per tablet

Current Illness: No.

Preexisting Conditions: Obesity, Family history of clotting disorder (her workup with negative), and depression.

Allergies: NKDA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Cardiac arrest without resuscitation. Unknown cause of cardiac arrest. Awaiting autopsy report.

VAERS ID: 1421367 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: New York

Vaccinated: 2021-06-16

Onset: 2021-06-21

Days after vaccination: 5

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 3 - / IM

Administered by: Private Purchased by: ?

Symptoms: Cardiac telemetry, Chest pain, Dizziness, Dyspnoea, Extra dose administered, Hypersomnia, Intensive care, Palpitations, Pyrexia, Troponin increased

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Fluoxetine Zyrtec allergy Fluticasone spray

Benadryl

Current Illness: none

Preexisting Conditions: 17 y/o male with history of mild troponin elevation with nonspecific St changes after a toxic ingestion of Mucinex seen by cardiology in 2020 and anxiety (on Prozac) now here

with acute onset of chest pain, palpitations, and dizziness.

Allergies: Shellfish

Diagnostic Lab Data: Troponin, telemetry

CDC Split Type:

Write-up: 17 y/o male presented to ED (6/21) after experiencing "chest pain" with exercise (playing basketball). This occurred 5 days after receiving his 3rd dose of his Pfizer vaccine (6/16). He received a 3rd dose at the recommendation of his PMD after being informed that his 2nd dose was expired at the time when he had received it on 6/7. Following this vaccination he "slept for 18-20 hours" and had subjective fevers which self-resolved after 24 hours. He developed dyspnea, acute onset of R-sided/mid chest pain and the sensation that his heart was racing. He presented to the ED and was admitted to the PICU for monitoring. Labs revealed elevated troponin (240 ng/L) which downtrended to 89 ng/L by 6/23. Concern for myocarditis vs pericarditis in setting of recent Pfizer COVID-19 vaccine; started on ibuprofen 400mg PO q6h.

VAERS ID: 1423649 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: New York

Vaccinated: 2021-06-01

Onset: 2021-06-13

Days after vaccination: 12

Submitted: 0000-00-00

Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0168 / 1 LA / IM

Administered by: Other Purchased by: ?

Symptoms: Adenovirus test, Bartonella test negative, Borrelia test negative, Chest X-ray normal, Chest pain, Dizziness, Dyspnoea, Echocardiogram normal, Electrocardiogram ST segment abnormal, Enterovirus test negative, Laboratory test, Mycoplasma test negative, Myocarditis, Respiratory viral panel, SARS-CoV-2 antibody test negative, Troponin increased

SMQs:, Anaphylactic reaction (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none

Diagnostic Lab Data: troponin elevated 81 extended respiratory viral panel - negative entero and adenoviral prc negative, lyme and mycoplasma negative, bartonella negative Sars COV v2 igG neg  
CDC Split Type:

Write-up: began 6/13 with chest pain and SOB, mild dizziness and SOB. Sx persisted -went to urgent care- EKG showed ST segment changes - sent to ED for eval . In ED vital stable, labs showed elevated troponin of 81 Echo in ED normal ventricular function- CXR nl - admitted sx myopericarditis

VAERS ID: 1424056 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-05-25  
Onset: 2021-05-25  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / -

Administered by: Other Purchased by: ?

Symptoms: Abdominal pain, Back pain, Bladder pain, Blood test abnormal, Infection, Mobility decreased, Pain, Urine analysis abnormal, Vomiting, White blood cell count  
SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes

Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No

Previous Vaccinations:  
Other Medications: N/A  
Current Illness: N/A  
Preexisting Conditions: heart murmur; born with atrial septal defect  
Allergies: N/A  
Diagnostic Lab Data: Went to emergency May 28, 2021, 6 pm Fever 102;



vomitting. No relief of abdominal and back pain. Emerg Doctor advised kidney infection. Blood and urine showed infection. Given pain meds and antibiotics. June 15, 2021, follow blood urine- white cells 50-100 ( normal 1-2) prescribed another round of antibiotics. Still occasional pain. Ultra sound performed June 23, 10:30 am..results pending. Pain with full bladder and upon sporting activity. Very healthy active teenager athlete prior to vaccine. Hospital bed shortage during this time patients were being sent to other hospitals in other provinces.

CDC Split Type:

Write-up: Severe abdominal and back pain starting at 7:20 May 25, 2021. No otc med worked to relieve pain. Could not get out of bed. Called pediatrician.

VAERS ID: 1424116 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Unknown

Vaccinated: 2021-06-16

Onset: 2021-06-16

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0179 / 1 - / IM

Administered by: Other Purchased by: ?

Symptoms: Tachycardia

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient was observed post Covid-19 immunization for 15 minutes after her vaccination at 11:20am. Reports to us at 1:38pm after experiencing tachycardia at 1:30pm. No complaints of SOB, rash or throat swelling. History of eating disorder and soda 2 hrs prior

to episode. Initial V/S 122/67, 144, 20, O2 sat 98%. PE: Skin with no rash. Alert, cooperative and calm appearing. Lungs sounds clear A&P, heart rate regular. Actions taken: Repeat V/S @155pm- P-124, B/P 121/69. EMS called and she will be further evaluated in ER. Medications administered: No medication administered. Disposition: Patient evaluated and transferred to the hospital for further evaluation and care. Time of transport: 1:55pm.

VAERS ID: 1424433 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Virginia

Vaccinated: 2021-05-13  
Onset: 2021-05-01  
Submitted: 0000-00-00  
Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0150 / UNK UN / UN

Administered by: Unknown Purchased by: ?

Symptoms: Antinuclear antibody positive, Chest pain, Double stranded DNA antibody positive, Dyspnoea, Intensive care, Laboratory test abnormal, Pleural effusion, Systemic lupus erythematosus

SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: allopurinol 200mg daily amlodipine 5mg daily

Current Illness:

Preexisting Conditions: -Hydrocephalus status post ventriculoperitoneal shunt placed in first weeks of life with multiple revisions, at time of vaccine was a left sided ventriculoplural shunt. -Essential hypertension

Allergies: No known allergies

Diagnostic Lab Data: -Pos. ds-DNA ab, anti-smith ab, anti-SSA, anti-RNP

CDC Split Type:

Write-up: Patient's maternal aunt reports that about 2 weeks after

her second covid vaccine she began having shortness of breath and chest pain. Patient went to local ED and was seen to have a left sided pleural effusion (same side she has a ventriculoplueral shunt). Patient continues to struggle with shortness of breath and chest pain and left sided pleural effusion since and has visited multiple emergency rooms. Most recently patient was admitted to hospital on 6/23 and was seen to have a worsened pleural effusion and lab work that were positive for Lupus.

VAERS ID: 1427474 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-06-15

Onset: 2021-06-22

Days after vaccination: 7

Submitted: 0000-00-00

Entered: 2021-06-25

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0185 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Abdominal pain upper, Chest pain, Echocardiogram normal, Electrocardiogram normal, Intensive care, Magnetic resonance imaging heart, Troponin increased

SMQs: Acute pancreatitis (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: EKG and Echocardiogram normal 6/24. Troponin positive and serial troponins remained downtrending. Cardiac MRI completed 6/25. (Pending read by cardiology)

CDC Split Type:

Write-up: 6/22/21 Awoke with chest pain and stomach pain. Chest pain persisted. Went to Urgent care on 6/23 then seen by cardiology and referred to emergency department and admitted to PICU 6/24 after having positive troponin test. Chest pain improved on ibuprofen. Discharged on 6/25/21 on motrin and following with cardiology.

VAERS ID: 1427657 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Mississippi

Vaccinated: 2021-06-17  
Onset: 2021-06-20  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-25  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0187 / 2 LA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood urea decreased, Chest pain, Echocardiogram normal,  
Electrocardiogram normal, Troponin  
SMQs:, Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None Noted  
Current Illness: None Noted  
Preexisting Conditions: None Noted  
Allergies: None Noted  
Diagnostic Lab Data: Echocardiogram normal. Troponin -w110.1  
(critical); Urea Nitrogen 6m(low)n EKG Normal. No signs of  
inflammation or MIS-C  
CDC Split Type: MS1362021  
Write-up: ER Note: 17 y/o with no prior significant medical history  
presented to ER with onset 6/20 am of chest pain. None exertional,  
constant, or aggravating or relieving factors, not associated with  
any palpitations, breathing difficulty, dizziness, or syncope . No  
fever. Feels well generally. Cardiologist consulted for concern of  
COVID vaccine induced myocarditis. Admitted

VAERS ID: 1429398 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Arizona

Vaccinated: 2021-04-21  
Onset: 2021-04-22

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-06-26  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0162 / 2 LA / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest discomfort, Chest pain, Myocarditis, SARS-CoV-2 test  
SMQs:, Anaphylactic reaction (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad), COVID-19  
(broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: ESCITALOPRAM  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: None  
Allergies:  
Diagnostic Lab Data: Test Date: 20210424; Test Name: Blood test;  
Result Unstructured Data: Test Result:Negative  
CDC Split Type: USPFIZER INC2021691625  
Write-up: had his second shot on 21Apr2021 and was in the hospital  
for chest pains/pressure on April 23-25, diagnosed with  
Myocarditis,; Myocarditis; had his second shot on 21Apr2021 and was  
in the hospital for chest pains/pressure on April 23-25, diagnosed  
with Myocarditis,; This is a spontaneous report from a contactable  
consumer (patient). A 17-years-old male patient received second dose  
of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, formulation: Solution  
for injection, lot number: EW0162), via an unspecified route of  
administration in left arm on 21Apr2021 (at the age of 17-year-old)  
and as single dose for COVID-19 immunisation. Medical history  
reported as none, patient had no known allergies. Concomitant  
medication included escitalopram, dose: 10 mg taken for an  
unspecified indication, start and stop date were not reported.  
Historical vaccine included first dose of BNT162B2 (PFIZER-BIONTECH  
COVID-19 VACCINE, formulation: Solution for injection, lot number:  
ER8732), via an unspecified route of administration in Arm Left on  
31Mar2021. Patient did not receive any other vaccines within 4 weeks  
prior to the COVID vaccine. Reported that patient received  
Escitalopram 10 mg within 2 weeks of vaccination. Patient was not  
diagnosed with COVID-19 prior to vaccination and patient did not  
test for COVID-19 since the vaccination. It was reported that  
patient had his second shot on 21Apr 2021 and was in the hospital

for chest pains/pressure on April 23-25, diagnosed with Myocarditis. The patient was hospitalized for the events for 2 days on 23Apr2021 to 25Apr2021. On 24Apr2021, the patient underwent lab tests and procedures which included blood test for covid test and result with negative. Patient received treatment for events with 10+ ekg's or so, ibuprofen. The outcome of the events was recovered on an unspecified date in 2021.

VAERS ID: 1429865 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-06-20  
Onset: 2021-06-23  
Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / -

Administered by: Unknown Purchased by: ?  
Symptoms: Anticoagulant therapy, Atrial fibrillation, Echocardiogram abnormal, Left atrial dilatation, Mitral valve incompetence  
SMQs: Supraventricular tachyarrhythmias (narrow), Cardiomyopathy (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None noted

Current Illness: Episodes of chest pain 3 nights per month; 1 episode of tachycardia at school, during physical exam

Preexisting Conditions: Heart murmur

Allergies: None known

Diagnostic Lab Data:

CDC Split Type:

Write-up: Presented to the Medical Center with concern for seizure activity, found to have atrial fibrillation in emergency department. Echocardiogram performed, and found to have moderately dilated left atrium and moderate mitral valve insufficiency. Initiated metoprolol for heart rate control, levetiracetam for possible seizure, and rivaroxaban to prevent cardiac thrombosis.

VAERS ID: 1430040 (history)  
Form: Version 2.0

Age: 17.0  
Sex: Female  
Location: Nevada

Vaccinated: 2021-05-21

Onset: 2021-05-22

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

ER8736 / 2 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Back pain, Blood test, Dizziness, Headache, Idiopathic intracranial hypertension, Lumbar puncture, Magnetic resonance imaging head, Neck pain, Neurological examination, Ophthalmological examination, Papilloedema, Spinal cord drainage, Visual impairment SMQs: Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Glaucoma (broad), Optic nerve disorders (narrow), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Claritin Aurovela Fe (birth control)

Current Illness: none

Preexisting Conditions: TMJ

Allergies: penicillin, seasonal allergies

Diagnostic Lab Data: Blood tests 6/23/21 3 head MRIs 6/23/21 attempted lumbar puncture 6/24/21 (versed did not work) lengthy eye and neuro exam 6/24/21 Repeat lumbar puncture- pressure 370, ~ 20 mL spinal fluid drained 6/25/21 Blood tests repeated 6/25/21

CDC Split Type:

Write-up: Severe neck and upper back pain, headache, dizziness, and vision disturbances began 5/22/21. She was seen at urgent care about 5/27/21 and at her doctor the following week- misdiagnosed twice with myofascial pain. Symptoms mostly persisted. On 6/22/21 she saw an optometrist for the visual disturbances and was diagnosed with bilateral papilledma. Optometrist called us 6/23/21 and advised us to take her to the emergency room immediately. After many tests (below) she was diagnosed with Idiopathic Intracranial Hypertension.

VAERS ID: 1430076 (history)

Form: Version 2.0

Age: 17.0  
Sex: Female  
Location: North Carolina

Vaccinated: 2021-05-19  
Onset: 2021-06-03  
Days after vaccination: 15  
Submitted: 0000-00-00  
Entered: 2021-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH ER9735 / 1	RA / SYR	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW1079 / 2	RA / SYR	

Administered by: Pharmacy Purchased by: ?  
Symptoms: Blood test abnormal, Chest X-ray, Computerised tomogram abdomen, Computerised tomogram thorax, Echocardiogram, Electrocardiogram, Pain in extremity, Peripheral coldness, Skin discolouration, Ultrasound scan normal  
SMQs: Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications: Tylenol, quetiapine, latuda, lithium, duloxetine, cetirizine, Aurovela  
Current Illness:

Preexisting Conditions: Celiac disease, depression, anxiety  
Allergies: Melons, grass, tree pollen  
Diagnostic Lab Data: 6/3/2021 scan for DVT right leg negative  
6/9/2021 cardiologist ekg and echocardiogram 6/23/2021 chest x-ray  
6/23/2021 blood work up some levels were high indicating CT scan needed 6/23/2021 CT scan chest abdomen multiple pulmonary embolisms  
Continued blood draws through 6/26 until discharged from hospital  
CDC Split Type:

Write-up: Patient began on June 3rd with pain in her right lower and foot, the leg and foot felt cool to touch and was discolored.

VAERS ID: 1431066 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Maryland

Vaccinated: 2021-06-24  
Onset: 2021-06-27



Days after vaccination: 3  
Submitted: 0000-00-00  
Entered: 2021-06-28  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0198 / 2 - / SYR  
Administered by: Unknown Purchased by: ?  
Symptoms: Chest pain, Echocardiogram abnormal, Electrocardiogram ST  
segment elevation, Electrocardiogram abnormal, Heart valve  
incompetence, Myocarditis, Pericardial effusion, Troponin I  
increased  
SMQs: Systemic lupus erythematosus (broad), Myocardial infarction  
(narrow), Arrhythmia related investigations, signs and symptoms  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Haemodynamic oedema, effusions and fluid  
overload (narrow), Cardiomyopathy (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: No known allergies  
Diagnostic Lab Data: 6/27 - Troponin I - 0.6 (normal range 0-0.1)  
6/28 - Troponin I - 13.3 (normal range CDC Split Type:  
Write-up: Patient with 1 day of chest pain, leading to ER visit that  
same day and admission to hospital with concern for myocarditis.  
Currently admitted to hospital awaiting further workup.

VAERS ID: 1433824 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Ohio

Vaccinated: 2021-06-11  
Onset: 2021-06-27  
Days after vaccination: 16  
Submitted: 0000-00-00  
Entered: 2021-06-29  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 LA / IM  
Administered by: Private Purchased by: ?

Symptoms: Abdominal pain, Alanine aminotransferase increased, Aspartate aminotransferase increased, Blood bilirubin, Echocardiogram normal, Electrocardiogram normal, Hepatic enzyme increased, International normalised ratio increased, Troponin increased

SMQs:, Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Liver profile: AST/ALT elevated to 900s, bilirubin elevated to 2.8 and INR elevated to 1.4 on 6/27 high sensitivity troponin elevated to 200 on 6/28 and 6/29

CDC Split Type:

Write-up: Had acute onset severe abdominal pain. Found to have significant elevation of liver enzymes (AST, ALT in the 900s) and INR (1.40), also had elevated high-sensitivity troponin with normal cardiac echo and EKG. Liver enzyme elevation resolved and patient did not experience any symptoms of liver failure.

VAERS ID: 1434000 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Florida

Vaccinated: 2021-06-26

Onset: 2021-06-28

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / UNK - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Echocardiogram, Ejection fraction, Hypoaesthesia, Myalgia, Troponin

SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None. Viral illness two months prior to vaccines  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: troponin 6/28 (0334): 12.4 troponin 6/28 (1058): 19.0 troponin 6/28 (1625): 31.7 troponin 6/28 (2208): 32.4  
-- peak ECHO 6/28: EF estimated 45%  
CDC Split Type:  
Write-up: initially numbness of right arm reported on day of second vaccine. noted to have muscle aches and pains on day one after second vaccine dose. two days after vaccine, was complaining of severe chest pain, so was taken to ED.

VAERS ID: 1437450 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: New York

Vaccinated: 2021-04-30  
Onset: 2021-05-13  
Days after vaccination: 13  
Submitted: 0000-00-00  
Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0172 / 2 UN / IM

Administered by: Public Purchased by: ?

Symptoms: Aplastic anaemia, Aspiration bone marrow abnormal, Condition aggravated, Full blood count abnormal, Haemoglobin decreased, Laboratory test normal, Packed red blood cell transfusion, Pancytopenia, Platelet count decreased, Platelet transfusion, White blood cell count decreased  
SMQs:, Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic erythropenia (narrow), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (broad), Malignant

lymphomas (broad), Myelodysplastic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Prozac Wellbutrin Zyrtec SloFe (slow release Iron 45 mg) Lo Loestrin

Current Illness: Acne, was on Bactrim for about 3 months, last dose was March 25, 2021

Preexisting Conditions: Born with transposition of the Great Arteries, s/p arterial switch at birth, doing well with just moderate Aortic Insufficiency, followed by cardiology Had a long history of difficult to control Menorrhagia, required birth control pills, iron supplementation and occassional Trexanimic Acid Depression/Anxiety in the last couple years, well controlled on Prozac and Wellbutrin

Allergies: Seasonal allergies, Dogs, Cats, NKMA

Diagnostic Lab Data: Bone Marrow Aspirate on 5/19/2020 repeated CBCs before and after packed RBC and platelet transfusions that show no recovery of marrow to date most recent was 6/28/2021 which showed WBC 2.2, hgb 6.6, plt 7 (was transfused last with PRBC on 6/3/2021) Negative work up for Fanconi's Dyskeratosis Congenita and PNH Had extensive infectious work up related to pancytopenia negative CDC Split Type:

Write-up: Patient initially contacted her PMD on 5/13/2021 that she "felt anemic" (which she has struggled with in the past), we got a CBC on 5/17/2021 which showed severe pancytopenia: WBC 1.7, hgb 5.0, plt 10. Referred that night to Hospital. Bone marrow aspiration on 5/19/2021 confirmed severe aplastic anemia. Since then she has had an on-going work up including a genetics evaluation that was non-contributory. She has had a second opinion at another hospital that confirmed the diagnosis, and treatment plan, which was Bone Marrow Transplant if donor available, or immune therapy if no donor found.

VAERS ID: 1437491 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Missouri

Vaccinated: 2021-05-15

Onset: 2021-05-16

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0177 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood test, Chest X-ray normal, Chest pain, Computerised tomogram abnormal, Dyspnoea, Electrocardiogram normal, Fibrin D dimer increased, Lymphadenopathy

SMQs: Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Birth Control (Yaz), Benadryl

Current Illness: No

Preexisting Conditions: Migraines

Allergies: Penicillin

Diagnostic Lab Data: Chest X-ray, EKG, Blood work, CT Scan, D-Dimer test

CDC Split Type: vsafe

Write-up: She had the vaccine on 5/16 around 10:00am. The symptoms started at 5:00pm on 5/16 exp extreme sharp chest pains with difficulty breathing. We did give her Tylenol for pain for sharp pain around 7 pm started to come back. She was taken to ER to make sure it was not related to the vaccine. At the ER she had Chest X-rays, EKG, Bloodwork and her D-Dimer test was elevated she had a CT scan done showed swollen lymph nodes on (left arm)no problems with her heart. We was told to follow up with pcp told to continue to watch her for myocarditis. She has a follow up Sonogram scheduled on 7/16 to ensure the swelling of the lymph nodes has went down.

VAERS ID: 1438281 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Arizona

Vaccinated: 2021-05-12

Onset: 2021-06-02

Days after vaccination: 21

Submitted: 0000-00-00

Entered: 2021-06-30

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW 8735? / 2 AR / SYR

Administered by: Pharmacy Purchased by: ?

Symptoms: Brain natriuretic peptide increased, Cardiac imaging procedure abnormal, Chest pain, Computerised tomogram normal, Computerised tomogram thorax, Dyspnoea, Echocardiogram abnormal, Ejection fraction decreased, Headache, Immunoglobulin therapy, Intensive care, Myocarditis, Neck pain, Oedema, Pallor, Troponin increased, Vomiting

SMQs:, Cardiac failure (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Myocardial infarction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: no

Allergies: NKDA

Diagnostic Lab Data: 6/2/21 (Chest CT scan): Medical Center – no pulmonary embolus Transferred to Hospital with chest pain with elevated troponin to 7.8, BNP of 175; presumed myocarditis post COVID Vaccine from 05/12/2021. 06/03/2021 (echo: Myocardial dysfunction with an LV ejection fraction of 35% 06/04/2021 (CMR: Epicardial and mid myocardial delayed enhancement of the inferior and inferolateral walls of the mid and basilar left ventricle consistent with myocarditis 06/05/2021 (echo: Myocardial dysfunction with an LV ejection fraction b/w 37–45% 06/07/2021 (echo: Myocardial improvement with an LV ejection fraction of 62%

CDC Split Type:

Write-up: On 06/02/2021, (23 days after vaccine) the patient and his identical twin brother were at dinner when patient had shortness of breath and chest pain. They brought the patient to Medical Center where a CT of the chest was performed to rule out a pulmonary embolus. No pulmonary embolus was identified and patient was transferred the patient via ambulance to Hospital to the intensive care unit. He was noted to have an elevated troponin, an elevated BNP and a left ventricular ejection fraction of 35%. He underwent a cardiac MRI on 06/04/2021 documenting delayed enhancement in the inferior and inferolateral walls of the left ventricle consistent with myocarditis. The patient's chest pain was quite severe and was

only relieved once he was in the intensive care unit at Hospital. He did well for 2-3 days and did not require inotropes but his troponin vacillated and his ejection fraction remain low. He was given IVIG non 06/05/2021 after his echo showed an ejection fraction between 37 in 45%. He subsequently developed headache emesis and neck pain. On hospital day 5, the father was quite concerned for his son and thought ?he was going to die?. The father shared pictures of the edematous, pale son that he took with his phone. He improved over the next 1-2 days and was discharged from the hospital with an ejection fraction on 06/07/21 of 62%.

VAERS ID: 1440495 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New Mexico

Vaccinated: 2021-06-09

Onset: 2021-06-11

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0180 / 1 LA / IM

Administered by: Private Purchased by: ?

Symptoms: Chest X-ray normal, Chest pain, Echocardiogram,  
Echocardiogram abnormal, Pericardial effusion, Pyrexia, Troponin I  
normal

SMQs:, Neuroleptic malignant syndrome (broad), Systemic lupus  
erythematosus (broad), Anticholinergic syndrome (broad),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(broad), Haemodynamic oedema, effusions and fluid overload (narrow),  
Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: no

Preexisting Conditions: morbid obesity

Allergies: no

Diagnostic Lab Data: ECHO troponin 1 < 0.017 cxray no acute findings

CDC Split Type:

Write-up: Two day after his 1st covid-19 vaccine, he experienced CP  
and fever and was taken to ER where a bedside US showed possible

pericardial effusion. He was hospitalized overnight and an ECHO showed mild pericardial effusion. He was otherwise well, sent home on 10 day course of scheduled ibuprofen with f/u with cardiology in 2 weeks. When I saw him 9 days later he was asymptomatic.

VAERS ID: 1440803 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Georgia

Vaccinated: 2021-06-27  
Onset: 2021-06-29  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0167 / 1 - / SYR		
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0190 / 2 - / SYR		

Administered by: Pharmacy Purchased by: ?

Symptoms: Cardiac imaging procedure abnormal, Chest pain, Echocardiogram normal, Myocardial oedema, Neck pain, Troponin increased

SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/30/21 echo: Normal biventricular function  
7/2/21 cardiac MRI (without contrast): Evidence of myocardial edema but unable to make formal diagnosis of myocarditis as family declined contrast

CDC Split Type:

Write-up: Patient presented on 6/30 to the ER after going to PCP for chest pain and neck pain. Had received second dose of Pfizer vaccine on 6/27/21. Was found to have a troponin of 6 and echo with normal cardiac function.



VAERS ID: 1440887 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-06-11  
Onset: 2021-06-12  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-01

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0217 / 2 UN / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Blood creatine phosphokinase MB increased, Blood immunoglobulin M, Body temperature increased, Chest X-ray normal, Chest pain, Echocardiogram normal, Electrocardiogram ST segment elevation, Electrocardiogram T wave normal, Electrocardiogram repolarisation abnormality, Headache, Intensive care, Myalgia, Mycoplasma test positive, Myocarditis, Pericarditis, SARS-CoV-2 test negative, Sinus rhythm, Troponin increased

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 6/14/21 - EKG SINUS RHYTHM EARLY REPOLARIZATION [ST ELEVATION WITH NORMALLY INFLECTED T-WAVE] NORMAL AXIS, INTERVALS, and VOLTAGES SARS CoV 2 (ID Now) Negative Troponin iSTAT 6/14 10:19 - 2.81 ng/mL HI 6/14 17:49 - 5.09 ng/mL HI 6/14 23:51 - 5.08 ng/mL HI 6/15 06:01 - 3.05 ng/mL HI 6/15 18:04 - 2.86 ng/mL HI CKMB 6/14 1019 - 33.9 ng/mL HI Chest x-ray negative 6/15 Mycoplasma

IgM Positive

CDC Split Type:

Write-up: Patient is 17yo previously healthy male that presented to the ED due to a 3-day hx of chest pain in the setting of acutemyopericarditis secondary to the second dose of Pfizer COVID vaccine. On Friday, patient was vaccinated with the second dose of Pfizer COVID vaccine. On Saturday night, he started presenting with headaches, myalgia, a temperature of 100.0F, and chest pain. Such pain is sharp, mid-sternal, non-radiating, a 7/10 at it's worse, and worsened by lying down. For the chest pain he has been taken Tylenol 500mg and Ibuprofen 400mg as needed, with minimal improvement. The next day, his headache, myalgia, and high temperature resolved but he persisted with the chest pain. Today, he took Tylenol 500mg at 7:20am with minimal improvement. Due to persistent chest pain, he presented to our ED. Overall, he denies any UR sxs, trauma, SOB, emesis, diarrhea, abdominal pain, sick contacts at home, and known COVID-19 exposure. Denied any family history for sudden cardiac death, congenital heart disease, or arrhythmia. Currently not taking any medications. No known allergies. VUTD. In the ED, CXR normal. Troponins elevated to 2.8. EKG with sinus rhythm, ST elevation with normally inflected T wave, and normal axis, intervals, and voltages. COVID ID now negative. He was given one dose of Ibuprofen at 11:30am with chest pain improvement to 2/10. In CICU, the patient arrived at RA, hemodynamically stable, with good pulses, cap refill less than 2 secs, and chest pain 2/10. During his hospital course, troponin uptrended to a maximum of 5.09. Repeat level in the afternoon with consistent downtrend at 2.86. EKG with ST elevations consistent with pericarditis but hemodynamically stable, with good pulses, cap refill less than 2 secs, and no chest pain. Echo with no structural abnormalities, no significant valvar dysfunction, and normal LV systolic function. CXR on 06/14 normal and in no respiratory distress. Pain management controlled with ibuprofen 600mg q8hrs and Tylenol PRN. Currently with no chest pain. Mycoplasma IgM and IgM and RPP pending and will be followed as an outpatient. Physical exam unremarkable. Will follow up with Dr. on 06/25/2021. Advised patient and family to refrain from strenuous exercise for 2 weeks and no sports for 3-6 months.

VAERS ID: 1446606 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: California

Vaccinated: 2021-05-01

Onset: 2021-06-30

Days after vaccination: 60

Submitted: 0000-00-00

Entered: 2021-07-04

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Myocarditis, Troponin I increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: NKA  
Diagnostic Lab Data: Troponin I 7.67 (7/2/2021), 3.40 (7/3/2021), 0.5 (7/4/2021)  
CDC Split Type:  
Write-up: Chest pain, elevated troponin levels, acute myopericarditis

VAERS ID: 1446609 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: California

Vaccinated: 2021-04-15  
Onset: 2021-04-15  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-04

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0164 / 1 LA / SYR

Administered by: Public Purchased by: ?

Symptoms: Blood test, Gastrointestinal examination, Hot flush, Nausea, Neurological examination, Psychiatric evaluation, Thyroid function test, Urine analysis, Vomiting

SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes

Hospitalized? No  
Previous Vaccinations:  
Other Medications: Wellbutrin  
Current Illness: none  
Preexisting Conditions: none  
Allergies: nka  
Diagnostic Lab Data: She has had blood tests, urine tests, thyroid tests, GI tests, neurologist visits, psychiatric visits and has tried more meds than I can list. Nothing is working. Been to the ER and the doctors office. Numerous interactions with a whole team of docs. No conclusions as to cause and no relief.  
CDC Split Type:  
Write-up: Threw up at 6pm that night. Felt OK for a few days and then has suffered from extreme nausea and heat flashes ever since.

VAERS ID: 1447335 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: California

Vaccinated: 2021-05-12  
Onset: 2021-05-20  
Days after vaccination: 8  
Submitted: 0000-00-00  
Entered: 2021-07-05  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW01383 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Acoustic stimulation tests abnormal, Deafness unilateral, Sudden hearing loss  
SMQs:, Hearing impairment (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions:  
Allergies: None  
Diagnostic Lab Data: Dr has all the hearing tests and office notes  
CDC Split Type:  
Write-up: Sudden right sided ear deafness 9 days after second dose

VAERS ID: 1454051 (history)  
Form: Version 2.0  
Age: 17.0

Sex: Male  
Location: Texas

Vaccinated: 2021-07-01

Onset: 2021-07-04

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-07

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / SYR

Administered by: Private Purchased by: ?

Symptoms: Chest pain, Electrocardiogram ST segment abnormal,  
Electrocardiogram ST segment elevation, Electrocardiogram T wave  
inversion, Myocarditis, Troponin I increased, Troponin increased  
SMQs:, Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Other ischaemic heart disease (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia  
(broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: Pencillins

Diagnostic Lab Data: Troponin I 5.158 on 7/4/2021 ECG with ST  
abnormality and T wave inversion in inferior leads, ST elevation in  
lateral leads on 7/5/21

CDC Split Type:

Write-up: Patient developed chest pain and was found to have  
elevated troponin and ECG changes consistent with myocarditis. Was  
admitted and observed on telemetry and given scheduled NSAIDs and  
troponin trended. Symptoms resolved and troponin improved however  
remained elevated and patient was discharged with 1 week follow up  
and cardiac MRI ordered.

VAERS ID: 1454787 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Florida

Vaccinated: 2021-05-14

Onset: 2021-05-15

Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-07  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / UNK - / -  
Administered by: Other Purchased by: ?  
Symptoms: Bradycardia  
SMQs:, Arrhythmia related investigations, signs and symptoms (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: No  
Current Illness: No  
Preexisting Conditions: CP  
Allergies: No  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Bradycardia

VAERS ID: 1457392 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: North Carolina

Vaccinated: 2021-07-02  
Onset: 2021-07-07  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-07-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Acute myocardial infarction, Chest discomfort, Chest pain,  
Echocardiogram, Electrocardiogram PR interval, Electrocardiogram QRS  
complex shortened, Electrocardiogram QT interval, Electrocardiogram  
ST segment elevation, Electrocardiogram T wave abnormal,  
Electrocardiogram abnormal, Electrocardiogram repolarisation  
abnormality, Limb discomfort, Myocardial infarction, Myocarditis,  
Pain, Sinus bradycardia, Troponin increased, Vaccination  
complication  
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic  
reaction (broad), Myocardial infarction (narrow), Arrhythmia related  
investigations, signs and symptoms (narrow), Disorders of sinus node

function (narrow), Conduction defects (narrow), Embolic and thrombotic events, arterial (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: doxycycline 20mg po bid multivitamin chewable daily melatonin 2.5mg po daily

Current Illness: none

Preexisting Conditions: none

Allergies: cefdinir (nausea)

Diagnostic Lab Data: JULY 7th, 2021 troponin 7.66 EKG-sinus bradycardia, Vent. Rate : 059 BPM Atrial Rate : 059 BPM P-R Int : 128 ms QRS Dur : 088 ms QT Int : 382 ms P-R-T Axes : 022 084 047 degrees QTc Int : 378 ms Sinus bradycardia Septal infarct , age undetermined ST elevation, consider early repolarization, pericarditis, or injury Abnormal ECG No previous ECGs available Nonspecific T wave abnormality

CDC Split Type:

Write-up: History of Present Illness 17-year-old male who denies any major medical problems presents to the ER concern for chest pain. The patient states that he stayed up all night and he woke up this morning around 12:30 p.m., around 1 hour prior to arrival and he was having a tightness in his chest. The tightness is constant, seems to go down his left arm. He has never had this happen before. He received his Pfizer vaccination for COVID-19 on Friday of last week and he feels like he has had some aches since that time. He has been taking Motrin for this and this morning he also took Motrin but there is no significant relief. He has no significant shortness of breath, no nausea vomiting, no diaphoresis. I spoke with him privately and he denies any history of cocaine abuse. Per his mother he has healthy, no major medical problems. He has not recently had any other concerns or recent review systems. No history of having blood clots or DVTs. Medical Decision Making: History examination as above. Patient presents our concern for tightness in his chest with some radiation to his left arm over the past 1 hour. His EKG does show J-point elevation but he has no risk factors, he is hemodynamically stable well-appearing on examination. He has no shortness of breath, nausea, diaphoresis. Differential includes myopericarditis, early repolarization. Feel that the likelihood of STEMI, ACS is low. Will obtain a troponin as a part of his workup, chest x-ray for evaluation of cardiac silhouette size, bedside ultrasound. I do not suspect that he has a PE. He has no tachycardia

tachypnea hypoxia. No external findings of suggest a DVT on examination. I do not suspect that he has cardiac tamponade, CHF, pulmonary process such as pneumothorax, pneumonia based on his history. Do not suspect a GI etiology. Will monitor closely here in the ER and re-evaluate. Time 2:30 p.m.. The patient's troponin is elevated at 7. I consult with Cardiology and I spoke with Dr- we reviewed the patient's EKG, his presentation, his history. He feels this is secondary to myocarditis from likely the COVID-19 vaccination. I have added a viral PCR as well as a part of his workup. He does not recommend activation the cath lab, he does not feel this is a STEMI. I do agree based on the history and the patient's appears this time. He recommended a formal echocardiogram as well. -I spoke with the ultrasound technician at bedside and there is no evidence of wall motion abnormality. This is consistent with my examination. -given the patient's elevated troponin we do not have capabilities of caring for him here. Not have Pediatric Cardiology, we do not have a PICU if the patient's condition were to worsen. There for the patient requires transfer to tertiary center. -will consult with another hospital for transfer. Time 3:22 p.m.. I spoke with Dr, he accepts for transfer. No recommendations for medications at this time. The patient is chest pain-free, hemodynamically stable. Spoke with the ultrasound technician there is no evidence of cardiac wall abnormality, pending official interpretation with our cardiologist. -asked for emergent transfer because I do not want the pain to be waiting here in the ER with possible worsening condition, worsening troponin elevation without cardiology consultation at a pediatric specific hospital. I do not want him to have the chance of deteriorating at this facility and therefore I do feel that he warrants emergent transfer as opposed to routine where he could wait here in the ER for hours. I do feel that benefits outweigh the risk and I spoke with the patient and his family about this and they agree. Critical Care: 55 minutes. Emergent evaluation on presentation given his EKG showing STEMI per computer interpretation. Time spent for multiple re-evaluations, discussion with Cardiology and outside hospital consultants, time spent with documentation. Time spent with family. Complex medical decision making. Serious life threatening disease process. Potential for death and increased morbidity. Exclusive of procedure time.

VAERS ID: 1457457 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-05-07  
Onset: 2021-07-05  
Days after vaccination: 59  
Submitted: 0000-00-00  
Entered: 2021-07-08  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / -  
Administered by: School Purchased by: ?



Symptoms: Chest pain, Diarrhoea, Myocarditis, Troponin  
SMQs:, Pseudomembranous colitis (broad), Gastrointestinal  
nonspecific symptoms and therapeutic procedures (narrow),  
Cardiomyopathy (broad), Noninfectious diarrhoea (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin  
CDC Split Type:  
Write-up: Diarrhea, chest pain w/myocarditis

VAERS ID: 1457665 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Mississippi

Vaccinated: 2021-03-01  
Onset: 2021-06-19  
Days after vaccination: 110  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		- / 1 RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		- / 2 LA / IM

Administered by: Public Purchased by: ?  
Symptoms: Glycosylated haemoglobin increased, Hyperglycaemia  
SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none

Current Illness: none  
Preexisting Conditions: none  
Allergies: NKDA  
Diagnostic Lab Data: normal lab in december A1C13.2 in June  
CDC Split Type:  
Write-up: hyperglycemia

VAERS ID: 1458469 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-07-03  
Onset: 2021-07-05  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EY0584 / 1 UN / IM

Administered by: Private Purchased by: ?

Symptoms: C-reactive protein normal, Chest pain, Dizziness,  
Dyspnoea, Echocardiogram abnormal, Electrocardiogram ST segment  
elevation, Muscular weakness, Myocarditis, Red blood cell  
sedimentation rate increased, SARS-CoV-2 test negative, Troponin  
increased, Vomiting

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction  
(broad), Acute pancreatitis (broad), Peripheral neuropathy (broad),  
Myocardial infarction (narrow), Anticholinergic syndrome (broad),  
Acute central respiratory depression (broad), Pulmonary hypertension  
(broad), Guillain-Barre syndrome (broad), Noninfectious  
encephalopathy/delirium (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Cardiomyopathy  
(broad), Vestibular disorders (broad), Drug reaction with  
eosinophilia and systemic symptoms syndrome (broad), Immune-  
mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: COVID-19 positive on 6/6/21, asymptomatic, tested  
negative on 6/21/21

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 07/07/21 - ESR 22, CRP 0.5, Troponin 0.626

(peaked at 5.67 on 7/7/21), EKG with ST segment elevation. COVID-19 negative. Normal ECHO.

CDC Split Type:

Write-up: Patient is a 17 year old male with only past medical history of anemia at 1 year of age (resolved with iron and vit C supplementation), who presented to an Hospital on 7/7/21 with 2 days of chest pain radiating to his L arm, generalized upper extremity weakness, SOB, vomiting, found to have an elevated troponin level of 0.626 with ST segment elevation on EKG, echo reportedly normal. Patient reportedly tested positive for COVID-19 on 6/6 and subsequently went into quarantine, was re-tested on 6/21 and tested negative. He arrived on 6/28 and received his 1st dose of Pfizer COVID-19 vaccine on 07/03/21. Of note, he was told he might feel dizziness and arm achiness after the vaccine but denies he was informed about possible inflammation of or around the heart after the vaccine. On 7/5 he was awakened in the morning by chest pain 6/10 and shortness of breath that started in the right lower sternal border and progressively moved to the left lower sternal border and then to his L shoulder and arm which he describes as feeling like he had been "punched" or a constant achy feeling. He took Tylenol x1 on Monday with minimal improvement. He initially thought it was reflux pain and took tums but it did not improve. He had one hour of relief but then the pain returned. He reportedly felt dizzy Monday evening as well. The pain was absent on Tuesday, but he woke up this morning again with the same chest pain and shortness of breath, prompting him to seek medical attention. In the outside ED, he had one NBNB emesis that was not preceded by nausea. En route from Hospital to Hospital he complained of chest pain 7/10 for which he was placed on 2L O2 which reduced the pain to 4/10. During his admission his troponin levels initially up trended and peaked at 5.67 before beginning to downtrend. He was diagnosed with myopericarditis and started on ibuprofen three times a day around the clock. He was discharged home on 7/8 with specific return precautions, follow-up appointment with cardiology, and strict instructions to avoid exercising and strenuous exercising until cleared by cardiology.

VAERS ID: 1460158 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Maryland

Vaccinated: 2021-06-30

Onset: 2021-07-03

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-09

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 2 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Adenovirus test, Blood thyroid stimulating hormone normal, Blood triglycerides normal, Cardiac imaging procedure abnormal, Chest discomfort, Chest pain, Cocksackie virus test negative,

Cytomegalovirus test negative, Echocardiogram, Ejection fraction, Electrocardiogram ST segment elevation, Epstein-Barr virus test negative, Herpes simplex test negative, Magnetic resonance imaging heart, Myocarditis, Prohormone brain natriuretic peptide increased, Thyroxine free normal, Troponin increased  
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Troponins peaked at 14 . Negative HSV, EBV, Coxsackie, CMV, adenovirus. TSH, free T4, triglycerides wnl. Pro-BNP elevated to 224. Cardiac MRI: IMPRESSION: 1. Subepicardial delayed gadolinium enhancement of the left ventricular inferolateral wall which is characteristic of myocarditis. 2. Normal size and function of the left ventricle. LVEF = 56%.

CDC Split Type:

Write-up: COVID vaccine-associated myocarditis. 3 days after his second Pfizer COVID vaccine, pt presented for chest pain and pressure. Troponin was initially elevated to 4.2, EKG showed ST elevations in lateral leads. Over the course of his stay, troponin dropped, then rose to peak of 14, then dropped again. He was treated with Naproxen 500 mg BID and Pepcid 20 mg BID for gastroprotection. As chest pain resolved, troponins improved, and EKGs improved. Echo and Cardiac MRI were done.

VAERS ID: 1463684 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Washington

Vaccinated: 2021-04-29

Onset: 2021-06-29

Days after vaccination: 61

Submitted: 0000-00-00

Entered: 2021-07-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0173 / 1 - / IM

Administered by: Unknown Purchased by: ?

Symptoms: Blood culture negative, CSF test abnormal, Electroencephalogram abnormal, Headache, Hemiplegia, Hemiplegic migraine, Mental status changes, Migraine without aura, Nervous system disorder, Pleocytosis, Toxicologic test normal, Viral test negative, Vomiting

SMQs: Acute pancreatitis (broad), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: unknown

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: CSF evaluation initially with pleocytosis, then normalized. Meningitis panel negative. Blood culture negative. EBV, CMV, bartonella, toxo pending. Tox screen negative.

CDC Split Type:

Write-up: Patient presented with altered mental status, hemiplegia, headache and vomiting. Initially concerning for viral meningitis. Symptoms improved and then recurred 2 more times prompting further evaluation. Symptoms consistent with atypical hemiplegic migraine or atypical migraine. EEG with hemispheric slowing.

VAERS ID: 1464592 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Arizona

Vaccinated: 2021-07-08

Onset: 2021-07-11

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-12

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EW0196 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Echocardiogram, Ejection fraction decreased,  
Electrocardiogram, Laboratory test, Myocarditis, Troponin increased  
SMQs:, Cardiac failure (narrow), Myocardial infarction (narrow),  
Cardiomyopathy (narrow), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: none  
Diagnostic Lab Data: EKG, ECHO, Troponin, Labs  
CDC Split Type:  
Write-up: Myocarditis with elevated Troponin and Low-normal Ejection  
Fraction

VAERS ID: 1464677 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New York

Vaccinated: 2021-07-07  
Onset: 2021-07-07  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
WAG3859 / 2 AR / IM

Administered by: Private Purchased by: ?  
Symptoms: Back pain, Blood calcium normal, Blood magnesium normal,  
Blood phosphorus normal, Chest pain, Chills, Dyspnoea,  
Echocardiogram normal, Electrocardiogram ST segment elevation,  
Electrocardiogram repolarisation abnormality, Full blood count  
abnormal, Influenza like illness, Intensive care, Leukocytosis,  
Metabolic function test normal, Myocarditis, Nausea, Oropharyngeal  
pain, Pain in extremity, Pyrexia, Troponin increased, Vomiting  
SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic  
reaction (broad), Acute pancreatitis (broad), Haematopoietic  
leukopenia (broad), Neuroleptic malignant syndrome (broad),  
Myocardial infarction (narrow), Anticholinergic syndrome (broad),  
Arrhythmia related investigations, signs and symptoms (narrow),

Conduction defects (narrow), Retroperitoneal fibrosis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Whey Protein

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: PT is a 17 y/o previously healthy boy who presented with 3 days of moderate-severe, substernal chest pain, dyspnea, and nausea 2 days after receiving the 2nd dose of the Pfizer COVID-19 vaccine found to have elevated troponins at 3.36 and ST elevation, probably early repolarization on EKG consistent with perimyocarditis. 7/11 Cardiac ECHO showed "Normal biventricular systolic function. No pericardial effusion." He was initially admitted to the PICU. His initial CBC showed a mild leukocytosis with normal BMP, Ca, Mg, and Phos. Troponins were trended q8h and were downtrending (1.59 ← 2.91 ← 3.36) at the time of discharge. - He remained asymptomatic and hemodynamically stable throughout his entire admission and his physical exam at the time of discharge was significant for "Regular rate and rhythm; normal S1/S2. No murmurs, rubs, or gallops. Capillary refill <2 seconds. 2+ Radial pulses. No tibial edema present."

CDC Split Type:

Write-up: PT is a 17 y/o previously healthy boy who presents with 3 days of moderate-severe, substernal chest pain, dyspnea, and nausea 2 days after receiving the 2nd dose of the Pfizer COVID-19 vaccine. On Tuesday (7/6), PT received the second Pfizer COVID-19 vaccine. The following day (Wednesday 7/7) PT had "flu-like symptoms" with chills, subjective fever, and a sore arm that resolved by Thursday (7/8). He was back to his baseline state of health on Thursday (7/8) and felt fine that whole day. On Friday afternoon (7/9) when he was at work washing dishes where he had some physical exertion he began to notice at 16:30-17:00 that he developed substernal, sharp, 7/10 chest pain that did not radiate, improve/worsen with deep breaths, sitting up, laying down or with movement of his upper extremities. It worsened towards the end of the night and peaked at 8/10 by 22:00-23:00 that same evening. His sister picked him up from work per his regular routine and he went home and took a shower which

improved the pain to a 5-6/10 when he went to sleep. He woke up at 3 AM on Saturday (7/10) AM and had one episode of NBNB emesis associated with the chest pain. When he woke up later that morning he felt improved until 10-12 AM he developed mild chest pain again which he took Tums for. He also tried Motrin which did not help his pain at all. On the morning of admission (7/11), he woke up at 6-7 AM with upper right back pain, dyspnea, and nausea along with the persistent chest pain which prompted him to present to MFSH. He does endorse mild sore throat but denies any fevers, recent sick contacts, known COVID-19 exposure or previous history of COVID-19. There is a family history of cardiac disease including a fatal MI in his father. His mother's family also has a history of heart disease and both sides have a history of high cholesterol. He did add Whey Protein recently to his diet to for muscle building, but he DENIES any drug, alcohol, tobacco, vaping, marijuana, THC use. He does not play any sports regularly. He also denies any recent bug/tick bites or rashes.

VAERS ID: 1464846 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Arizona

Vaccinated: 2021-04-14  
Onset: 2021-05-01  
Days after vaccination: 17  
Submitted: 0000-00-00  
Entered: 2021-07-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER2613 / 2 - / IM

Administered by: Other Purchased by: ?

Symptoms: Anticoagulant therapy, Chest pain, Cough, Deep vein thrombosis, Haemoptysis, Intensive care, Pain in extremity, Peripheral swelling, Positron emission tomogram abnormal, Pulmonary embolism, Skin discolouration, Thrombosis  
SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes



ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 5 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: NKMA  
Diagnostic Lab Data: See above Can contact mother for more information.  
CDC Split Type:

Write-up: First vaccine 3/24/21 Second vaccine 4/14/21 In early may, mom can't remember date, patient c/o left leg and foot pain. Went to podiatrist - no diagnosis made - was told to monitor. Mid to late May developed dry cough. Not seen for this. On June 10 taken to ED lower left leg extremely painful and swollen and mom reported discoloration to back of leg. Diagnosed with DVT and put on blood thinner Xeralto and discharged. A week later went to hematologist who said to continue Xeralto and monitor. A week after seeing Dr. and two weeks after initial ED visit, on a Wednesday, patient started to cough up blood. Went back to Dr. and patient was taken off of Xeralto. PE scan ordered. The next day patient developed chest pain and went to ED. PE scan done and diagnosed with two PE's on right lung. Was informed had six blood clots in lower left leg. Admitted to ICU. Was an inpatient for 5 days then discharged. Now patient is taking Lovenox injections twice daily.

VAERS ID: 1465574 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Texas

Vaccinated: 2021-07-12  
Onset: 2021-07-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-12

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0175 / 1 LA / IM

Administered by: School Purchased by: ?  
Symptoms: Anxiety, Dyspnoea, Heart rate increased, Hypoaesthesia  
SMQs: Anaphylactic reaction (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypoglycaemia (broad), Dehydration (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No

Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data:  
CDC Split Type:

Write-up: At 2:25pm patient c/o SOB, increasing heart rate, hard to breathe, numbness all over body, and high level anxiety. Nurse took his blood pressure and tried to help patient stabilize his breathing in brown bag. Requested EMS immediately and patient was transported to hospital. HR: 170 BP: 150/100 Resp: 26

VAERS ID: 1466592 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-07-08  
Onset: 2021-07-10  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH FA6780 / 2	LA / IM	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0817 / 1	LA / IM	

Administered by: Pharmacy Purchased by: ?

Symptoms: Aspartate aminotransferase increased, Blood cholesterol increased, Blood triglycerides normal, Brain natriuretic peptide increased, Chest discomfort, Chest pain, Dyspnoea, Echocardiogram, Electrocardiogram abnormal, Glycosylated haemoglobin, High density lipoprotein normal, Intensive care, Malaise, Non-high-density lipoprotein cholesterol, Rash, SARS-CoV-2 antibody test positive, Troponin increased, Urticaria, Vomiting

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Dyslipidaemia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Lipodystrophy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad),

COVID-19 (narrow)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications: Desmopressin intranasal prn for bleeds Epi Pen  
prn allergic reaction Allegra 180mg once daily Luvox 200mg (2 x  
100mg tabs) at bedtime daily Ibuprofen prn pains/headaches  
Minocycline 100mg Q12H (for acne) Singulair 10mg at bedtime  
Current Illness: nothing in past 30 days In past 60 days however,  
mom and stepdad in household had COVID (2nd infection - they did not  
get tested but on-call physician felt fit all symptoms of delta  
variant type infection so to self-treat at home). Patient was  
exposed but not known whether he may have had it or not. Did have  
cold like symptoms and was quarantined in case, but not officially  
tested.

Preexisting Conditions: Morbid Obesity Von Willebrand Disease Mixed  
OCD Anxiety

Allergies: Fish Perfume Shellfish Penicillins Sulfa Antibiotics  
Diagnostic Lab Data: Troponins being trended. Initial 1708 on 7/10  
@2020, highest = 2166 7/11 @0300. Trended down after except for a  
bump again on 7/13 @0559 = 1399 from lowest of 947 on 7/12 @1400.  
7/10 BNP = 309, 7/11 = 558 7/11 AST - 142 7/11 Cholesterol Panel:  
Total = 117, Triglycerides = 114, HDL = 35, LDL = 59, Non HDL = 82  
A1C 7/11 = 5.4 ECHO and various EKG's performed throughout stay.  
SARS COV-2 Antibody - POSITIVE on 7/11

CDC Split Type:

Write-up: Patient is currently admitted to the ICU since 7/10/21  
with potential post-vaccination myocarditis with associated troponin  
elevation and EKG changes. Initial symptoms included chest pain  
(pressure type), shortness of breath, vomiting, and generally not  
feeling well. Rash was noted by mom on his abdomen that became full  
body hives and welts (this has now improved). Cardiology is  
consulted in addition to primary intensivist team. He has been  
improving from a clinical stability standpoint, is hemodynamically  
stable now, but is still currently admitted and being monitored.

VAERS ID: 1466636 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Unknown

Vaccinated: 2021-07-10  
Onset: 2021-07-12  
Days after vaccination: 2  
Submitted: 0000-00-00

Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 2 - / -

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Myocarditis

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Chest pain-- suspected myocarditis

VAERS ID: 1466661 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Iowa

Vaccinated: 2021-04-12

Onset: 2021-04-22

Days after vaccination: 10

Submitted: 0000-00-00

Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8734 / 1 LA / SYR

Administered by: Public Purchased by: ?

Symptoms: Anxiety, Condition aggravated, Decreased appetite,  
Depression, Nausea, Suicide attempt

SMQs:, Acute pancreatitis (broad), Suicide/self-injury (narrow),  
Gastrointestinal nonspecific symptoms and therapeutic procedures  
(narrow), Depression (excl suicide and self injury) (narrow),

Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 2 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: Lamictal, Fymbalapa, and Seroquel  
Current Illness: none  
Preexisting Conditions: Hypersensitivity to medications and asthma  
Allergies: Aspirin, Latex, Bication , Ativan, Vistaril, Cockroaches,  
and Feathers  
Diagnostic Lab Data:  
CDC Split Type: vsafe  
Write-up: On April 22nd he said it felt like a switch turned off in  
his head . His depression and anxiety got worse. He didn't eat for  
a week and was always nauseated. He is going through therapy. Has  
gone to the ER twice for trying to attempt suicide. Mother said he  
has not been the same since he got the shot.

VAERS ID: 1470637 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Alabama

Vaccinated: 2021-07-14  
Onset: 2021-07-14  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0196 / 1 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Cough, Rash, Throat irritation  
SMQs:, Anaphylactic reaction (narrow), Oropharyngeal conditions  
(excl neoplasms, infections and allergies) (narrow),  
Hypersensitivity (narrow), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications: Unknown  
Current Illness: None reported  
Preexisting Conditions: No  
Allergies: None reported per mother

Diagnostic Lab Data: N/A  
CDC Split Type:  
Write-up: Rash within minutes that led to coughing uncontrollably  
and her throat felt "weird"

VAERS ID: 1474998 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Texas

Vaccinated: 2021-05-21  
Onset: 2021-06-04  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-07-15  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
CW01E6 / 2 RA / IM  
Administered by: Pharmacy Purchased by: ?  
Symptoms: Angiogram pulmonary abnormal, Pulmonary embolism  
SMQs:, Embolic and thrombotic events, venous (narrow), Pulmonary  
hypertension (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: CTA 6/29/2021  
CDC Split Type:  
Write-up: Patient Develop a Pulmonary Embolism

VAERS ID: 1481595 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Alaska

Vaccinated: 2021-06-03  
Onset: 2021-06-17  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-07-17  
Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0179 / 1 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase increased, Chest pain,  
Hyperventilation, Immediate post-injection reaction, Myalgia,  
Rhabdomyolysis  
SMQs:, Rhabdomyolysis/myopathy (narrow), Anaphylactic reaction  
(broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome  
(broad), Myocardial infarction (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Eosinophilic pneumonia (broad), Hypersensitivity (narrow),  
Tendinopathies and ligament disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: none  
Current Illness: none  
Preexisting Conditions: none  
Allergies: penicillin  
Diagnostic Lab Data: Peak creatinine kinase 20,167  
CDC Split Type:  
Write-up: Immediately after administration, he started taking deep  
breaths and holding his chest with chest pain. He then lay down on  
the exam table and symptoms improved in a few minutes. 14 days  
later, on 6/17/2021, he developed severe muscle pain and was  
hospitalized two days later on 6/19/2021 for rhabdomyolysis.  
Discharged 6/22/2021 from Medical Center. He is an active athlete,  
plays alot of basketball and lifts weights. This was his first  
episode of rhabdomyolysis.

VAERS ID: 1484829 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Kentucky

Vaccinated: 2021-06-29  
Onset: 2021-07-17  
Days after vaccination: 18  
Submitted: 0000-00-00  
Entered: 2021-07-19

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / IM  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Myocarditis

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Perimyocarditis requiring hospitalization. Treatment with colchicine and ibuprofen. Hemodynamically stable and discharged after a day of monitoring. Presented due to refractory chest pain originally.

VAERS ID: 1493165 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Florida

Vaccinated: 2021-05-14

Onset: 2021-05-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-22

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / UNK - / -

Administered by: Public Purchased by: ?

Symptoms: Bradycardia, SARS-CoV-2 test negative

SMQs:, Arrhythmia related investigations, signs and symptoms (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No



Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Cerebral palsy  
Allergies:  
Diagnostic Lab Data: Test Name: Covid test; Test Result: Negative  
CDC Split Type: USPFIZER INC2021855427  
Write-up: Bradycardia; This is a spontaneous report from a contactable consumer. A 17-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration on 14May2021 16:00 (Batch/Lot number was not reported) as dose number unknown, single for covid-19 immunisation in public health clinic/facility. Medical history included cerebral palsy. The patient's concomitant medications were none. The patient experienced bradycardia (hospitalization, disability, life threatening) on 15May2021 08:00 with outcome of recovering. The patient was hospitalized for bradycardia (bradycardia) for 3 days. The patient underwent lab tests and procedures which included sars-cov-2 test negative: negative. Therapeutic measures were taken as a result of bradycardia as Fluid and enema. Doctor or other healthcare professional office/clinic visit and Emergency room/department or urgent care visit required. Information on the lot/batch number has been requested.

VAERS ID: 1494141 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Florida

Vaccinated: 2021-07-18  
Onset: 2021-07-19  
Days after vaccination: 1  
Submitted: 0000-00-00  
Entered: 2021-07-22  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EY0584 / 2 LA / IM  
Administered by: Private Purchased by: ?  
Symptoms: Blood creatine phosphokinase increased, Chest pain, N-terminal prohormone brain natriuretic peptide increased, Pain, Troponin  
SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: None  
Current Illness: None  
Preexisting Conditions: None  
Allergies: None  
Diagnostic Lab Data: Troponin of 1.75, proBNP 333, CK 1010  
(7/22/2021)  
CDC Split Type:  
Write-up: Chest pain (retrosternal with left side radiation, then becoming more generalized) 1 day following vaccine administration

VAERS ID: 1498001 (history)

Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New Hampshire

Vaccinated: 2021-07-15  
Onset: 2021-07-17  
Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 2 - / IM

Administered by: Private Purchased by: ?  
Symptoms: Adenovirus test, Anion gap normal, Antibody test, Anticoagulant therapy, Band neutrophil percentage increased, Basophil count decreased, Basophil percentage decreased, Blood calcium normal, Blood chloride normal, Blood creatinine normal, Blood electrolytes normal, Blood glucose normal, Blood lactate dehydrogenase increased, Blood magnesium increased, Blood phosphorus normal, Blood potassium increased, Blood sodium normal, Blood urea normal, Brain natriuretic peptide normal, C-reactive protein increased, C-reactive protein normal, Carbon dioxide normal, Cardiac telemetry normal, Chest X-ray normal, Chest pain, Cytomegalovirus test, Cytomegalovirus test negative, Dyspnoea, Echocardiogram abnormal, Electrocardiogram ST segment elevation, Electrocardiogram repolarisation abnormality, Enterovirus test, Eosinophil count decreased, Eosinophil percentage decreased, Epstein-Barr virus antibody, Epstein-Barr virus test negative, Fibrin D dimer normal, Full blood count normal, Haematocrit normal, Haemoglobin normal, Headache, Herpes simplex test, Hypokinesia, Immature granulocyte count increased, Immature granulocyte percentage increased, Immunoglobulin therapy, Influenza virus test negative, Laboratory test, Lymphocyte count decreased, Lymphocyte percentage decreased, Magnetic resonance imaging heart, Mean cell haemoglobin concentration normal, Mean cell haemoglobin normal, Mean cell volume normal, Mean platelet volume normal, Microbiology test, Monocyte count, Monocyte percentage, Mycoplasma test, Myocarditis, Neutrophil

count, Parvovirus B19 test, Platelet count normal, Pyrexia, Red blood cell count normal, Red blood cell nucleated morphology, Red blood cell sedimentation rate normal, Red cell distribution width normal, Respiratory syncytial virus test negative, Respiratory viral panel, SARS-CoV-2 antibody test positive, SARS-CoV-2 test negative, Serum ferritin normal, Stool analysis, Systolic dysfunction, Tachypnoea, Transaminases increased, Troponin T increased, Troponin increased, Urine analysis, Viral test, Wall motion score index normal, White blood cell count normal

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (narrow), Conduction defects (narrow), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Myelodysplastic syndrome (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: h/o asthma

Allergies: Penicillin

Diagnostic Lab Data: See above

CDC Split Type:

Write-up: \*\*Please note - we do not have access to the immunization registry and cannot provide lot numbers or exact dates\*\* Admission

Date/Time: 07/18/2021 18:23:00 Discharge Date/Time: 07/21/2021

12:53:15 Chief Complaint COVID vaccine myocarditis Patient Narrative

ILLNESS SEVERITY: The patient is returning to baseline, requires

assessment. PATIENT SUMMARY: Reason for Hospitalization: Chest pain

Admission HPI: a 17 year old young man with a remote history of

asthma (last used inhaler 5-6 years ago) who is presenting with 1

day chest pain in the setting of recent Pfizer Covid vaccination. He

received his second Pfizer vaccine dose 3 days ago. The following

day, he experienced low grade fever to 100.4 and mild headache. He

felt fine yesterday, but this morning he woke up with dyspnea and feeling like he "couldn't get air in all the way". He denied feeling chest pressure but endorsed mid sternal chest pain without radiation. The pain was not exacerbated by exercise and was not positional. He presented to an urgent care facility this morning, where they did an EKG that showed ST segment elevations diffusely. He was then transferred to Hospital. he was overall well appearing with slight tachypnea but otherwise normal vital signs. He initially was not endorsing chest pain. They drew a troponin that was elevated to 1515 ng/L with an upper limit of normal 54 (likely 1.5 on our scale). BNP, electrolytes, CBC were all within normal limits. Initial EKG did not have any ST segment elevation. They did a chest XR which did not show any signs of pulmonary edema or cardiomegaly. He later developed chest pain so an EKG was repeated which showed recurrence of the ST elevations diffusely; most prominently in V1-2. Repeat troponin was 2000. He was given a single dose of aspirin 81mg and transferred for further care. In the ED, he was well appearing and no longer endorsing chest pain. He was monitored on continuous telemetry with no abnormalities. His troponin here was 0.27 ng/mL, CRP was elevated to 2.6, he had a mild transaminitis of 41/37 and mildly elevated LDH to 236. Covid antibodies were positive. CBC, ferritin, d-dimer, ESR were all within normal limits, rapid Covid/flu/RSV negative. Repeat EKG was similar to the second EKG with very minimal ST-segment elevations. He denies any URI symptoms, rashes, N/V/D, and joint pain. He's had good PO intake until today. He is an athlete (currently playing baseball) and has never experienced chest pain with exercise. Surgical hx: T&A Family history: Negative for any cardiac pathology or autoimmune disease Allergies: rash with penicillin Social: here with grandma who is legal guardian Hospital Course: admitted to the cardiology floor for continued monitoring of his troponin levels and EKG. The morning after his admission, his troponin was uptrending slightly to 0.37 and echocardiogram showed mildly depressed systolic function and longitudinal strain, so the decision was made to treat. Cardiac MRI performed prior to treatment showed good systolic function but mild LV late gadolinium enhancement and corresponding hypokinesis. He received one time IVIG 2g/kg and IV methylprednisolone 30mg BID for 2 doses. His chest pain came and went throughout his admission and was treated with ibuprofen and Tylenol as needed. He was transitioned over to PO steroids on 7/20 which he tolerated well. On day of discharge, his troponin levels were trending down. Pt was scheduled for outpatient follow up including ECHO at that time. By time of discharge, patient was well-appearing, vitals stable, demonstrating good PO intake. Chest pain was fully resolved. Prescriptions sent to preferred pharmacy. Follow up with cardiology in place. Discharge instructions and return precautions reviewed with patient and parent, who expressed good understanding and agreement with plan. Reasons for new, changed, and discontinued medications: Prednisone for myocarditis to complete 5 day steroid course (last dose morning of 7/24) Famotidine (GI protection while taking prednisone) Reasons for new, changed, and discontinued equipment: NA Relevant Diagnostic Images/Studies: Echocardiogram 7/19: ? Technically difficult examination due to suboptimal echocardiographic windows. Unable to evaluate the atrial septum, systemic and pulmonary veins, pulmonary

arteries, and aortic arch. Coronary artery dilation is not excluded. ? Normal valvular function. ? Normal left ventricular size and low-normal systolic function. Reduced longitudinal strain. ? Qualitatively normal right ventricular systolic function. ? No pericardial effusion. Cardiac MRI 7/19: ? Normal left ventricular size and global systolic function. ? Basal inferoseptal, inferior, and inferolateral left ventricular late gadolinium enhancement with corresponding mild hypokinesis. ? Normal right ventricular size and global systolic function. No right ventricular late gadolinium enhancement or regional wall motion abnormalities. ? No significant valvular dysfunction. ? No coronary artery aneurysms. ? No pericardial effusion. Admission EKG 7/18: ST segment changes, non-specific. Discharge EKG: minimal ST segment changes, improved from admission. Tests Pending Adenovirus PCR QuaNT, Stool Adenovirus PCR QuaNT, Urine CMV Antibody IgG CMV Antibody IgM EBV Antibody IgG EBV Antibody IgM EBV Antibody to EA-D, IgG EBV Antibody to NA, IgG Enterovirus PCR QuaL, Stool HSV I/II Combined Antibody IgG Lyme Antibody, Total Mayo Misc Test Miscellaneous Lab Test Miscellaneous Test Arup Miscellaneous Test Arup Miscellaneous Test Arup Parvovirus B-19 IgG Parvovirus B-19 IgM Parvovirus DNA PCR QuaNT, Blood Respiratory Virus PCR Panel - sendout Viral Culture, Non Respiratory These tests will be followed by the Primary Service at Discharge after Discharge Vitals and Discharge Physical T: 37.1 ?C HR: 64 (Monitored) RR: 20 BP: 120/58 SpO2: 96% HT: 167 cm WT: 94.9 kg BMI: 34 Discharge Physical Exam Gen: Well-appearing, well-developed teenager sitting up in bed. Appropriately interactive./ HEENT: Normocephalic, atraumatic. Moist mucous membranes. EOMI, no conjunctivitis. Resp: Clear to auscultation bilaterally, no increased work of breathing. No wheezes CV: Normal rate, RR with no murmurs, rubs, or gallops. Capillary refill <2 sec. Distal pulses 2+. Abd: Soft, non-distended, non-tender. Normal bowel sounds Ext: Normal range of motion of all extremities, no peripheral edema Skin: Pink, warm, no bruising Neuro: Alert, responsive, developmentally appropriate, normal tone Diagnosis List 1. Chest pain, 07/18/2021 2. Shortness of breath, 07/18/2021 3. Myocarditis, 07/18/2021 Procedure History No Procedure History Social History Smoking Status No Smoking Status Documented Allergies penicillin Laboratory Results Returned 48 Hours Prior to Discharge Labs Last 48 Hours Event Name Event Result Date/Time WBC 7.88 K cells/uL 07/20/21 Hemoglobin 12.6 g/dL 07/20/21 Hematocrit 36.6 % Low 07/20/21 Platelet 298 K cells/uL 07/20/21 MPV 9.1 fL Low 07/20/21 RBC 4.17 M cells/uL Low 07/20/21 MCV 87.8 fL 07/20/21 MCH 30.2 pg 07/20/21 MCHC 34.4 g/dL 07/20/21 Red Cell Distribution Width CV 11.9 % 07/20/21 Nucleated Red Blood Cell % 0 /100 WBC 07/20/21 Nucleated Red Blood Cell Count 0 K cells/uL 07/20/21 Absolute Neutrophil Count 6.38 K cells/uL High 07/20/21 Absolute Lymphocyte Count 0.97 K cells/uL Low 07/20/21 Absolute Eosinophil Count 0.02 K cells/uL Low 07/20/21 Absolute Basophil Count 0.01 K cells/uL Low 07/20/21 Absolute Monocyte Count 0.45 K cells/uL 07/20/21 Absolute Immature Granulocyte Count 0.05 K cells/uL High 07/20/21 Neutrophil/Band 81 % High 07/20/21 Immature Granulocytes 0.6 % High 07/20/21 Lymphocyte 12.3 % Low 07/20/21 Monocyte 5.7 % Low 07/20/21 Eosinophil 0.3 % Low 07/20/21 Basophil 0.1 % Low 07/20/21 Sodium 137 mmol/L 07/19/21 Potassium 5.14 mmol/L High 07/19/21 Chloride 102 mmol/L 07/19/21 CO2 21 mmol/L Low

07/19/21 Anion Gap 14 mmol/L 07/19/21 Glucose Level 133 mg/dL  
07/19/21 BUN 11 mg/dL 07/19/21 Creatinine 0.61 mg/dL 07/19/21  
Calcium 9.3 mg/dL 07/19/21 Phosphorus 4.5 mg/dL 07/19/21 Magnesium  
1.9 mg/dL 07/19/21 Troponin T 0.21 ng/mL Critical 07/21/21 Troponin  
T 0.22 ng/mL Critical 07/20/21 Troponin T 0.22 ng/mL Critical  
07/20/21 C-Reactive Protein 0.77 mg/dL High 07/20/21 Mycoplasma  
pneumoniae, IgG 1.87 High 07/19/21 Mycoplasma pneumoniae, IgM 0.47  
07/19/21 Microbiology Results (Last 30 Days) Micro Results: Updates  
since 06/21/2021 00:00. Collection date displayed. Cytomegalovirus  
PCR, blood, QuaNT: (Blood) 07/19/2021. Final Report: No CMV detected  
by PCR. This test does not detect latent CMV infections. A reference  
range for this test has not been established. Results should be  
interpreted in the context of other clinical and laboratory  
information. This test should not be used to diagnose latent or  
previous CMV infection. People with latent or previous CMV may not  
have detectable CMV DNA by this test. The variability of this test  
should be considered when interpreting results. Changes of  
approximately three fold in the quantity of CMV DNA detected may be  
due to variation in the test rather than actual changes in the level  
of CMV DNA in the sample. Note: This test was developed and its  
performance characteristics determined by the Hospital. It has not  
been cleared or approved by the Food and Drug Administration. The  
FDA has determined that such clearance or approval is not necessary.  
Epstein-Barr Virus PCR, QuaNT: (Blood) 07/19/2021. Final Report: No  
EBV detected by PCR. This test does not detect latent EBV  
infections. A reference range for this test has not been  
established. Results should be interpreted in the context of other  
clinical and laboratory information. This test should not be used to  
diagnose latent or previous EBV infection. People with latent or  
previous EBV infection may not have detectable EBV DNA by this test.  
The variability of this test should be considered when interpreting  
results. Changes of approximately three fold in the quantity of EBV  
DNA detected may be due to variation in the test rather than actual  
changes in the level of EBV DNA in the sample. Note: This test was  
developed and its performance characteristics determined by the  
Hospital. It has not been cleared or approved by the Food and Drug  
Administration. The FDA has determined that such clearance or  
approval is not necessary. Health Care Proxy: Under 18 years old  
MOLST: Under 18 years old Follow-Up and Patient Instructions Patient  
Instructions He was admitted for management of myocarditis thought  
to be due to his SARS-CoV2 vaccination. Myocarditis is inflammation  
of the heart muscle that can happen with many different types of  
infections and viruses He received IVIG and steroids. He had multiple  
EKGs, echocardiograms, and a cardiac MRI which showed mild changes  
but overall good heart function. His chest pain and heart studies  
improved throughout his stay and he was safe for discharge home. He  
should refrain from strenuous exercise for the next couple of months  
and you should discuss when it is safe to return to exercise with  
your outpatient cardiologist. Medications: --- Prednisone 30mg twice  
per day for \_ days (last day \_) --- Famotidine 20mg twice per day  
for \_ days (last day \_) It is important to minimize activity that  
raises his heart rate for the next 3 months. This will be discussed  
in more detail at cardiology appointment. Until then, no strenuous  
exercise. Attending Attestation CARDIOLOGY INPATIENT ATTENDING

DISCHARGE NOTE: I reviewed the history and hospital course, examined the patient on rounds, reviewed the testing, discussed the findings with the Cardiology Team, and participated directly in formulation of the assessment and plan for discharge. I have reviewed and agree with the documentation above with the following additions/revisions: 17yo admitted with COVID vaccine associated myocarditis, with repolarization abnormalities on ECG, elevated troponin, and chest pain within days after receiving his 2nd dose. He remained hemodynamically stable with preserved ventricular systolic function. Echo did show abnormal strain, and MRI showed LGE with focal hypokinesia. Due to increasing troponin level, he was treated with IVIG and steroids with improvement in troponins. No significant arrhythmia. Plan for follow-up next week with MISC/vaccine myocarditis group, and to complete a 5-day course of steroids. Restricted from sports and intense activity for likely at least 3 months.

VAERS ID: 1501960 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: New Jersey

Vaccinated: 2021-04-29  
Onset: 2021-06-19  
Days after vaccination: 51  
Submitted: 0000-00-00  
Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -

Administered by: Unknown Purchased by: ?

Symptoms: Blood test, Electroencephalogram abnormal, Epilepsy, Seizure

SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: Nuts

Diagnostic Lab Data: Blood work 6-19-21 and 07-16-21 EEG 6-19-21 to 6-21-21

CDC Split Type:

Write-up: My son had seizures 2 months after the vaccine and has now been diagnosed with Epilepsy.

VAERS ID: 1505464 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Massachusetts

Vaccinated: 2021-04-24

Onset: 2021-04-27

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / IM

Administered by: Private Purchased by: ?

Symptoms: Deep vein thrombosis, Ultrasound scan

SMQs:, Embolic and thrombotic events, venous (narrow),

Thrombophlebitis (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Infectious mononucleosis diagnosed on 4/4/2021

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Sonogram on 4/27/2021

CDC Split Type:

Write-up: Right leg deep vein thrombosis

VAERS ID: 1511974 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Georgia

Vaccinated: 2021-03-26

Onset: 2021-03-01

Submitted: 0000-00-00

Entered: 2021-07-29

Vaccination / Manufacturer Lot / Dose Site / Route



COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 LA / -  
Administered by: Unknown Purchased by: ?  
Symptoms: Aggression  
SMQs: , Dementia (broad), Hostility/aggression (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Autism  
Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC2021889004

Write-up: Aggressive behaviors; This is a spontaneous report from a contactable consumer (patient's parent). A 17-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; Lot Number was not reported), via an unspecified route of administration in left arm, on 26Mar2021 at 12:00 PM (at the age of 17 years) (pending clarification), as dose 1, single, for COVID-19 immunization. The patient's medical history included severe autism. The patient's concomitant medications were not reported. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient did not receive any other vaccines within 4 weeks prior to the COVID-19 vaccine. The patient was fine up until he received his first dose Pfizer vaccine. In Mar2021 (also reported as 25Mar2021 at 01:00 PM, pending clarification), the patient developed aggressive behaviors. The event resulted in disability or permanent damage (also considered medically significant). It was unknown if treatment was received for the event. On 13Apr2021 at 12:00 PM, the patient was administered with the second dose of BNT162B2 in left arm. Since the vaccination, the patient has not been tested for COVID-19. The patient had not recovered from the event. The lot number for the vaccine, BNT162B2, was not provided and will be requested during follow up.

VAERS ID: 1515428 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Maryland

Vaccinated: 2021-07-18

Onset: 2021-07-19

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FA6780 / 1 - / IM

Administered by: Pharmacy Purchased by: ?

Symptoms: Confusional state, Electrocardiogram normal, Fatigue,  
Headache, Hyponatraemia, Leukopenia, Ocular hyperaemia, Platelet  
count decreased, Pyrexia, Rash, SARS-CoV-2 test negative,  
Thrombocytopenia

SMQs: Anaphylactic reaction (broad), Haematopoietic leukopenia  
(narrow), Haematopoietic thrombocytopenia (narrow), Neuroleptic  
malignant syndrome (broad), Systemic lupus erythematosus (narrow),  
Anticholinergic syndrome (broad), Dementia (broad), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Hyponatraemia/SIADH (narrow),  
Glaucoma (broad), Chronic kidney disease (broad), Hypersensitivity  
(narrow), Drug reaction with eosinophilia and systemic symptoms  
syndrome (narrow), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: No

Current Illness: No

Preexisting Conditions: No

Allergies: No

Diagnostic Lab Data: Blood work(3 times a day due to platelets  
dropping), EKG(results normal),Covid Test (results negative)

CDC Split Type: vsafe

Write-up: He didn't have irritation or redness at the injection  
site. The next morning at 7:45 am feeling really tired had headache  
he had a fever of 100. He went to bed his fever worsened that  
evening (on 7/19 100.4,5:25 PM ET,100.8, 8:30 PM ET ). At that point  
he was given cold compress to lower the temperature. On 7/20 at 3:23  
PM temperature was 101 and 7:43 PM 103.1. We spoke with his  
pediatrician was advised to get him a 97.2 degree bath.His  
temperature went from 102.8 to 100.9.Then on 7/21 he became coherent  
in a state of confusion I gave him some Advil. Before we got to the  
hospital his temperature continued to elevate 103.8. At the hospital  
around 6:45 pm his temperature read 103.1 when we arrived they gave  
him Tylenol admitted him right away he was given IV fluids,pulse  
rate 189, platelets (150 to 112) was dropping and Tylenol was given  
every 4 hrs. On 7/23 8:24 AM still in the hospital rash started  
appearing all over his body and white of his eyes (both) developed  
red veins headache worsened was seen by a Infectious disease doctor.  
He was discharged on 7/24 diagnosis of Thrombocytopenia, Leukopenia  
and Acute hyponatremia.

VAERS ID: 1516713 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: California

Vaccinated: 2021-04-09  
Onset: 2021-06-19  
Days after vaccination: 71  
Submitted: 0000-00-00  
Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW151 / 2 RA / IM

Administered by: Private Purchased by: ?

Symptoms: Asthenia, Electromyogram, Gait disturbance, Guillain-Barre syndrome, Hypoaesthesia, Immunoglobulin therapy, Laboratory test, Lumbar puncture, Magnetic resonance imaging head, Magnetic resonance imaging spinal, Pain, Paraesthesia

SMQs: Peripheral neuropathy (narrow), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (narrow), Demyelination (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Epilepsy

Allergies: None

Diagnostic Lab Data: Lumbar puncture. MRI of full spine and brain.

Extensive lab work. Electromyography

CDC Split Type:

Write-up: Numbness and tingling sensation in hands and feet. Loss of strength. Pain. Difficulty walking. Diagnosed with Guillain Barre Syndrome. Recieved 5 days of Immunoglobulin therapy.

VAERS ID: 1520116 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-06-11  
Onset: 2021-06-11  
Days after vaccination: 0

Submitted: 0000-00-00  
Entered: 2021-08-02  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0191 / UNK LA / IM  
Administered by: Unknown Purchased by: ?  
Symptoms: Affective disorder  
SMQs:, Psychosis and psychotic disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 9 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: Patient hospitalized for mood disorder within 6 weeks of receiving COVID vaccination.

VAERS ID: 1524927 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Pennsylvania

Vaccinated: 2021-05-15  
Onset: 2021-05-15  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-08-04  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EW0182 / 1 LA / -  
Administered by: School Purchased by: ?  
Symptoms: Inappropriate schedule of product administration,  
Pancreatitis acute  
SMQs:, Acute pancreatitis (narrow), Medication errors (narrow), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No

ER or Doctor Visit? Yes  
Hospitalized? Yes, 4 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Comments: List of non-encoded Patient  
Relevant History: Patient Other Relevant History 1: None  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: USPFIZER INC202100958002  
Write-up: Acute Pancreatitis; Administration date: 15May2021/Dose  
number: 1/vaccine date: 15May2021/dose number: 2; This is a  
spontaneous report from a contactable consumer (patient). This 17-  
year-old male patient received bnt162b2 (brand: Pfizer), dose 1 via  
an unspecified route of administration, administered in arm left on  
15May2021 17:30 (Batch/Lot Number: EW0182) as dose 1, single at the  
age of 17-year-old; dose 2 via an unspecified route of  
administration, administered in arm left on 15May2021 (Batch/Lot  
Number: EW0179) as dose 2, single at the age of 17-year-old for  
covid-19 immunisation. No other medical history. No known allergies.  
No Covid prior vaccination. No Covid tested post vaccination. The  
patient's concomitant medications were not reported. Facility type  
vaccine: School or Student Health Clinic. No other vaccine in four  
weeks. The patient experienced acute pancreatitis on 27Jun2021  
03:00. The event resulted in Doctor or other healthcare professional  
office/clinic visit, Emergency room/department or urgent care,  
Hospitalization, Life threatening illness (immediate risk of death  
from the event). The patient was hospitalized for acute pancreatitis  
for 4 days. Therapeutic measures were taken as a result of acute  
pancreatitis included IV fluids and starvation. The outcome of event  
acute pancreatitis was not recovered.

VAERS ID: 1525813 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Unknown

Vaccinated: 2021-04-30  
Onset: 2021-07-12  
Days after vaccination: 73  
Submitted: 0000-00-00  
Entered: 2021-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EP6955 / UNK	- / -	
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH EW0171 / UNK	- / -	

Administered by: Private Purchased by: ?  
Symptoms: Abnormal uterine bleeding, Vaginal haemorrhage  
SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Fertility  
disorders (broad)  
Life Threatening? No

Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, ? days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type:  
Write-up: N93.9 – Abnormal uterine and vaginal bleeding, unspecified

VAERS ID: 1528828 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Michigan

Vaccinated: 2021-08-01  
Onset: 2021-08-03  
    Days after vaccination: 2  
Submitted: 0000-00-00  
Entered: 2021-08-05  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / UNK - / -  
Administered by: Private Purchased by: ?  
Symptoms: Chest pain, Electrocardiogram ST segment abnormal,  
Myocarditis, Troponin increased  
SMQs: Myocardial infarction (narrow), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (broad), Cardiomyopathy (broad),  
Drug reaction with eosinophilia and systemic symptoms syndrome  
(broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 5 days  
    Extended hospital stay? No  
Previous Vaccinations:  
Other Medications: methylphenidate  
Current Illness: None  
Preexisting Conditions: ODD, ADHD

Allergies: None

Diagnostic Lab Data: HS troponin 8/4 @ 9AM: 200 HS troponin 8/4 @ 1130AM: 339 HS troponin 8/5 @ 0730AM: 1287 EKG 8/4: Diffuse ST segment changes

CDC Split Type:

Write-up: Severe chest pain after vaccination, found to have diffuse ST segment changes and elevated troponin consistent with myopericarditis.

VAERS ID: 1528891 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: New York

Vaccinated: 2021-07-31

Onset: 2021-08-02

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH- / 2 - / -

Administered by: Private Purchased by: ?

Symptoms: Brain natriuretic peptide increased, C-reactive protein increased, Cardiac imaging procedure abnormal, Chest pain, Ejection fraction decreased, Influenza A virus test negative, Influenza B virus test, Influenza virus test negative, Magnetic resonance imaging heart, Myocarditis, Myoglobin blood increased, SARS-CoV-2 test negative, Troponin increased

SMQs: Rhabdomyolysis/myopathy (narrow), Cardiac failure (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Multivitamin Ibuprofen on the morning of 8/3

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: 8/4: Cardiac MRI - late gadolinium enhanced images demonstrate focal subepicardial linear enhancement of the

myocardium and pericardium in the later and inferolateral segments.  
Troponin: 8/3 19:00: 11.04 ng/mL 8/3 20:30: 17.36 ng/mL 8/4 05:17:  
17.94 ng/mL 8/4 11:55: 13.72 ng/mL 8/4 22:00: 12.44 ng/mL BNP 8/3  
21:35: 107 pg/mL Myoglobin 8/3 20:30: 745 ng/mL CRP High Sensitivity  
8/5 06:10: 50.50 mg/L SAR COV2 IgG: negative SARS COV2 PCR: Not  
detected Influenza A PCR: Not detected Influenza B PCR: Not detected  
CDC Split Type:

Write-up: Myopericarditis confirmed by cardiac MRI and reduced  
ejection fraction to 50%. Patient presented to the hospital with  
chest pain and troponin's were elevated up to 17.94 ng/mL. Patient  
remained hemodynamically stable and chest pain resolved with 650 mg  
of acetaminophen. Patient was initiated on captopril 6.25 three  
times daily while hospitalized and transitioned to lisinopril 2.5 mg  
upon discharge.

VAERS ID: 1529151 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Indiana

Vaccinated: 2021-08-02  
Onset: 2021-08-02  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FA7485 / 2 LA / IM

Administered by: Pharmacy Purchased by: ?  
Symptoms: Cardiac function test normal, Chest X-ray normal, Chest  
pain, Computerised tomogram thorax, Condition aggravated, Dizziness,  
Dyspnoea, Dyspnoea exertional, Echocardiogram normal,  
Electrocardiogram, Fibrin D dimer increased, Hypoaesthesia,  
Metabolic function test normal, Muscular weakness, Throat tightness,  
Troponin increased

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction  
(broad), Angioedema (broad), Peripheral neuropathy (broad),  
Haemorrhage laboratory terms (broad), Myocardial infarction  
(narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions  
(excl neoplasms, infections and allergies) (narrow), Acute central  
respiratory depression (broad), Pulmonary hypertension (broad),  
Guillain-Barre syndrome (broad), Noninfectious encephalopathy/  
delirium (broad), Gastrointestinal nonspecific symptoms and  
therapeutic procedures (broad), Cardiomyopathy (broad), Vestibular  
disorders (broad), Hypersensitivity (broad)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No



Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: Otherwise healthy

Preexisting Conditions: Otherwise Healthy

Allergies: Sulfa Drugs: causes vomiting

Diagnostic Lab Data: Patient is a 17yo otherwise healthy M presenting with new onset CP and SOB. He reports getting his 2nd covid vaccine earlier today (8/2/21) at 11am. He felt well afterwards and then ran 3 miles in cross country followed by marching band practice where he began to experience gradual onset of central, non-radiating chest pain. Describes it as achy, 3/10, lasting ~1 hour before spontaneously resolving. However he then went on to develop SOB during exertion. Says he has had similar CP in the past while running but the SOB is new for him. Describes it as feeling like he can't get enough air in associated with a tightness sensation in his throat. Along with the SOB he noticed lightheadedness and weakness when standing up from sitting as well as L hand numbness. SOB lasted several hours but has since improved significantly. Denies nausea, vomiting, diaphoresis, LE pain or swelling, syncope, palpitations. No recent illness, URI sxs, fevers, or myalgias. No history of asthma or other lung issues, cardiac issues, or bleeding/clotting disorders. Patient initially presented to hospital where he was found to have elevated troponin to 0.26 and D-dimer to 748. EKG x2 with some concern for s1q3t3 but otherwise reassuring. CTA was obtained which was negative for PE. CXR and BMP unremarkable. He did receive ASA and albuterol and symptoms have since resolved. Transferred to another hospital for further workup. While at hospital, repeat troponins were obtained and were decreasing while admitted: 8/3/21 @0329: 413 ng/L 8/3/21 @1000: 212 ng/L 8/3/21 @1613: 128 ng/L Patient received a single dose of APAP 650 mg and Ibuprofen 600 mg while inpatient. Patient is 90 kg. ECHO performed inpatient showed normal cardiac function. Patient has f/u with cardiology in one month for repeat EKG and ECHO. Cardiology recommended avoiding exercise and physical exertion until appointment. Cleared to use aspirin and ibuprofen for pain.

Anticoagulation was deferred.

CDC Split Type:

Write-up: Patient is a 17yo otherwise healthy M presenting with new onset CP and SOB. He reports getting his 2nd covid vaccine earlier today (8/2/21) at 11am. He felt well afterwards and then ran 3 miles in cross country followed by marching band practice where he began to experience gradual onset of central, non-radiating chest pain. Describes it as achy, 3/10, lasting ~1 hour before spontaneously resolving. However he then went on to develop SOB during exertion. Says he has had similar CP in the past while running but the SOB is new for him. Describes it as feeling like he can't get enough air in associated with a tightness sensation in his throat. Along with the SOB he noticed lightheadedness and weakness when standing up from sitting as well as L hand numbness. SOB lasted several hours but has since improved significantly. Denies nausea, vomiting, diaphoresis, LE pain or swelling, syncope, palpitations. No recent illness, URI sxs, fevers, or myalgias. No history of asthma or other

lung issues, cardiac issues, or bleeding/clotting disorders. Patient initially presented to hospital where he was found to have elevated troponin to 0.26 and D-dimer to 748. EKG x2 with some concern for s1q3t3 but otherwise reassuring. CTA was obtained which was negative for PE. CXR and BMP unremarkable. He did receive ASA and albuterol and symptoms have since resolved. Transferred to another hospital for further workup. While at hospital, repeat troponins were obtained and were decreasing while admitted: 8/3/21 @0329: 413 ng/L 8/3/21 @1000: 212 ng/L 8/3/21 @1613: 128 ng/L Patient received a single dose of APAP 650 mg and Ibuprofen 600 mg while inpatient. Patient is 90 kg. ECHO performed inpatient showed normal cardiac function. Patient has f/u with cardiology in one month for repeat EKG and ECHO. Cardiology recommended avoiding exercise and physical exertion until appointment. Cleared to use aspirin and ibuprofen for pain. Anticoagulation was deferred.

VAERS ID: 1021344 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-01-16

Onset: 2021-01-18

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 2021-02-11

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EM0477 / UNK LA / -

Administered by: Other Purchased by: ?

Symptoms: Erythema

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEPFIZER INC2021082677

Write-up: Erythema; This is a spontaneous report from a non-contactable other healthcare professional downloaded from the Regulatory Authority. The regulatory authority report number is DE-

PEI-PEI2021001495. A 17-year old female patient received BNT162B2 (COMIRNATY; Lot number EM0477), via an unspecified route of administration on 16Jan2021 as single dose for covid-19 immunization. The patient's medical history and concomitant medications were not reported. The patient experienced erythema on 18Jan2021, which was serious as it caused hospitalization. The outcome of erythema was recovered in Jan2021. The result of classification per source of Assessment, Regulatory Authority was reported as unclassifiable. Follow-up activities not applicable, Follow-up provided automatically by Regulatory Authority.

VAERS ID: 1061495 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-02-09

Onset: 2021-02-09

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-03-01

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

UNKNOWN / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Dizziness, Flushing, Hypersensitivity, Laboratory test, Malaise, Pyrexia

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: laboratory; Result Unstructured

Data: Test Result:always stable, laboratory inconspicuous

CDC Split Type: DEPFIZER INC2021160581

Write-up: Allergic reaction; Subfebrile; dizziness; Flush, approx. 22h after vaccination again; malaise; This is a spontaneous report from a non-contactable physician downloaded from the Regulatory

Authority DE-PEI-PEI2021002455. A 17-year-old female patient received first dose of bnt162b2 (COMIRNATY) , intramuscular on 09Feb2021 at single dose on upper arm for covid-19 immunisation. The patient medical history was not reported. The patient's concomitant medications were not reported. 20 minute(s) after vaccination the patient developed Allergic reaction and Flush (approx. 22h after vaccination again) and Malaise and Dizziness and Subfebrile, lasting for unknown. The patient was hospitalized. VP control: always stable, laboratory inconspicuous, allergy diagnostics planned. The patient had recovered. No follow-up attempts are possible, information on batch number cannot be obtained.

VAERS ID: 1081392 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-01-12  
Onset: 2021-01-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-03-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EK1768 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Heart rate, Heart rate increased, Palpitations, SARS-CoV-2 test, Ultrasound scan

SMQs: Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: CERAZETTE [DESOGESTREL]

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Pain menstrual

Allergies:

Diagnostic Lab Data: Test Date: 20210120; Test Name: heart rate;  
Result Unstructured Data: Test Result:170-180; Comments: increased;  
Test Date: 20210120; Test Name: COVID-19 virus test; Test Result:  
Negative ; Comments: No - Negative COVID-19 test; Test Name: Echo;  
Result Unstructured Data: Test Result:nothing shown

CDC Split Type: GBPFIZER INC2021190971

Write-up: increased heart rate; Heart racing/palpitations/heart pounding; This is a spontaneous report downloaded from the Regulatory authority, Regulatory authority report number GB-MHRA-WEBCOVID-202102161520316790. Safety Report Unique Identifier GB-MHRA-ADR 24774133. This is a report received from the Regulatory Agency. A contactable consumer reported a 17-years-old female patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, solution for injection, lot number: EK1768), via an unspecified route of administration on 12Jan2021 at a single dose for Covid-19 immunisation. The patient medical history included pain menstrual on 12Mar2020. Patient has not had symptoms associated with COVID-19. Patient is not enrolled in clinical trial. Patient is not pregnant. Concomitant medication included desogestrel (CERAZETTE) for pain menstrual from 12Mar2020. On 12Jan2021, the patient experienced heart palpitations the evening after the vaccine and continued racing heart, also reported as heart pounding and heart racing. Admitted to hospital on 20Jan2021 with heart rate of 170-180 (increased). Continued issues with palpitations and increased heart rate. Unsure of cause. Patient has not tested positive for COVID-19 since having the vaccine. Relevant investigations or tests conducted: "Echo - nothing shown" on an unspecified date and Covid-19 virus test: negative on 20Jan2021. Outcome of the events was not recovered. No follow-up attempts are possible. No further information expected.

VAERS ID: 1226616 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-04-09  
Onset: 2021-04-09  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-04-18

Vaccin-ation / Manu-facturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EM4965 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic reaction, Chest pain, Hot flush, Platelet count, Platelet count decreased, Thrombosis, Vomiting, Wheezing  
SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? Yes

Birth Defect? No

Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Autism; Food allergy (allergic to nuts and dairy)  
Allergies:  
Diagnostic Lab Data: Test Name: platelet count; Result Unstructured  
Data: Test Result:low  
CDC Split Type: GBPFIZER INC2021393672  
Write-up: possible blood clots or low platelet counts; possible  
blood clots or low platelet counts; wheezy; hot flushes; vomiting;  
chest pain; Anaphylaxis; Regulatory Agency (RA). The regulatory  
authority report number is GB-MHRA-WEBCOVID-202104091248264720.  
Safety Report Unique Identifier GB-MHRA-ADR 25112154. A 17-years-old  
male patient received first dose bnt162b2 (BNT162B2), via an  
unspecified route of administration on 09Apr2021 (Batch/Lot Number:  
EM4965) as single dose for Covid-19 immunisation. Medical history  
included allergic to nuts and dairy, autism. Patient has not had  
symptoms associated with COVID-19. Not had a COVID-19 test. Patient  
is not enrolled in clinical trial. The patient's concomitant  
medications were not reported. The patient experienced wheezy, hot  
flushes, vomiting, chest pain on 09Apr2021 with outcome of unknown,  
anaphylaxis on 09Apr2021 with outcome of recovering, possible blood  
clots or low platelet counts on an unspecified date with outcome  
unknown. Patient was treated by the medical emergency team and  
transferred to A&E. The events were assessed as serious and life  
threatening. The clinical course was reported as follows: Within  
minutes of having the Pfizer vaccine, patient began having hot  
flushes and complaining of chest pain. He sounded wheezy and began  
vomiting. Patient has not tested positive for COVID-19 since having  
the vaccine Reaction. Does your report relate to possible blood  
clots or low platelet counts? If yes, we will ask you additional  
questions at the end of this report: "Yes". Suspect Reactions.  
Please provide details of any relevant investigations or tests  
conducted: "Pt was treated by the medical emergency team and  
transferred to A&E". Thromboembolic event / Thombocytopenia  
additional questions. Was the platelet count <150 A--109/L?:  
"Unknown" Was the D-dimer \$g4000?: "Unknown". Were anti-PF4  
antibodies identified?: "Unknown" Is there any additional medical  
history, not already provided, that relates to previous venous or  
arterial thromboses?: "No". Please specify the details of the  
thromboembolic event: "N/A" Follow-up attempts are completed. No  
further information is expected.

VAERS ID: 1377265 (history)  
Form: Version 2.0  
Age: 17.0

Sex: Female  
Location: Foreign

Vaccinated: 2021-05-21

Onset: 2021-05-21

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EX7823 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic shock, Cardiovascular disorder, Crying,  
Erythema, Heart rate increased, Pain in extremity, Rash, Swelling  
SMQs: Anaphylactic reaction (narrow), Angioedema (broad),  
Neuroleptic malignant syndrome (broad), Arrhythmia related  
investigations, signs and symptoms (broad), Anaphylactic/  
anaphylactoid shock conditions (narrow), Haemodynamic oedema,  
effusions and fluid overload (narrow), Cardiomyopathy (broad),  
Depression (excl suicide and self injury) (broad), Hypersensitivity  
(narrow), Tendinopathies and ligament disorders (broad), Drug  
reaction with eosinophilia and systemic symptoms syndrome (broad),  
Dehydration (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient

Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEPFIZER INC2021595645

Write-up: anaphylactic shock; the circulation deteriorated; heart  
rate was extremely high; stinging in arm; arms, legs, neck and head  
were red and mild swollen; arms, legs, neck and head were red and  
mild swollen; her whole body was dotted with a red rash; crying;  
This is a spontaneous report from a non-contactable nurse reporting  
for her 17-year-old daughter. A 17-years-old female patient received  
BNT162B2 (COMIRNATY), dose 1 via an unspecified route of  
administration on 21May2021 09:45 (Batch/Lot Number: EX7823), age at  
vaccination of 17-years-old, as single dose, for covid-19  
immunisation . Medical history was none (patient was very healthy  
and sporty, no allergies or medication). There were no concomitant  
medications. 7 minutes after vaccination (21May2021 9:52), the  
patient has been very cool and relaxed, she started crying, became  
red and the circulation deteriorated. She had to lay down on the

ground and the security came and called the physician. Initially everything was referred to anxiety that was not present, at all. She was brought to the physician's room and they continued to state that she is anxious. I told them no, she is not anxious. In her arm a heavy stinging occurred suddenly and then the worsening came. After back and forth he finally checked the vaccination site and her whole body was dotted with a red rash, arms, legs, neck and head were red and mild swollen. Another physician was called – the one who told us nothing can happen. Intravenous line was put, machines were connected. The heart rate was extremely high. Then it was syringed, infusion, tablets, syringe directly into the line, everything within a few seconds. We were lucky: the throat was not swollen, maybe only because they directly reacted in the vaccination center. Ambulance came and brought her to the emergency room. Monitoring, examination, infusion. Since the rash and the heart rate improved we could go home after some hours. It was an anaphylactic shock. No allergies or anything else was known. So far, all vaccinations were tolerated always well. The AEs lead to a hospital stay (Emergency Room Visit and a life-threatening condition. Outcome of the events rash and the heart rate was recovering while outcome for the other events was unknown. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on the current limited available information and the plausible drug-event temporal association, a possible contributory role of the suspect product BNT162B2 to the development of events cannot be totally excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1379838 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-04-17  
Onset: 0000-00-00  
Submitted: 0000-00-00  
Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
NOT KNOWN / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Angiogram, Arthralgia, Central nervous system vasculitis, Colonoscopy, Diarrhoea haemorrhagic, Eosinophil count, Eosinophilia, Eosinophilic colitis, Gastrointestinal motility disorder, Headache, Hemiplegia, Hypoaesthesia, Hypokinesia, Leukocytosis, Magnetic resonance imaging, Nervous system disorder, Photophobia, Platelet count decreased, Positron emission tomogram, SARS-CoV-2 test, Venous thrombosis, White blood cell count



SMQs:, Haematopoietic thrombocytopenia (narrow), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Pseudomembranous colitis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Parkinson-like events (broad), Gastrointestinal obstruction (narrow), Gastrointestinal haemorrhage (narrow), Guillain-Barre syndrome (broad), Noninfectious meningitis (narrow), Gastrointestinal nonspecific dysfunction (broad), Ischaemic colitis (broad), Glaucoma (broad), Corneal disorders (broad), Eosinophilic pneumonia (broad), Retinal disorders (broad), Central nervous system vascular disorders, not specified as haemorrhagic or ischaemic (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Vasculitis (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: CO-TRIMOXAZOLE; CYCLOPHOSPHAMIDE; DALTEPARIN; HYDROXYCARBAMIDE; IVERMECTIN; METHYLPREDNISOLONE; OMEPRAZOLE; PREDNISOLONE

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Bloody diarrhoea; Colonoscopy (showed active inflammation in the terminal ileum in keeping with suspected crohns disease.);

Colonoscopy; Eosinophilic colitis; Hemiplegia; Joint pain

Allergies:

Diagnostic Lab Data: Test Name: Cerebral angiogram; Result

Unstructured Data: Test Result:normal; Test Name: colonoscopy;

Result Unstructured Data: Test Result:suspected eosinophilic colitis; Test Name: eosinophils; Result Unstructured Data: Test

Result:56; Test Name: MRI head; Result Unstructured Data: Test Result:some areas of restricted diffusion on the right; Comments:

MRI head showed some areas of restricted diffusion on the right and subacute lesion on the left; Test Name: platelets; Result

Unstructured Data: Test Result:1210; Comments: up to 1210; Test

Name: PET; Result Unstructured Data: Test Result:showed some bowel enhancement; Test Name: COVID-19 virus test; Result Unstructured

Data: Test Result:Negative; Comments: No - Negative COVID-19 test; Test Name: White Cell Count; Result Unstructured Data: Test

Result:100; Comments: up to 100

CDC Split Type: GBPFIZER INC2021620181

Write-up: bloody diarrhoea; eosinophilic colitis; Hypereosinophilia; neurological deterioration; cerebral vasculitis; joint pain; leucocytosis; right thalamocaudate vein thrombosis; hemiplegia; some bowel enhancement; severe headache; photophobia; clumsy and numb left hand; clumsy and numb left hand; This is a spontaneous report from a contactable physician from the Regulatory Agency (RA). The regulatory authority report number is GB-MHRA-WEBCOVID-202105272059089750-4F1CM and Sender's (Case) Safety Report Unique Identifier is GB-MHRA-ADR 25375956. A 17-year-old male patient received bnt162b2 (COMIRNATY), dose 1 via an unspecified route of administration on 17Apr2021 (Batch/Lot Number: not known) as single dose at the age of 17-year-old for COVID-19 immunisation. Medical history included arthralgia, eosinophilic colitis, diarrhoea haemorrhagic from Dec2020 to an unknown date, colonoscopy showed active inflammation in the terminal ileum in keeping with suspected Crohns disease, arthralgia, hemiplegia. Patient has not had symptoms associated with COVID-19. Patient was not enrolled in clinical trial. Concomitant medication(s) included co-trimoxazole (CO-TRIMOXAZOLE); cyclophosphamide (CYCLOPHOSPHAMIDE); dalteparin (DALTEPARIN); hydroxycarbamide (HYDROXYCARBAMIDE); ivermectin (IVERMECTIN); methylprednisolone (METHYLPREDNISOLONE); omeprazole (OMEPRAZOLE); prednisolone (PREDNISOLONE), all taken for an unspecified indication, start and stop date were not reported. The patient previously took hydroxyurea. On an unspecified date the patient experienced cerebral vasculitis with outcome of recovered in 2021, joint pain with outcome of recovered on an unknown date, bloody diarrhoea with outcome of recovered on an unknown date, eosinophilic colitis with outcome of recovered in 2021, hypereosinophilia with outcome of not recovered. In 2021, 2 weeks after vaccination, the patient experienced severe headache with photophobia with outcome of recovered in 2021, and subsequently he experienced a clumsy and numb left hand with outcome of unknown, leucocytosis with outcome of recovered in 2021, neurological deterioration with outcome of unknown, hemiplegia with outcome of recovered in 2021, right thalamocaudate vein thrombosis with outcome of unknown, some bowel enhancement with outcome of unknown. All events were serious as per hospitalization, disability, medically significant, life threatening. The course of events was as follows: Severe headache 2 weeks after vaccination with photophobia, which self resolved but subsequently developed a clumsy and numb left hand. Attended hospital where was found to have significant leucocytosis (WCC up to 100, eosinophils of 56, platelets up to 1210). MRI head showed some areas of restricted diffusion on the right and subacute lesion on the left. Treated with steroids initially. Symptoms resolved but then further neurological deterioration with significant left sided hemiplegia. Multiple repeat imaging - further MRI has shown right thalamocaudate vein thrombosis. PET performed which showed some bowel enhancement. Subsequent colonoscopy and biopsies have shown suspected eosinophilic colitis. Cerebral angiogram performed as concern about cerebral vasculitis - this was normal. Treated with hydroxyurea, methylprednisolone and cyclophosphamide. Blood counts and platelets are improving but has ongoing significant hemiplegia. Notably had joint pain and bloody diarrhoea in Dec2020 (related) (as reported).

Well aside from joint pain and some bloody diarrhoea in Dec 2020 – colonoscopy showed active inflammation in the terminal ileum in keeping with suspected Crohns disease. The patient underwent lab tests and procedures which included (unspecified date): angiogram: normal, colonoscopy: suspected eosinophilic colitis, eosinophil count: 56, magnetic resonance imaging (MRI): some areas of restricted diffusion on the right and subacute lesion on the left, platelet count decreased: up to 1210, positron emission tomogram: showed some bowel enhancement, Sars-cov-2 test: negative No – Negative COVID-19 test, white blood cell count: up to 100. Patient has not tested positive for COVID-19 since having the vaccine The reporting physician assessed that this report was not related to possible blood clots or low platelet counts. No follow-up attempts possible. No further information expected. Information on batch number cannot be obtained.

VAERS ID: 1381597 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-05-05

Onset: 2021-05-05

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-08

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

EY3014 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic reaction

SMQs:, Anaphylactic reaction (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypersensitivity (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Bronchial asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type: CHPFIZER INC2021634088

Write-up: Anaphylactic reaction; This is a spontaneous report received from a contactable physician via regulatory authority.

Regulatory authority report number CH-SM-2021-15660. A 17-years-old female patient received bnt162b2 (COMIRNATY), dose 1 intramuscular on 05May2021 (Batch/Lot Number: EY3014) at 17 years old as 0.3 ml single for covid-19 immunisation. Medical history included asthma. The patient's concomitant medications were not reported. The patient previously received amoxicillin and experienced exanthema. The patient experienced anaphylactic reaction (anaphylactic reaction) (hospitalization, life threatening) on 05May2021. Therapeutic measures were taken as a result of anaphylactic reaction (anaphylactic reaction). The outcome of the event was recovered on 05May2021. Clinical course was reported as follows. This is a 17-year-old woman known for allergic bronchial asthma and Amoxicillin allergy. On 05May2021 she received the first dose of Comirnaty vaccine. Three minutes after intramuscular administration of Comirnaty: thoracic stinging (duration 2 hours), dyspnea (duration 2 hours), hyperventilation, reddened head (duration 2 hours), tachycardia (duration 1 hour), agitation (duration 1 hour), in terms of anaphylactic reaction grade III. Therapy: Adrenalin 0.3mg, Solumedrol 125mg, Tavegyl 2mg, monitoring in hospital. Further course unknown. A causal relationship between Comirnaty and Anaphylactic reaction to drug was assessed as probable/likely. This case was reported as serious (life-threatening). Reporter's comment: Allergic reaction grade III after COVID-vaccination. Sender's comment: Anaphylaxis reaction occurred 3 minutes after intramuscular administration of the first dose of Comirnaty in a 17-year-old girl with a clinical history of allergic bronchial asthma and allergy to Amoxicillin. In the monograph, as well as in foreign ones, anaphylaxis is listed among the possible adverse reactions to the Comirnaty vaccine. However, as the girl is known to have risk factors for anaphylaxis, such as previous allergy to Amoxicillin and allergic bronchial asthma, it is not possible to completely exclude other possible concomitant causes, such as environmental ones, which were not reported. Therefore, since Comirnaty is known for anaphylaxis reactions, although other possible causes cannot be completely excluded, in view of the very close temporal correlation of 3 minutes between the administration of the vaccine and the event, we consider the causal link between Comirnaty and the anaphylaxis reaction as likely. No follow-up attempts needed. No further information expected.; Reporter's Comments: Allergic reaction grade III after COVID-vaccination.

VAERS ID: 1393631 (history)  
 Form: Version 2.0  
 Age: 17.0  
 Sex: Male  
 Location: Foreign

Vaccinated: 2021-05-14  
 Onset: 2021-05-14  
 Days after vaccination: 0  
 Submitted: 0000-00-00  
 Entered: 2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		3001946 /

2 - / OT

Administered by: Unknown Purchased by: ?

Symptoms: Chest pain, Myocarditis, Product administered to patient of inappropriate age

SMQs: Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: INSULIN

Current Illness: Type I diabetes mellitus without mention of complication

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: ITMODERNATX, INC.MOD20212

Write-up: inappropriate age at vaccination(17 years); This regulatory authority case was reported by a physician and describes the occurrence of MYOCARDITIS (CK-MB) and CHEST PAIN (CK-MB) in a 17-year-old male patient who received mRNA-1273 (COVID 19 Vaccine Moderna) (batch no. 3001946) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Type I diabetes mellitus without mention of complication. Concomitant products included INSULIN for Type I diabetes mellitus without mention of complication. On 14-May-2021, the patient received second dose of mRNA-1273 (COVID 19 Vaccine Moderna) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient received first dose of mRNA-1273 (COVID 19 Vaccine Moderna) (unknown route) 1 dosage form. On 14-May-2021, the patient experienced PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (inappropriate age at vaccination(17 years)). On 15-May-2021, the patient experienced MYOCARDITIS (CK-MB) (seriousness criteria hospitalization and medically significant) and CHEST PAIN (CK-MB) (seriousness criterion hospitalization). At the time of the report, MYOCARDITIS (CK-MB), CHEST PAIN (CK-MB) and PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (inappropriate age at vaccination(17 years)) outcome was unknown. The action taken with mRNA-1273 (COVID 19 Vaccine Moderna) (Unknown) and mRNA-1273 (COVID 19 Vaccine Moderna) (Intramuscular) was unknown. For mRNA-1273 (COVID 19 Vaccine Moderna) (Unknown), the reporter did not provide any causality assessments. No treatment medication were provided. Action taken for Moderna COVID-19 Vaccine was not applicable. Patient's age at the time of vaccine was 17. Company Comment: Based on the current

available information and temporal association between the use of the product and the start date of the events, a causal relationship for the events Myocarditis and Chest pain cannot be excluded. Causality for the event Product administered to patient of inappropriate age is assessed as not applicable.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship for the events Myocarditis and Chest pain cannot be excluded. Causality for the event Product administered to patient of inappropriate age is assessed as not applicable.

VAERS ID: 1403222 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-05-14

Onset: 2021-05-14

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-06-16

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EX8679 / 2 - / -

Administered by: Other Purchased by: ?

Symptoms: Blood creatine phosphokinase, Blood creatine phosphokinase MB, Myocardial necrosis marker, Myocarditis, Troponin, Ultrasound scan

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Mucoviscidosis

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210517; Test Name: CK; Result Unstructured Data: Test Result:Increased; Test Date: 20210517; Test Name: CK-MB; Result Unstructured Data: Test Result:Increased; Test Date: 20210517; Test Name: Troponin; Result Unstructured Data: Test Result:hundred times the norm; Test Name: Sonographic examination; Result Unstructured Data: Test Result:pericardial effusion negative;

Comments: pericardial effusion always remained negative; Test Name: heart markers; Result Unstructured Data: Test Result:falling steadily

CDC Split Type: DEPFIZER INC2021639346

Write-up: Myocarditis with suspected vaccination reaction; This is a spontaneous report from a non-contactable consumer or other non hcp downloaded from the Regulatory Authority-WEB DE-PEI-CADR2021082074, Safety Report Unique Identifier DE-PEI-202100074782. A 17-year -old male patient received 2nd dose of BNT162B2 (COMIRNATY, lot number EX8679) at single dose via an unknown route on 14May2021 at 17-year -old for COVID-19 immunisation. Medical history included ongoing mucoviscidosis. Patient had not known allergy. Concomitant drug was not provided. Historical vaccine included 1st dose of BNT162B2 (COMIRNATY, batch/lot number: Unknown) for COVID-19 immunisation. On 14May2021 the patient experienced myocarditis. Outcome of the event was resolved on 18May2021. This report was serious with hospitalization. Sender Comment: Mucosal viscidosis / After the second vaccination with Comirnaty on 14May2021, the patient described general symptoms such as tiredness and a reduced general condition. On the third day after receiving the vaccination, he presented himself to his treating family doctor due to anginal complaints, who found increased CK and CK-MB values in the laboratory diagnostics. This was followed by the inpatient admission during which the troponin levels rose to a hundred times the norm on the third and fourth day after the vaccination, so that the suspected diagnosis of myocarditis was made. Since then, the heart markers in the laboratory controls have been falling steadily. Sonographic examinations regarding pericardial effusion always remained negative. The suspected disease was treated symptomatically with physical rest and continuous monitoring on the monitor. The patient has been symptom-free since the fifth day after the vaccination. The regulatory authority assessed the causal relationship between bnt162b2 (COMIRNATY) and the reported events as unclassifiable. No follow-up attempts possible. No further information expected.

VAERS ID: 1421625 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-05-23

Onset: 2021-05-01

Submitted: 0000-00-00

Entered: 2021-06-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FA7812 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Bacterial test, Blood test, Chest pain, Electrocardiogram, Myocarditis, Oropharyngeal pain, Pyrexia, Tonsillitis bacterial, Troponin

SMQs: Agranulocytosis (broad), Neuroleptic malignant syndrome

(broad), Anticholinergic syndrome (broad), Oropharyngeal infections (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Tonsillitis recurrent (with necrophorum)

Allergies:

Diagnostic Lab Data: Test Date: 202105; Test Name: Bacterial test;

Result Unstructured Data: Test Result:necroforum identified; Test

Date: 20210529; Test Name: Blood test; Result Unstructured Data:

Test Result:compatible with perimyocarditis.; Test Date: 20210529;

Test Name: EKG; Result Unstructured Data: Test Result:compatible

with perimyocarditis; Test Date: 20210529; Test Name: Troponin;

Result Unstructured Data: Test Result:<17000 N/A; Comments:

Compatible with perimyocarditis

CDC Split Type: DKPFIZER INC2021668361

Write-up: Perimyocarditis; chest pain; throat pain; fever;

Tonsillitis re-emerged/ was initiated by the vaccination (this time also with necroforum); This is a spontaneous report received from a contactable physician downloaded from the Regulatory Authority-WEB.

The regulatory authority report number is DK-DKMA-WBS-0069488. A 17-year-old male patient received the first dose of BNT162B2

(COMIRNATY; batch/lot number: FA7812), via an unspecified route of administration on 23May2021 (at the age of 17-years-old) as dose 1, single for COVID-19 immunisation. Medical history included

tonsillitis recurrent with necrophorum (not ongoing; patient was known with tonsillitis recurrent with necrophorum). There is no

other information regarding patient medical history and/or concurrent conditions. The patient's concomitant medications were

not reported. Additional information on drug: previous given: no. On 23May2021 (day of vaccination), the patient developed throat pain

and fever. On 26May2021 (three days after vaccination), the patient developed chest pain and was diagnosed with perimyocarditis on

29May2021. On 29May2021, the blood test and electrocardiogram (EKG) was compatible with perimyocarditis and troponin: <17000 N/A

(Compatible with perimyocarditis). On May2021, the patient's

tonsillitis re-emerged which was initiated by the vaccination (this time also with necroforum). The perimyocarditis was reported to have

resulted in hospitalization. The patient was treated with



metronidazol and Pancillin (Phenoxymethylpenicillin). The vaccination will be rehabilitated in about half a year, when more information is available (reported that the action taken was drug withdrawn for Comirnaty). The outcome of the events was recovering.

VAERS ID: 1423988 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-05-13  
Onset: 2021-05-18  
Days after vaccination: 5  
Submitted: 0000-00-00  
Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EX8679 / 2 - / -

Administered by: Other Purchased by: ?

Symptoms: Cardiac imaging procedure, Echocardiogram, Myocarditis, Troponin

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Bronchial asthma; Mucoviscidosis

Allergies:

Diagnostic Lab Data: Test Name: Cardiac imaging; Result Unstructured Data: Test Result:unremarkable; Test Name: Echocardiography; Result Unstructured Data: Test Result:findings were unremarkable; Test Name: Troponin; Result Unstructured Data: Test Result:elevated  
CDC Split Type: DEPFIZER INC2021699230

Write-up: Myocarditis; This is a spontaneous report from a non-contactable consumer or other non hcp downloaded from the Regulatory Authority-WEB DE-PEI-CADR2021093505, Safety Report Unique Identifier DE-PEI-202100087111. This spontaneous report was received from a Consumer or other non health professional from regulatory authority and concerns a 17-years-old male patient received bnt162b2

(COMIRNATY, PFIZER-BIONTECH COVID-19 VACCINE, formulation; solution for injection, Batch/Lot number: EX8679), dose 2 via an unspecified

route of administration on 13May2021 as 2ND DOSE, SINGLE for covid-19 immunisation. Medical history included mucoviscidosis and bronchial asthma. The patient's concomitant medications were not reported. On 18May2021, the patient experienced myocarditis. Patient was received treatment for event. This report was serious - hospitalization. Senders comments: The patient was admitted to hospital with massive chest pain via the emergency department. Laboratory tests showed elevated troponin values, which decreased in the course of the patient's treatment. Analgesic therapy with lbutrofen was initiated. Echocardiographic findings were unremarkable. The signs of defect were normal at the beginning and only increased slightly during the course. We therefore assumed that myocarditis was the cause of the symptoms. We started anti-inflammatory therapy again, which resulted in a rapid response to therapy. Known mucoviscidosis and bronchial asthma. Cardiac imaging was unremarkable. The clinical outcome of event was recovered on 25May2021. No follow-up attempts possible. No further information expected.

VAERS ID: 1424956 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-03  
Onset: 2021-06-03  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-06-24

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC1526 / 1 LA / OT

Administered by: Other Purchased by: ?  
Symptoms: Blood pressure measurement, Feeling hot, Hyperhidrosis, Syncope, Tremor

SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:  
 Allergic bronchospasm; Allergic rhinoconjunctivitis; Food allergy  
 Allergies:  
 Diagnostic Lab Data: Test Date: 20210603; Test Name: Blood pressure;  
 Result Unstructured Data: Test Result:80/60 mmHg  
 CDC Split Type: ITPFIZER INC2021674442  
 Write-up: After a few minutes from the administration of the  
 vaccine, profuse sweating, syncope, tremors in the limbs.  
 Spontaneous recovery. Patient reports feeling of heat.; After a few  
 minutes from the administration of the vaccine, profuse sweating,  
 syncope, tremors in the limbs. Spontaneous recovery. patient reports  
 feeling of heat.; After a few minutes from the administration of the  
 vaccine, profuse sweating, syncope, tremors in the limbs.  
 Spontaneous recovery. Patient reports feeling of heat.; After a few  
 minutes from the administration of the vaccine, profuse sweating,  
 syncope, tremors in the limbs. Spontaneous recovery. Patient reports  
 feeling of heat.; This is a spontaneous report from a contactable  
 physician downloaded from the Regulatory Authority-WEB, regulatory  
 authority number IT-MINISAL02-739547. A 17-year-old male patient  
 received bnt162b2 (COMIRNATY), dose 1 intramuscular, administered in  
 Arm Left (reported as left shoulder) on 03Jun2021 (Lot Number:  
 FC1526; Expiration Date: 30Sep2021) as 0.3 ML SINGLE (at the age of  
 17-years-old) for COVID-19 immunization. Medical history included  
 Allergic bronchospasm and Allergic rhinoconjunctivitis both from an  
 unknown date and unknown if ongoing, and food allergy. There were no  
 concomitant medications. The patient experienced after a few minutes  
 from the administration of the vaccine, profuse sweating, syncope,  
 tremors in the limbs. Spontaneous recovery. Patient reports feeling  
 of heat, all on 03Jun2021. The patient was hospitalized for the  
 events. Actions taken (Administration of intravenous= i.v.  
 physiological solution). The patient underwent lab tests and  
 procedures which included blood pressure measurement: 80/60 mmHg on  
 03Jun2021. The outcome of the events was recovered on 04Jun2021.  
 Reporter comment: Blood pressure= PA detected 80/60 mmHg.  
 Polyallergic patient to inhalants (rhinoconjunctivitis and episodic  
 bronchospasm). Previous food allergy. No known drug allergies. No  
 concomitant medication intake. No follow-up attempts are possible.  
 No further information is expected.; Reporter's Comments: PA  
 detected 80/60 mmHg. Polyallergic patient to inhalants  
 (rhinoconjunctivitis and episodic bronchospasm). Previous food  
 allergy. No known drug allergies. No concomitant medication intake.

VAERS ID: 1433107 (history)  
 Form: Version 2.0  
 Age: 17.0  
 Sex: Female  
 Location: Foreign

Vaccinated: 2021-05-18  
 Onset: 2021-05-18  
 Days after vaccination: 0  
 Submitted: 0000-00-00  
 Entered: 2021-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
1C006A / UNK LA / OT

Administered by: Other Purchased by: ?

Symptoms: Confusional state, Feeling cold, Headache, Malaise,  
Muscular weakness, Pain in extremity, Sensory level abnormal, Tremor  
SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy  
(broad), Neuroleptic malignant syndrome (broad), Anticholinergic  
syndrome (broad), Dementia (broad), Parkinson-like events (broad),  
Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad),  
Noninfectious encephalopathy/delirium (broad), Noninfectious  
meningitis (broad), Tendinopathies and ligament disorders (broad),  
Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Borderline mental impairment; Depression; Stress

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEPFIZER INC2021699267

Write-up: Headache right forehead with impaired sensation of this;  
Headache right forehead with impaired sensation of this; Feeling  
unwell with coldness, tremors and confusion; pain and weakness of  
the legs; Feeling unwell with coldness, tremors and confusion;  
Feeling unwell with coldness, tremors and confusion; Feeling unwell  
with coldness, tremors and confusion; pain and weakness of the legs;  
This is a spontaneous report from a non contactable physician  
downloaded from the Regulatory Authority DE-PEI-202100071582. A 17-  
year-old female patient received BNT162B2 (COMIRNATY) Lot number  
1C006A, Intramuscular in left arm on 18May2021 at single dose (at  
the age of 17-year-old) for COVID-19 immunisation. Medical history  
included posttraumatic stress disorder, depression, borderline  
disorder. Concomitant medication was not reported. On 18May2021 the  
patient experienced headache right forehead with impaired sensation  
of this, Feeling unwell with coldness, tremors and confusion, pain  
and weakness of the legs. Headache can be treated well with two  
administration of painkillers. The patient had Inpatient admission  
for surveillance. The outcome of all events was resolved on  
18May2021. All events are serious with hospitalization. Sender  
Comment: Headache can be treated well with two administration of  
painkillers Inpatient admission for surveillance Differential  
diagnosis (DD) of psychogenic vaccination reaction in previous  
diagnoses posttraumatic stress disorder, depression and borderline  
disorder Relatedness of drug to reaction(s)/event(s) Source of

assessment: Institution Result of Assessment: D. Unclassifiable No follow-up attempts possible. No further information expected.

VAERS ID: 1434158 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-05-11  
Onset: 2021-05-15  
Days after vaccination: 4  
Submitted: 0000-00-00  
Entered: 2021-06-29

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EX8679 / UNK - / -

Administered by: Other Purchased by: ?  
Symptoms: Cardiac imaging procedure, Electrocardiogram, Myocarditis, Ultrasound scan

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: cardio MRI; Result Unstructured

Data: Test Result:unknown result; Test Name: EKG; Result

Unstructured Data: Test Result:unknown result; Test Name:

Sonography; Result Unstructured Data: Test Result:unknown result

CDC Split Type: DEPFIZER INC2021699311

Write-up: Myocarditis; This is a spontaneous report from a non contactable consumer downloaded from the Regulatory Authority DE-PEI-CADR2021093455, Safety Report Unique Identifier DE-PEI-202100087088 and DE-CADRPEI-2021093455. A 17-years-old male patient received bnt162b2 (COMIRNATY), via an unspecified route of administration on 11May2021 (Lot Number: EX8679) at 17-years-old as DOSE NUMBER UNKNOWN, SINGLE for covid-19 immunisation . The patient medical history was not reported. The patient's concomitant medications were not reported. The patient experienced myocarditis on 15May2021 with outcome of recovered on 18May2021. Seriousness criteria reported as hospitalization. The patient underwent lab

tests and procedures which included cardio MRI, EKG, and Sonography:  
unknown result. Event assessment : Comirnaty/ event/Institution /  
Result of Assessment : D. Unclassifiable No follow-up attempts  
possible. No further information expected.

VAERS ID: 1443758 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-04

Onset: 2021-06-04

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FC8889 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic reaction, Blood pressure measurement,  
Depressed level of consciousness, Feeling hot, Hypotension, Nausea,  
Vision blurred

SMQs:, Anaphylactic reaction (narrow), Acute pancreatitis (broad),  
Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic  
malignant syndrome (broad), Anticholinergic syndrome (broad),  
Anaphylactic/anaphylactoid shock conditions (narrow), Noninfectious  
encephalitis (broad), Noninfectious encephalopathy/delirium (broad),  
Noninfectious meningitis (broad), Gastrointestinal nonspecific  
symptoms and therapeutic procedures (narrow), Glaucoma (broad), Lens  
disorders (broad), Retinal disorders (broad), Hypotonic-  
hyporesponsive episode (broad), Generalised convulsive seizures  
following immunisation (broad), Hypersensitivity (narrow),  
Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210604; Test Name: Blood pressure;

Result Unstructured Data: Test Result:95/60 mmHg; Comments:

Min:95/60 mmHg; Test Date: 20210604; Test Name: Blood pressure;

Result Unstructured Data: Test Result:120/80 mmHg; Comments:

Max:120/80 mmHg

CDC Split Type: DKPFIZER INC2021688085

Write-up: Anaphylaxis; Started with blurred vision; Started with feeling of warmth; Nausea; Hypotension, continually decreasing blood pressure after treatment with alnok, tavegyl and solumedrol.; Decreased level of consciousness; This is a spontaneous report from a contactable physician downloaded from the Regulatory Authority (RA), regulatory authority number DK-DKMA-WBS-0070474. A 17-years-old female patient received bnt162b2 (COMIRNATY, formulation: Solution for injection, Batch/Lot Number: FC8889) intramuscular on 04Jun2021 (at the age of 17-years-old) as dose 1, single for covid-19 immunisation. The patient medical history and concomitant medications were not reported. On 04Jun2021, 10 minutes after the vaccination, the patient experienced anaphylaxis (lasted for 4 hours), blurred vision, feeling of warmth, nausea, hypotension and depressed level of consciousness. The adverse drug reactions were by the reporter reported as resulting in hospitalisation on 04Jun2021. The patient was treated with Alnok (CETIRIZINE) as oral treatment and with Solu-medrol (Methylprednisolone Sodium Succinate) and Tavegyl (Clemastine) as intramuscular injections. The patient underwent lab tests and procedures which included Blood pressure, minimum 95/60 mmHg and maximum 120/80 mmHg on 04Jun2021. Brighton scale criteria was time onset first reaction 10 min. acute reaction was yes, rapid progression was yes, duration of reaction 4hr. No skin and mucous membrane symptoms. No airway symptoms. Cardiovascular symptoms included hypotension, decreased level of consciousness, not included tachycardia, capillary refill time greater than 3 s (second), reduced central pulse volume, loss of consciousness. Gastrointestinal symptoms included nausea and not included vomiting, diarrhoea, abdominal pain blood pressure was minimum 95/60 and maximum 120/80 S-tryptase, acute as no value. S-tryptase, base as no value. The patient was hospitalised in response to all events and all events were considered as medically significant. Temperature maximum no value. Outcome of all events was recovered on 04Jun2021. No follow-up attempts possible. No further information expected.

VAERS ID: 1443955 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Foreign

Vaccinated: 2021-05-10

Onset: 2021-05-01

Submitted: 0000-00-00

Entered: 2021-07-02

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA 3001942 /

1 - / OT

Administered by: Unknown Purchased by: ?

Symptoms: Acid base balance, Blood fibrinogen, Blood glucose, C-reactive protein, Chills, Fibrin D dimer, Fluid balance assessment, Haematology test, Influenza, International normalised ratio, Physical examination, Product administered to patient of

inappropriate age, Pyrexia, Syncope  
SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 202105; Test Name: Acid base balance; Result Unstructured Data: Normal; Test Date: 202105; Test Name: Blood fibrinogen; Result Unstructured Data: Marginal increased; Test Date: 202105; Test Name: Blood glucose; Result Unstructured Data: Normal; Test Date: 202105; Test Name: C-reactive protein; Result Unstructured Data: Increased; Test Date: 202105; Test Name: Fibrin D dimer; Test Result: Inconclusive ; Result Unstructured Data: 2,07 Unit not specified; Test Date: 202105; Test Name: Fluid balance assessment; Result Unstructured Data: Normal; Test Date: 202105; Test Name: Hematology test; Result Unstructured Data: Normal; Test Date: 202105; Test Name: INR; Result Unstructured Data: Marginal increased; Test Date: 202105; Test Name: Physical examination; Result Unstructured Data: normal

CDC Split Type: DKMODERNATX, INC.MOD20212

Write-up: fainting 3 times; fever, high febrile; chills; Flu symptoms; Vaccine administered to the patient of 17 years of age; This regulatory authority case was reported by a physician and describes the occurrence of INFLUENZA (Flu symptoms), SYNCOPE (fainting 3 times), PYREXIA (fever, high febrile) and CHILLS (chills) in a 17-year-old female patient who received mRNA-1273 (COVID 19 Vaccine Moderna) (batch no. 3001942) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Previously administered products included for COVID-19 immunisation: COVID-19 VACCINE ASTRAZENECA on 17-Feb-2021. Past adverse reactions to the above products included Chills with COVID-19 VACCINE ASTRAZENECA. On 10-May-2021, the patient received first dose of mRNA-1273 (COVID 19 Vaccine Moderna) (Intramuscular) 1 dosage form. On 10-May-2021, the patient experienced PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (Vaccine administered to the patient of 17 years of age). On 11-May-2021, the patient experienced SYNCOPE (fainting 3 times) (seriousness criteria



hospitalization and medically significant), PYREXIA (fever, high febrile) (seriousness criterion hospitalization) and CHILLS (chills) (seriousness criterion hospitalization). In May 2021, the patient experienced INFLUENZA (Flu symptoms) (seriousness criterion hospitalization). On 10-May-2021, PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (Vaccine administered to the patient of 17 years of age) had resolved. On 12-May-2021, SYNCOPÉ (fainting 3 times), PYREXIA (fever, high febrile) and CHILLS (chills) had resolved. At the time of the report, INFLUENZA (Flu symptoms) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): In May 2021, Acid base balance: normal (normal) Normal. In May 2021, Blood fibrinogen: increased (High) Marginal increased. In May 2021, Blood glucose: normal (normal) Normal. In May 2021, C-reactive protein: 122-155 unit not specified (High) Increased. In May 2021, Fibrin D dimer: 2,07 (Inconclusive) 2,07 Unit not specified. In May 2021, Fluid balance assessment: normal (normal) Normal. In May 2021, Haematology test: normal (normal) Normal. In May 2021, International normalised ratio: increased (High) Marginal increased. In May 2021, Physical examination: normal (normal) normal. For mRNA-1273 (COVID 19 Vaccine Moderna) (Intramuscular), the reporter did not provide any causality assessments. Concomitant medication was not provided by the reporter. Treatment information was not reported. LABORATORY / DIAGNOSTIC TEST: In May 2021, Blood culture: result was not provided. Company Comment : Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. The translation of the source document has been requested. The action taken with mRNA-1273 (COVID 19 Vaccine Moderna) was given as not applicable as per source. This case was linked to DK-DKMA-WBS-0040124 (E2B Linked Report).; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded. The translation of the source document has been requested. DK-DKMA-WBS-0040124:

VAERS ID: 1448276 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-16  
Onset: 2021-06-16  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
E885 / 2 - / -

Administered by: Other Purchased by: ?  
Symptoms: Swelling, Vaccination site erythema, Vaccination site pain, Vaccination site swelling, Vaccination site warmth  
SMQs: Anaphylactic reaction (broad), Angioedema (broad),

Haemodynamic oedema, effusions and fluid overload (narrow)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? Yes  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
Lactation decreased; Comments: Patient has not had symptoms associated with COVID-19 Not had a COVID-19 test Patient is not enrolled in clinical trial Patient is not pregnant, Patient is not currently breastfeeding

Allergies:

Diagnostic Lab Data:

CDC Split Type: GBPFIZER INC2021737512

Write-up: caused severe swelling of the injection site; vaccination site redness; vaccination site hot; vaccination site pain; Swelling; This is a spontaneous report from a contactable consumer received from the Regulatory Authority. The regulatory authority report number is GB-MHRA-WEBCOVID-202106181701416920-UXII9. Sender's (Case) Safety Report Unique Identifier: GB-MHRA-ADR 25500847. A 17-year-old female patient received second dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE), via an unspecified route of administration at the age of 17-year-old on 16Jun2021 (Lot Number: E885) as DOSE 2, SINGLE for covid-19 immunisation. Medical history included lactation decreased. The patient's concomitant medications were not reported. The patient experienced severe swelling of the injection site, vaccination site redness, vaccination site hot, vaccination site pain, all on an unspecified date with outcome of unknown, swelling on 16Jun2021 with outcome of not recovered. Events were reported as serious with disability. It is reported caused severe swelling of the injection site, redness, hot to touch and very sore. Patient has not had symptoms associated with COVID-19. Not had a COVID-19 test. Patient is not enrolled in clinical trial. Patient is not pregnant. Patient is not currently breastfeeding. Patient has not tested positive for COVID-19 since having the vaccine. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1449290 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-05-21

Onset: 2021-05-26

Days after vaccination: 5

Submitted: 0000-00-00  
Entered: 2021-07-06  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC0681 / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Chest pain, Insomnia

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: PLPFIZER INC2021752102

Write-up: pain in the chest; impossible for him to sleep; This is a spontaneous report from a contactable consumer (reported for her son). A 17-year-old (reported as 17.5) male patient received bnt162b2 (COMIRNATY), via an unspecified route of administration on 21May2021 (Batch/Lot Number: FC0681) as single dose for covid-19 immunisation at the age of 17-year-old. The patient medical history and concomitant medications were not reported. The reporter said that the patient does not have any illnesses. On the fifth day after vaccination (deduced on 26May2021) the patient developed a strong chest pain, making it impossible for him to sleep. The patient came to the emergency room with this pain. The patient underwent tests, the reporter did not give which ones, but said only the results of those tests were incorrect. The patient was under medical observation for 14 hours, he did not receive any treatment. Now the pain was gone. It was reported the patient hospitalized for the chest pain on unspecified date in 2021 and the event was recovered on unspecified date in 2021.

VAERS ID: 1449315 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-06

Onset: 2021-06-06

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC0681 / 2 - / OT

Administered by: Other Purchased by: ?

Symptoms: Blood test, Chest pain, Electrocardiogram, Magnetic resonance imaging, Myocarditis

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210610; Test Name: Blood test abnormal; Test Result: Positive ; Comments: elevated values of myocardial and hepatic cytolysis enzymes; Test Date: 202106; Test Name: EKG; Result Unstructured Data: Test Result:EKG repolarization disorders; Comments: EKG repolarization disorders; Test Date: 20210614; Test Name: MRI abnormal; Test Result: Positive ; Comments: acute myocarditis with left systolic dysfunction

CDC Split Type: ROPFIZER INC2021825536

Write-up: Myocarditis/acute myocarditis with mild left systolic dysfunction; Anterior chest pain; This is a spontaneous report from a contactable physician downloaded from the Regulatory Authority R0-NMA-2021-SPCOV11630 . Safety Report Unique Identifier R0-NMA-2021-SPCOV11630-AM-29-JUN-2021. A 17-years-old male patient received bnt162b2 (COMIRNATY), dose 2 intramuscular on 06Jun2021 (Batch/Lot Number: FC0681) as DOSE 2, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. On 16May2021 the patient received the first dose of COVID-19 Vaccine Comirnaty / Pfizer-BioNTech for covid-19 immunisation. From 06Jun2021 the patient experienced an anterior chest pain that required hospitalization and specific investigations ( EKG, MRI, blood tests ) that led to the diagnosis of acute myocarditis with mild left systolic dysfunction. At the time of reporting, the patient's condition was stable and he was still hospitalized. The patient underwent lab tests and procedures which included blood test: positive on 10Jun2021 elevated values of myocardial and hepatic cytolysis enzymes, electrocardiogram: ekg repolarization disorders on Jun2021 EKG repolarization disorders , magnetic resonance imaging: positive on 14Jun2021 acute myocarditis

with left systolic dysfunction. Outcome of events was recovering. Case reference number R0-NMA-2021-SPCOV11630 is a spontaneous serious adverse reaction case reported by a physician. Sender's comment: Following assessment of this case, the medical assessor from the Regulatory Authority considers this case to be medically important and reported as a serious adverse reaction. No follow-up attempts possible. No further information expected.

VAERS ID: 1450821 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-04-02  
Onset: 2021-04-02  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA		3000495 /
1 - / OT		

Administered by: Unknown Purchased by: ?

Symptoms: Dyspnoea, Headache, Injection site pain, Paraesthesia, Peripheral circulatory failure

SMQs: Anaphylactic reaction (broad), Peripheral neuropathy (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEMODERNATX, INC.MOD20212

Write-up: This regulatory authority case was reported by a consumer and describes the occurrence of INJECTION SITE PAIN HEADACHE , PARAESTHESIA , PERIPHERAL CIRCULATORY FAILURE and DYSPNOEA in a 17-year-old male patient who received mRNA-1273 (COVID 19 Vaccine Moderna) (batch no. 3000495) for COVID-19 vaccination. No Medical History information was reported. On 02-Apr-2021, the patient received first dose of mRNA-1273 (COVID 19 Vaccine Moderna) (unknown route) 1 dosage form. On 02-Apr-2021, the patient experienced

INJECTION SITE PAIN (seriousness criterion hospitalization prolonged), HEADACHE (seriousness criterion hospitalization prolonged), PARAESTHESIA (seriousness criterion hospitalization prolonged), PERIPHERAL CIRCULATORY FAILURE (seriousness criterion hospitalization prolonged) and DYSPNOEA (seriousness criterion hospitalization prolonged). At the time of the report, INJECTION SITE PAIN , HEADACHE PARAESTHESIA PERIPHERAL CIRCULATORY FAILURE and DYSPNOEA was resolving. The action taken with mRNA-1273 (COVID 19 Vaccine Moderna) (Unknown) was unknown. The concomitant medications were not reported. The treatment information was not provided. For mRNA-1273 (Moderna COVID-19 Vaccine) (unknown), the reporter did not provide any causality assessments. Company Comment Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.; Sender's Comments: Based on the current available information and temporal association between the use of the product and the start date of the events, a causal relationship cannot be excluded.

VAERS ID: 1453319 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-04-24  
Onset: 2021-04-24  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-07

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ER8731 / 2 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Angina pectoris, Chest pain, Electrocardiogram, Fatigue, Movement disorder, Pain, Pyrexia, Sensation of foreign body  
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Other ischaemic heart disease (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: EKG; Result Unstructured Data: Test Result:Unknown

CDC Split Type: MXPfizer INC2021585838

Write-up: severe chest pain; heart pain; she was very tired; a terrible fever; she felt like needles inside her whole body; a terrible pain; she couldn't move; This is a spontaneous report from a contactable consumer (patient herself). A 17-years-old female patient (nonpregnant) received bnt162b2 (Pfizer-Biontech COVID-19 Vaccine, Solution for injection), dose 2 via an unspecified route of administration, administered in Arm Left on 24Apr2021 12:15 (age at the time of vaccination was 17-year-old) (Batch/Lot Number: ER8731) as DOSE 2, SINGLE for covid-19 immunisation. The patient medical history and concomitant medications were not reported. The patient previously took first dose of bnt162b2 via an unspecified route of administration, administered in Arm Left on 31Mar2021 (Batch/Lot Number: EN6202) as for covid-19 immunisation and experienced no reaction. It was reported that On 28Apr2021, around 4:00am we were sleeping in a Hotel, and she woke up because she felt a severe chest pain (hospitalization) that she had never felt before, so she told her parents and because the pain was very strong, they gave me aspirin but the pain remained almost the same so they called 911. The paramedics performed an EKG, and they took her in an ambulance to the Hospital. They performed another EKG in the ER and they gave me Ibuprofen. Afterwards she was checked by a pediatrician. He said that one of the reasons of the pain could be the 2nd dose of the Covid 19 vaccine. She did not have any heart conditions or any other condition and that was the first and last time she felt that horrible pain. On the day of the vaccination, 10 hours later (24Apr2021 22:15) patient had a terrible fever for the whole night, she felt like needles inside her whole body, a terrible pain and she couldn't move (on 24APR2021). The day after she was very tired (on 25Apr2021). On Monday she was feeling better and then On Wednesday morning (28Apr2021) she felt the heart pain (medically significant). Outcome of the event severe chest pain was recovered on unspecified date in 2021. Outcome of the other events was unknown. Event occurred in a country different from that of the reporter. This may be a duplicate if the reporter also submitted directly to his/her local agency.

VAERS ID: 1467694 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Foreign

Vaccinated: 2021-06-10

Onset: 2021-06-10

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-13

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
1D016A / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Blood pressure measurement, Dyskinesia, Eye disorder,  
Fatigue, Heart rate, Hyperventilation, Malaise, Ocular discomfort,  
Oxygen saturation, Pallor, Presyncope, Tremor

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad),  
Neuroleptic malignant syndrome (broad), Anticholinergic syndrome  
(broad), Dyskinesia (narrow), Parkinson-like events (broad),  
Noninfectious encephalopathy/delirium (broad), Corneal disorders  
(broad), Eosinophilic pneumonia (broad), Retinal disorders (broad),  
Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210610; Test Name: Blood pressure;

Result Unstructured Data: Test Result:110 / 80 repeatedly measured;

Test Date: 20210610; Test Name: pulse; Result Unstructured Data:

Test Result:between 70 and 120; Test Date: 20210610; Test Name:

SaO2; Result Unstructured Data: Test Result:always \$g 96

CDC Split Type: DEPFIZER INC2021794944

Write-up: Presyncope and hyperventilation; Presyncope;

Hyperventilation/deepened breathing; stop eyes blink; pale; in the

course of approximately 3 - 4 times in short intervals, head moved

back and forth; trembling of the legs; subjective feeling of

pressure under the eyes; tired; This is a spontaneous report from a

non-contactable consumer downloaded from the Regulatory Authority

(RA)-WEB, regulatory authority number DE-PEI-CADR2021103916. A 17-

year-old female patient received bnt162b2 (COMIRNATY), via an

unspecified route of administration on 10Jun2021 18:44 (at the age

of 17-year-old) (Batch/Lot Number: 1D016A) as dose number unknown,

single for covid-19 immunisation. The patient's medical history and

concomitant medications were not reported. On 10Jun2021, the patient

experienced malaise, presyncope and hyperventilation. It was

reported that on the way to the doctor's office friend stated on

the way, stop eyes blink, in doctor's office, patient was pale,

positioning leg high, in the course of approximately 3 - 4 times in

short intervals, head moved back and forth with blinking eyes

otherwise no cramp equivalent, only trembling of the legs and

subjective feeling of pressure under the eyes and deepened

breathing, no wetting or defecation, under breath control and



rebreathing within < 1 minute suspended always responsive but tired, partly eyes closed pupils on both sides inconspicuous. Ambulance at 19: 50 notified subsequent admission to clinic for monitoring of oxygen saturation always \$g 96, pulse between 70 and 120 and blood pressure 110 / 80 were repeatedly measured. The patient was hospitalized on an unspecified date due to the events. Outcome of events was unknown. Sender's comments: Do you or the person concerned have any known allergies? If yes, which ones? no, clinically no indication of anaphylaxis. Information on risk factors or previous illnesses none known / vaccination at 18: 44 subsequent 15 min inconspicuous, then walked into town to get ice cream on the way to the doctor's office stated friend opposite, on the way stop eyes blink, in doctor's office then pale, positioning leg high, in the course of approx. 3 - 4 times in short intervals head moved back and forth with blinking eyes otherwise no cramp equivalent only trembling of the legs subjective feeling of pressure under the eyes and deepened breathing no wetting or defecation under breath control and rebreathing within < 1 minute suspended always responsive but tired partly eyes closed pupils on both sides inconspicuous ambulance 19: 50 notified subsequent admission to clinic for monitoring Oxygen saturation always \$g 96 pulse between 70 and 120 Blood pressure 110 / 80 repeatedly measured. Result of Assessment: Comirnaty/ all event(s):/ D. Unclassifiable No follow-up attempts are possible. No further information is expected.

VAERS ID: 1468819 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-12

Onset: 2021-06-12

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-14

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FD1921 / 1 LA / OT

Administered by: Other Purchased by: ?

Symptoms: Investigation, Physical examination, Rash

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow),

Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: Physical examination pulmonary;  
Result Unstructured Data: Test Result:Normopresent vesicular murmur,  
not pathological no; Comments: Physical examination pulmonary:  
Normopresent vesicular murmur, not pathological noises; Test Name:  
Physical examination; Result Unstructured Data: Test Result:small  
erythematous punctate lesions on the left ha; Comments: small  
erythematous punctate lesions on the left hand and wrist and right  
wrist (two / three), not itchy; no further lesions appear during the  
course.

CDC Split Type: ITPFIZER INC2021759296

Write-up: In emergency room sent by the vaccination center for  
suspected reaction to the Pfizer vaccine (1 dose): rashes on the  
right wrist and left hand, face, no other symptoms.; This is a  
spontaneous report from a contactable pharmacist downloaded from the  
WEB, regulatory authority number IT-MINISAL02-744969. A 17-year-old  
male patient received bnt162b2 (COMIRNATY), dose 1 intramuscular,  
administered in Arm Left (also reported left shoulder)on 12Jun2021  
15:34 (Lot Number: FD1921) (at the age of 17-year-old) as DOSE 1,  
0.3 ML SINGLE for covid-19 immunisation. The patient's medical  
history and concomitant medications were not reported. On 12Jun2021,  
the patient experienced widespread rash with description as "In  
emergency room sent by the vaccination center for suspected reaction  
to the Pfizer vaccine (1 dose): rashes on the right wrist and left  
hand, face, no other symptoms.". This event was provided as serious  
due to caused hospitalization by regulatory authority. Therapeutic  
measures were taken included administered in the ER: Urbason 40 mg 1  
vial intravenous; Trimeton 1 vial in physiological solution 100  
centiliters. The outcome of the event was recovering. Reporter  
comment: In the emergency room sent by the vaccination center for  
suspected reaction to the PFizer vaccine (1 dose): rashes on the  
right wrist and left hand, face, no other symptoms. At the  
specialist evaluation the patient is alert and cooperating,  
apyretic, haemodynamically normal, no edema of the face or uvula, no  
bronchospasm. Physical examination pulmonary: Normopresent vesicular  
murmur, not pathological noises. Physical examination: small  
erythematous punctate lesions on the left hand and wrist and right  
wrist (two / three), not itchy; no further lesions appear during the  
course. Sender comment: 17Jun2021 is attached sheet of resignation  
emergency room.; Reporter's Comments: Summary of Reporter Comment:  
In the emergency room sent by the vaccination center for suspected  
reaction to the PFizer vaccine (1 dose): rashes on the right wrist  
and left hand, face, no other symptoms.

VAERS ID: 1471102 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Foreign

Vaccinated: 2021-03-30  
Onset: 2021-04-13  
Days after vaccination: 14  
Submitted: 0000-00-00  
Entered: 2021-07-14  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
UNKNOWN / 1 - / OT  
Administered by: Other Purchased by: ?  
Symptoms: Allen's test, Diagnostic procedure, Echocardiogram,  
Embolism, Thrombosis  
SMQs: Embolic and thrombotic events, vessel type unspecified and  
mixed arterial and venous (narrow), Thrombophlebitis (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:  
Diagnostic Lab Data: Test Date: 20210413; Test Name: allen test;  
Result Unstructured Data: Test Result:absent reperfusion; Comments:  
absent reperfusion via ulnar artery; Test Date: 20210415; Test Name:  
diagnostic procedure; Result Unstructured Data: Test Result:no  
evidence of a Thoracic-outlet-Syndrom; Comments: Acral  
oscillography: functional provocation test, there was no evidence of  
a Thoracic-outlet-Syndrome on either side; Test Date: 20210416; Test  
Name: Transesophageal echocardiography; Result Unstructured Data:  
Test Result:no evidence of a cardiac source of embolism  
CDC Split Type: DEPFIZER INC2021804103  
Write-up: Acral perfusion disturbance D5 (little finger) left,  
Differential diagnosis embolism, Differential diagnosis local  
thrombose; Acral perfusion disturbance D5 (little finger) left,  
Differential diagnosis embolism, Differential diagnosis local  
thrombose; This is a spontaneous report from a non-contactable  
physician downloaded from the WEB, regulatory authority number is  
DE-PEI-202100038823. A 17-year-old female patient received BNT162B2  
(COMIRNATY, solution for injection), intramuscular on 30Mar2021  
(Batch/Lot Number: Unknown) (at the age of 17-years-old) as dose 1,  
single for COVID-19 immunisation. The patient's medical history and  
concomitant medications were not reported. On 13Apr2021, patient was  
presented with acral perfusion disturbance D5 (little finger) left,  
differential diagnosis embolism, differential diagnosis local  
thrombose. Allen test result on 13Apr2021: absent reperfusion via  
ulnar artery. The reporter assessed the events as serious causing  
hospitalization. Outcome of events was not recovered. Sender's

comments: About 14 days after receiving the first vaccination with Biontech, the patient developed an acral underperfusion of the left little finger (D5). A thrombosis of the arm veins could be excluded. With a highly pathological Allen test, we are most likely to assume an embolism or local thrombosis. A cardiac source of embolism could largely be ruled out. The following differential diagnoses were excluded: Transesophageal echocardiography on 16Apr2021: showed no evidence of a cardiac source of embolism. Acral oscillography, finger on 15Apr2021: In the functional provocation test, there was no evidence of a Thoracic-outlet-Syndrome on either side. No follow-up attempts are possible; information about lot/batch number cannot be obtained.

VAERS ID: 1473315 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-29  
Onset: 2021-06-29  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH - / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Chest pain, Cold sweat, Pharyngeal swelling, Rash, SARS-CoV-2 test

SMQs:, Anaphylactic reaction (narrow), Angioedema (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), COVID-19 (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: COVID-19 virus test; Test Result: Negative ; Comments: No - Negative COVID-19 test

CDC Split Type: GBPFIZER INC2021814509

Write-up: Chest pain; Cold sweat; Rash; Throat swelling; This is a spontaneous report from a contactable consumer received from a regulatory authority. The regulatory authority report number is GB-MHRA-WEBCOVID-202106300628535650-Q0FWY, Safety Report Unique Identifier GB-MHRA-ADR 25565337. A 17-years-old male patient received first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Solution for injection), via an unspecified route of administration (at the age of 17-years-old) on 29Jun2021 (Batch/Lot number was not reported) as dose 1, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Patient has not had symptoms associated with COVID-19. Patient is not enrolled in clinical trial. Patient has not tested positive for COVID-19 since having the vaccine. The patient experienced rash, throat swelling, chest pain and cold sweat on 29Jun2021. Also reported as airways were blocked from swelling and could not swallow properly and chest pain getting worse. The patient underwent lab tests and procedures which included sars-cov-2 test: negative on unspecified date, No - Negative COVID-19 test. The outcome of events cold sweat and chest pain was recovering and other events was not recovered. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.

VAERS ID: 1474127 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 0000-00-00  
Onset: 2021-06-09  
Submitted: 0000-00-00  
Entered: 2021-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
UNKNOWN / 1	- / -	

Administered by: Other Purchased by: ?  
Symptoms: Cough, Dyspnoea, Hodgkin's disease, Pericardial effusion  
SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Malignant lymphomas (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow)

Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? Yes  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 4 days  
Extended hospital stay? No

Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data:

CDC Split Type: CAPFIZER INC2021815091

Write-up: Hodgkin's Disease; pericardial effusion; shortness of breath/increasing shortness of breath; Cough; This is a spontaneous report received from a contactable pharmacist. A 17-year-old male patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), intramuscular on 09Jun2021 (Lot Number: Unknown) at the age of 17-years-old as dose 2, single and via an unspecified route of administration on an unspecified date (Lot Number: Unknown) as dose 1, single for COVID-19 immunisation. The patient's medical history was not reported. No known allergies. Concomitant medications included an unspecified antihistamine. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. The patient experienced pericardial effusion on 09Jun2021, Hodgkin's disease on an unspecified date with outcome of unknown, shortness of breath/increasing shortness of breath on an unspecified date and cough on an unspecified date. It was reported that patient had been experiencing increasing shortness of breath and cough for three weeks preceding dose number 2 of BNT162B2 vaccine. However, on date of second BNT162B2 vaccine presented with an acute deterioration. Subsequently diagnosed with Hodgkin's Disease but what was notable was the size and extent of pericardial effusion. The events pericardial effusion and Hodgkin's disease were reported as serious due to hospitalization. The duration of hospitalization was 4 days. Treatment for event pericardial effusion included chest tube insertion and pericardial drain. Since the vaccination, it was unknown if the patient been tested for COVID-19. The outcome of the event pericardial effusion was recovered, and the outcome of all other events was unknown.; Sender's Comments: Based on the temporal relationship, the association between the events pericardial effusion and Hodgkin's disease can not be fully excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1480520 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Foreign

Vaccinated: 2021-05-31

Onset: 2021-05-31

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-17

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FC0681 / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Chills, Confusional state, Hypertonia, Hypothermia, Inflammation, Laboratory test, Leukopenia, Peripheral coldness, Somnolence, Vaccination site pain

SMQs: Haematopoietic leukopenia (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: Laboratory tests; Result

Unstructured Data: Test Result:leukopenia with minor inflammatory syndrome

CDC Split Type: ROPFIZER INC2021782388

Write-up: Chills; Administration site pain; Hypothermia; Cold extremities; Hypertonic extremities; Confusion; Drowsiness; Leukopenia; minor inflammatory syndrome; This is a spontaneous report from a contactable physician downloaded from the regulatory authority, regulatory authority number R0-NMA-2021-SPCOV11442. A 17-year-old female patient received the first dose of BNT162B2 (COMIRNATY, lot number FC0681), via intramuscular on 31May2021, at patient age of 17-year-old, as single dose for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient experienced drowsiness, chills, cold extremities, confusion, hypothermia, administration site pain and hypertonic extremities from 31May2021. The reporter considered that the adverse reactions caused hospitalization. As a corrective therapy, the patient received 2 tablets of paracetamol 500mg. The clinical course was reported as: Debut with excessive drowsiness, with two short awakenings in 24 hours. She complained of progressive pain at the injection site, then a chills crisis with hypertonicity and cooling of the extremities and confusion, for

which she is brought by ambulance to the Emergency room, then hospitalized in the pediatric ward, for rehydration and investigations to rule out other causes. Laboratory tests showed leukopenia with minor inflammatory syndrome. Other causes were excluded based on the investigations performed, the evolution being favorable under symptomatic treatment and the total remission of the symptomatology after approximately 40 hours from the hospitalization. There is no family history of allergies to drugs or vaccines and no atopy or intolerance. The patient has no history of allergies to drugs, food or other nature or a pathological history of previous vaccinations. In the first 24 hours after vaccination, she administered 2 tablets of Paracetamol to combat pain at the injection site. In the reporter's opinion the events were related to BNT162B2. The outcome of the events was recovered on 03Jun2021. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1490213 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-04-21  
Onset: 2021-04-21  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-21

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
ET3045 / 1 - / -

Administered by: Other Purchased by: ?  
Symptoms: Anaphylactic reaction, Atrial fibrillation, Blood pressure measurement, Dyspnoea, Heart rate, Investigation, Nausea  
SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad), Supraventricular tachyarrhythmias (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow)

Life Threatening? Yes  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:



Allergies:

Diagnostic Lab Data: Test Name: blood pressure measurement; Result Unstructured Data: Test Result:unknown results; Test Name: pulse measurement; Result Unstructured Data: Test Result:unknown results; Test Name: anamnesis; Result Unstructured Data: Test Result:unknown results

CDC Split Type: DEPFIZER INC2021848047

Write-up: At 1:10 p.m. the affected person suffered an immediate anaphylactic reaction with dyspnoea and nausea.; Nausea; Dyspnoea; AF; This is a spontaneous report from a non-contactable consumer downloaded from the WEB, regulatory authority number DE-PEI-CADR2021061586. Safety Report Unique Identifier DE-PEI-202100054015. A 17-year-old female patient received bnt162b2 (COMIRNATY) (at the age of 17 year old), dose 1 via an unspecified route of administration on 21Apr2021 (Batch/Lot Number: ET3045) as DOSE 1, 0.3ML SINGLE for COVID-19 immunisation. The patient's medical history and medications were not reported. The patient's weight and height were not reported. On 21Apr2021 at 1:10 p.m. (13:10), the affected person suffered an immediate anaphylactic reaction with dyspnoea and nausea with outcome of unknown. Further ADR description stated that on 21Apr2021 at 1:10 p.m. the affected person suffered an immediate anaphylactic reaction with dyspnoea and nausea. The diagnosis was supported by blood pressure measurement, anamnesis, AF, pulse measurement. The reaction was life threatening. She was treated as an outpatient as well as inpatient in the hospital. The patient's outcome was unknown for anaphylactic reaction, unknown for dyspnoea, and unknown for nausea. The patient underwent lab tests and procedures which included blood pressure measurement, anamnesis and heart rate with unknown results on an unspecified date. The outcome of the events was unknown. Relatedness of drug to reactions/events to Comirnaty for all events/PEI was D. Unclassifiable. Sender's comments: At 1:10 p.m. the affected person suffered an immediate anaphylactic reaction with dyspnoea and nausea. The diagnosis was supported by blood pressure measurement, anamnesis, AF, pulse measurement. The reaction was life threatening. She was treated as an outpatient as well as inpatient in the hospital. No vaccination complications were suspected with previous vaccinations. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1497836 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Foreign

Vaccinated: 2021-05-30

Onset: 2021-05-30

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-23

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/

BIONTECH - / 1 - / -

Administered by: Other Purchased by: ?  
Symptoms: Chest pain, Nausea, Pyrexia  
SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, 3 days  
Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: BHPFIZER INC2021884370

Write-up: fever; Nausea; chest pain; This is a spontaneous report from a contactable pharmacist at regulatory authority. This is a report received via email from a regulatory authority. The Regulatory Authority number was unknown. A 17-year-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE; lot number and expiration date were not reported), via an unspecified route of administration on 30May2021 (at the age of 17-year-old), dose 1, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient had no allergies to medications, food or other products. On 30May2021, the patient experienced fever, nausea, and chest pain. It was reported that the chest pain was tapping in nature and radiating to the back. It was not relieved by panadol. The patient was diagnosed with chest pain, unspecified. The patient was hospitalized for the events on 25Jun2021 to 28Jun2021. The patient received unspecified treatment for the events. The reporter described the severity of the adverse events as severe. The outcome of the events was unknown. No follow-up attempts are possible; Information about lot/batch number cannot be obtained.

VAERS ID: 1502624 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-07-02

Onset: 2021-07-05

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE6975 / 2 - / -

Administered by: Other Purchased by: ?

Symptoms: Angiogram, Diagnostic procedure, Echocardiogram,  
Electrocardiogram, Myocarditis

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and  
systemic symptoms syndrome (broad), Immune-mediated/autoimmune  
disorders (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Croup  
(Croup symptoms in 1st year of life after vaccination); Vaccination  
complication (Croup symptoms in 1st year of life after vaccination)

Allergies:

Diagnostic Lab Data: Test Name: transthoracic echocardiography;

Result Unstructured Data: Test Result:excluded: coronary heart  
disease; Comments: excluded: coronary heart disease, parainfectious  
(mi.) myocardial infarction Croup symptoms in 1st year of life after  
vaccination; Test Name: ECG; Result Unstructured Data: Test

Result:excluded: coronary heart disease; Comments: excluded:  
coronary heart disease, parainfectious (mi.) myocardial infarction  
Croup symptoms in 1st year of life after vaccination; Test Name:

coronary angiography; Result Unstructured Data: Test

Result:excluded: coronary heart disease; Comments: excluded:  
coronary heart disease, parainfectious (mi.) myocardial infarction;

Test Name: Clinical examination; Result Unstructured Data: Test

Result:excluded: coronary heart disease; Comments: excluded:  
coronary heart disease, parainfectious (mi.) myocardial infarction

CDC Split Type: DEPFIZER INC2021873872

Write-up: Myocarditis; This is a spontaneous report from a non-  
contactable physician downloaded from the Regulatory Authority (RA)-  
WEB, regulatory authority number DE-PEI-202100127743. This

spontaneous report was received from a Physician and concerns a 17-  
year-old male patient who received his second dose of bnt162b2  
(COMIRNATY, Formulation: Solution for injection, Batch/Lot number:

FE6975) via an unspecified route of administration on 02Jul2021 (at  
the age of 17-year-old) as dose 2, 0.3 ml single for COVID-19  
immunisation. The patient medical history included vaccination

complication and Croup symptoms in 1st year of life after  
vaccination, croup infectious from an unknown date and unknown if  
ongoing. Concomitant medications were not reported. The patient

previously received his first dose of bnt162b2 (COMIRNATY, Formulation: Solution for injection, Batch/Lot number: UNKNOWN) via an unspecified route of administration on 21May2021 as dose 1, 0.3 ml single for COVID-19 immunisation with no adverse effect. On 05Jul2021, the patient experienced myocarditis. This report is serious - hospitalization, life threatening. The patient underwent lab tests which showed angio cardiogram, diagnostic procedure, echocardiogram and electrocardiogram all with results: excluded: coronary heart disease, excluded: coronary heart disease, parainfectious (mi) myocardial infarction. Croup symptoms in 1st year of life after vaccination. Outcome of the event was not resolved. Result of assessment: Comirnaty/ event(s): Myocarditis/ Agency: D. unclassifiable. No follow-up attempts possible. No further information expected.

VAERS ID: 1502904 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-03

Onset: 2021-06-06

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FC8889 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Blood test, Dizziness, Headache, Hypoaesthesia, Magnetic resonance imaging head, Vomiting

SMQs: Acute pancreatitis (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Allergy; Asthma

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 202106; Test Name: Blood test;

Result Unstructured Data: Test Result:unspecified, unknown results;

Test Date: 202106; Test Name: MRI brain; Result Unstructured Data:

Test Result: not executed

CDC Split Type: DKPFIZER INC2021873995

Write-up: Dizziness; Numbness of right arm and leg; Vomiting; Headache; This is a spontaneous report from a contactable consumer or other non-health care professional downloaded from the Regulatory Authority (RA)-WEB, regulatory authority number DK-DKMA-WBS-0070850. A 17-years-old female patient received bnt162b2 (Comirnaty), dose 1 via an unspecified route of administration on 03Jun2021 (batch/lot number: fc8889; expiration date: 30Sep2021, age at vaccination 17 years) as dose 1, single for covid-19 immunisation. dose: 1df, pharmaceutical form (dosage form) was 15, previous given: no. Medical history included ongoing Allergy, ongoing asthma. The patient's concomitant medications were not reported. On 06Jun2021 patient experienced dizziness, vomiting, numbness of right arm and leg (hypoesthesia), headache. The patient was hospitalized for dizziness (dizziness) from Jun2021 to an unknown date. The patient was hospitalized for vomiting (vomiting) from Jun2021 to an unknown date. The patient was hospitalized for numbness of right arm and leg (hypoesthesia) from Jun2021 to an unknown date. The patient was hospitalized for headache (headache) from Jun2021 to an unknown date. The patient underwent lab tests and procedures which included blood test: unspecified, unknown results on Jun2021, (magnetic resonance imaging) MRI brain: not executed on Jun2021. Outcome of events was recovering. No follow-up attempts are possible. No further information is expected.

VAERS ID: 1502915 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-25

Onset: 2021-06-25

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FE2083 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Blood test, Chest discomfort, Echocardiogram, Electrocardiogram, Palpitations, Pericarditis, Product use issue  
SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Medication errors (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No  
ER Visit? No  
ER or Doctor Visit? No  
Hospitalized? Yes, ? days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions:  
Allergies:

Diagnostic Lab Data: Test Date: 20210701; Test Name: Blood test;  
Result Unstructured Data: Test Result:Normal coronary markers and  
biochemistry; Test Date: 20210701; Test Name: Echocardiography;  
Result Unstructured Data: Test Result:Nothing abnormal; Test Date:  
20210701; Test Name: Electrocardiogram; Result Unstructured Data:  
Test Result:concave configuration, obs pericarditis  
CDC Split Type: DKPFIZER INC2021873942

Write-up: Pericarditis; pressure and discomfort in the pectoral  
region. aggravated on 30Jun2021.; palpitations, aggravated on  
30Jun2021; 17 year old male patient vaccinated with Comirnaty; This  
is a spontaneous report from a contactable physician downloaded from  
the Regulatory Authority (RA)-WEB, regulatory authority number DK-  
DKMA-WBS-0075537. A 17-year-old male patient received BNT162B2  
(COMIRNATY, solution for injection), dose 1 intramuscular on  
25Jun2021 (Batch/Lot Number: FE2083; Expiration Date: 31Oct2021) as  
dose 1, single for covid-19 immunisation. The patient's medical  
history and concomitant medications was not reported. There is no  
information regarding concomitant medication. There is no  
information regarding past medication. There is no information  
regarding patient medical history or concurrent conditions. The  
patient experienced pericarditis which was considered as  
hospitalization, pressure and discomfort in the pectoral region.  
aggravated on 30jun2021. which was considered as hospitalization on  
29Jun2021, palpitations, aggravated on 30jun2021 which was  
considered as hospitalization on 29Jun2021. The patient was  
hospitalized from 01Jul2021 to an unknown date. The patient  
underwent lab tests and procedures which included blood test: normal  
coronary markers and biochemistry on 01Jul2021, Echocardiography:  
nothing abnormal on 01Jul2021, electrocardiogram: concave  
configuration, obs pericarditis on 01Jul2021. Therapeutic measures  
were taken. Medical Confirmation by Healthcare Professional of all  
events were true. The outcome of pericarditis was recovering and the  
outcome of rest of the events was unknown. Causality: The patient  
has an open reference to the hospital, but there has been made no  
plans for check-ups after he leaves the hospital. No follow-up  
attempts are possible. No further information is expected.

VAERS ID: 1503021 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-22

Onset: 2021-06-22

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

FC3098 / UNK LA / OT

Administered by: Other Purchased by: ?

Symptoms: Concussion, Dizziness, Feeling cold, Flushing, Headache, Lip haemorrhage, Malaise, Syncope, Tooth injury, Tremor, Vomiting

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergy to animals (dog, cat allergy); Asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type: FIPFIZER INC2021874181

Write-up: Vomiting; Headache; Dizziness; Lip haemorrhage; Malaise; Syncope; Flushed chest; Comotio cerebri; Tooth injury; Feeling cold; Tremor limb; This is a spontaneous report from a contactable physician downloaded from the Regulatory Authority (RA)-WEB, regulatory authority number FI-FIMEA-20213467. A 17-year-old male patient received bnt162b2 (COMIRNATY), intramuscular, administered in Arm Left on 22Jun2021 (Batch/Lot Number: FC3098) at age 17-years-old as dose number unknown, single for covid-19 immunisation. Medical history included asthma, and dog and cat allergy. The patient's concomitant medications were not reported. The patient experienced vomiting, headache, dizziness, lip haemorrhage, malaise, syncope, flushed chest, commotio cerebri, tooth injury, feeling cold and tremor limb on 22Jun2021 which caused hospitalization. Clinical course were as follows: After corona vaccination, dizziness, fainting, self-injured. About 5 min after the vaccination, feeling unwell, started to feel dizzy. He left the

lobby for the nurse's room and then fainted behind the door, fell on his face. Teeth injured, bleeding wound in lower lip. In the follow-up neurological. status normal. Shaking in the limbs. Anxious, of course. Skin is slightly red on the chest. Blood pressure good, no symptoms of anaphylaxis. After follow-up, directed to the dental office side for a dental examination, where anesthetized teeth straightened and a tooth support inserted. Went to a home where he reported feeling unwell and suddenly started vomiting violently. Headaches. Freezing. Sent to Hospital for commotion follow-up. Outcome of the events was unknown. No follow-up attempts possible. No further information expected.

VAERS ID: 1503090 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-07-02

Onset: 2021-07-02

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-26

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE2296 / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Hypotension, Nausea, Vomiting

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: FRPFIZER INC2021874095

Write-up: Vomiting; Hypotension; nausea; This is a spontaneous report from a contactable physician downloaded from the regulatory authority [FR-AFSSAPS-2021088033], Safety Report Unique Identifier [FR-AFSSAPS-BX20216458]. A 17-years-old female patient received first dose of BNT162b2 (COMIRNATY, solution for injection, Lot



Number: FE2296), via an intramuscular route on 02Jul2021 (at the age of 17-years) as a single dose for COVID-19 immunization. The patient medical history and concomitant medications were not reported. The patient did not have COVID history. On 02Jul2021 (15 minutes after vaccination), the patient experienced nausea, vomiting, arterial hypotension. The patient had 3 hours of hospitalization. The clinical outcome of the events was recovering. No follow-up attempts possible. No further information expected.

VAERS ID: 1506550 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-06-14

Onset: 2021-06-14

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FD0168 / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Chest discomfort, Coagulation test, Cough, Dizziness, Electrocardiogram, Electrocardiogram abnormal, Fibrin D dimer, Gait disturbance, Headache, Impaired work ability, Platelet count, Respiratory tract infection, Syncope, Vertigo

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Vestibular disorders (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 202106; Test Name: Coagulation;

Result Unstructured Data: Test Result:Coagulation in order; Test

Date: 20210705; Test Name: Electrocardiogram; Result Unstructured

Data: Test Result:Complications; Test Date: 202106; Test Name: D-

Dimer; Result Unstructured Data: Test Result:Coagulation in order;  
Test Date: 202106; Test Name: Platelet counts; Result Unstructured  
Data: Test Result:Coagulation in order  
CDC Split Type: ATPFIZER INC2021882868

Write-up: Respiratory tract infection; Persistent dizziness;  
Thoracic tightness; Syncope with brief loss of consciousness and  
persistent dizziness and thoracic tightness; Irritant cough;  
Complications in Electrocardiogram; Uncertainty when walking;  
Dizziness on the day of vaccination; Headache on the day of  
vaccination; Inability to work if dizziness and unsteadiness when  
walking continues; This is a spontaneous report from a contactable  
physician downloaded from the WEB, regulatory authority number AT-  
BASGAGES-2021-35276. A 17-year-old female patient received BNT162B2  
(COMIRNATY, Batch/Lot Number: FD0168), intramuscular on 14Jun2021  
(at the age of 17 years old) as dose 1, single for COVID-19  
immunization. Medical history and concomitant medications were not  
reported. According to her medical history, she never had Covid-19.  
The patient experienced Dizziness headache on day of vaccination on  
14Jun2021, 2-day incapacity for work, and on 01Jul-02Jul2021 was  
hospitalized for syncope with brief unconsciousness and vertigo/  
persistent dizziness and chest/thoracic tightness. The patient also  
had an irritant cough, so she was given Novolizer, which also  
relieved the chest tightness. At the hospital, she was diagnosed  
with a respiratory infection. The patient presented to doctor's  
office on 05Jul2021, complications in Electrocardiogram on  
05Jul2021, and inability to work with continued dizziness and  
unsteadiness when walking/gait instability in Jul2021 was reported,  
review was done by an otorhinolaryngologist, lab check was planned.  
The patient underwent lab tests and procedures which included  
coagulation test, D dimer and platelet count: coagulation in order  
on Jun2021, and electrocardiogram: complications on 05Jul2021. The  
patient has not recovered from "Persistent dizziness", "Inability to  
work", and "Uncertainty when walking"; Unknown outcome from  
"Complications in Electrocardiogram" and has recovered from other  
events on an unspecified date. The events were assessed as serious,  
medically significant by the regulatory authority. No follow-up  
attempts are possible. No further information is expected.

VAERS ID: 1506654 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-05-12  
Onset: 2021-05-12  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
EX8680 / 1 - / -  
Administered by: Other Purchased by: ?  
Symptoms: Blood prolactin, Syncope

SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Histamine intolerance; Nickel sensitivity

Allergies:

Diagnostic Lab Data: Test Name: Prolactin; Result Unstructured Data: Test Result:normal

CDC Split Type: DEPFIZER INC2021882986

Write-up: convulsive syncope; This is a spontaneous report received from a non-contactable consumer downloaded from the WEB number DE-PEI-CADR2021078188, Safety Report Unique Identifier DE-PEI-202100070373. A 17-year-old female patient received bnt162b2 (COMIRNATY, Lot Number: EX8680), via an unspecified route of administration on 12May2021 (at the age of 17-year-old) as dose 1, single for COVID-19 immunization. Medical history included histamine intolerance and nickel allergy. The patient's concomitant medications were not reported. On 12May2021 the patient experienced Syncope convulsive. The patient had to be hospitalized on unspecified date, as she had convulsive syncope (especially) for about 2 minutes immediately after the vaccination. With syncope, head impact, quickly recovered after elevating the legs. The patient underwent lab tests and procedures which included prolactin: normal on unspecified date. The patient recovered from the event on 12May2021. Sender Comment: Are you or the person concerned known of any allergies? If yes, which? Histamine intolerance, nickel allergy / \* PRIVACY, The affected person had to be hospitalized, they had convulsive syncope (especially) for about 2 minutes immediately after the vaccination. With syncope, head impact, quickly recovered after elevating the legs. No change in laboratory parameters, normal prolactin. Event assessment : Comirnaty/ event/ PEI /Result of Assessment: D. Unclassifiable No follow-up attempts are possible. No further information is expected.

VAERS ID: 1506680 (history)

Form: Version 2.0

Age: 17.0

Sex: Female

Location: Foreign

Vaccinated: 2021-05-18

Onset: 2021-05-18

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-07-27

Vaccination / Manufacturer Lot / Dose Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

1C006A / UNK - / -

Administered by: Other Purchased by: ?

Symptoms: Headache, Nausea, Pain in extremity, Somnolence

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad),

Dementia (broad), Noninfectious encephalitis (broad), Noninfectious

encephalopathy/delirium (broad), Noninfectious meningitis (broad),

Gastrointestinal nonspecific symptoms and therapeutic procedures

(narrow), Tendinopathies and ligament disorders (broad),

Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Asthma

Preexisting Conditions: Medical History/Concurrent Conditions:

Allergy to animal; Dust allergy; Grass allergy; Pollen allergy

Allergies:

Diagnostic Lab Data:

CDC Split Type: DEPFIZER INC2021882997

Write-up: drowsiness; Headache; Nausea; pain in the legs; This is a spontaneous report from a non contactable consumer downloaded from the WEB: Worldwide unique case identification number-DE-PEI-CADR2021079532, Sender's (Case) Safety Report Unique Identifier-DE-PEI-202100072418. A 17-year-old female patient received BNT162B2 (COMIRNATY) Lot number 1C006A, on 18May2021 at single dose (at the age of 17-year-old) for COVID-19 immunisation. Medical history included ongoing asthma, grass allergy, dust allergy, dog allergy and allergy pollen. Concomitant medication was not reported. On 18May2021 the patient experienced severe headache in the area of the right temple up to the eyebrow, severe pain in the legs so that it was no longer possible to stand on one's feet, nausea, drowsiness. Hospital stay, here the pain was treated with painkillers. That same evening all pain was gone again. The outcome of all events was resolved on 18May2021. Sender Comment: Are you or the person concerned known of any allergies? If yes, which? Grasses, house dust, dog owners, pollen Information on risk factors or previous illnesses Asthma / hospital stay, here the pain was treated with painkillers. That same evening all pain was gone again. Relatedness of drug to reaction(s)/event(s) PEI: D Unclassifiable (for all

events) No follow-up attempts possible. No further information expected.

VAERS ID: 1516110 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Male  
Location: Foreign

Vaccinated: 2021-06-23  
Onset: 2021-06-23  
Days after vaccination: 0  
Submitted: 0000-00-00  
Entered: 2021-07-30

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / OT

Administered by: Other Purchased by: ?

Symptoms: Aneurysm, Angiogram, Atrial septal defect, Cardioliipin antibody, Cerebral infarction, Echocardiogram, Factor V Leiden mutation, Janus kinase 2 mutation, Magnetic resonance imaging, NIH stroke scale, Toxicologic test, Ultrasound Doppler

SMQs:, Ischaemic central nervous system vascular conditions (narrow), Congenital, familial and genetic disorders (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions:

Smoker (occasional smoking)

Allergies:

Diagnostic Lab Data: Test Date: 20210623; Test Name: Computed tomography angiography of the supra-aortic trunks + Willis; Result Unstructured Data: Test Result:no findings; Comments: no dissection or carotid web, no vasospasm, no hemorrhagic transformation; Test Date: 20210623; Test Name: Anticardioliipin immunoglobulin G; Result Unstructured Data: Test Result:21.0 UC; Test Date: 20210623; Test Name: Trans-aesophageal echocardiography; Result Unstructured Data: Test Result:foramen ovale/aneurysm of interauricular septum; Comments: atrial septum: septal aneurysm type excursion: Aneurysm of the interauricular septum + excursion of 18 mm. Presence of a physiological atrial shunt by patent foramen ovale. Paradoxical shunt caused by the bubble test from right atrium to left atrium

through the patent foramen ovale + 1 mm wide: slight early shunt not very significant but present; Test Date: 20210623; Test Name: Factor V Leiden mutation; Result Unstructured Data: Test Result:pending; Test Date: 20210623; Test Name: Paroxysmal nocturnal hemoglobinuria clone, JAK2 mutation; Result Unstructured Data: Test Result:pending; Test Date: 20210623; Test Name: magnetic resonance imaging; Result Unstructured Data: Test Result:ischemic stroke; Comments: Right deep sylvian fissure ischemic stroke, no thrombus; Test Date: 20210623; Test Name: a regulatory authority Stroke Scale; Result Unstructured Data: Test Result:2-3-0; Comments: -Before MRI: 2 -After MRI: 3 -After thrombolysis: 0, Rankin 1; Test Date: 20210623; Test Name: urinary toxics; Result Unstructured Data: Test Result:negative; Test Date: 20210623; Test Name: venous echo-Doppler of the lower limbs; Result Unstructured Data: Test Result:no deep vein thrombosis; Comments: no argument in favour of deep vein thrombosis of both lower limbs

CDC Split Type: FRPFIZER INC2021905607

Write-up: Cerebral infarct (deep right sylvian fissure)/ subacute global + left hemiparesis headaches; foramen ovale; aneurysm of the interauricular septum; This is a spontaneous report from a contactable physician downloaded from a regulatory authority-WEB, regulatory authority number FR-AFSSAPS-BR20212639. A 17-year-old male patient received the first dose of BNT162B2 (COMIRNATY) via intramuscular on 23Jun2021 at 19:10 (Batch/Lot Number: unknown) at the age of 17-year-old as single dose for COVID-19 immunisation. Medical history included occasional smoking and unknown if ongoing (occasional smoking), no particular medical history. Concomitant medication was not reported. On 23Jun2021 at 23:10, 4 hours after the injection, the patient experienced cerebral infarction (deep right sylvian fissure). The patient presented the first symptoms in his parents'' car on his way home from a party (no consumption of toxicants): subacute global + left hemiparesis headaches. Possible brief loss of consciousness, the patient having partial amnesia at the onset of the episode. Some phasic disorders according to the mother, loss of urine twice. Due to the impairment persisting, called the emergency medical assistance service at 11:45 p.m. Arrival at Emergency Room at 12:30 a.m. Almost complete regression of the impairment, paresis of the left upper limb, left hemiataxia. A regulatory authority Stroke Scale at 2. On an unspecified date, the patient experienced foramen ovale, aneurysm of the interauricular septum. The patient underwent lab tests and procedures which included computed tomography angiography of the supra-aortic trunks + Willis: no findings on 23Jun2021 (no dissection or carotid web, no vasospasm, no hemorrhagic transformation), anticardiolipin immunoglobulin G: 21.0 uc on 23Jun2021, Trans-aesophageal echocardiography: foramen ovale/aneurysm of interauricular septum on 23Jun2021 (atrial septum: septal aneurysm type excursion: Aneurysm of the interauricular septum + excursion of 18 mm. Presence of a physiological atrial shunt by patent foramen ovale. Paradoxical shunt caused by the bubble test from right atrium to left atrium through the patent foramen ovale + 1 mm wide: slight early shunt not very significant but present), factor v leiden mutation: pending on 23Jun2021, Paroxysmal nocturnal hemoglobinuria clone, JAK2 mutation: pending on

23Jun2021, magnetic resonance imaging: ischemic stroke on 23Jun2021 (Right deep sylvian fissure ischemic stroke, no thrombus), a regulatory authority Scale: 2-3-0 on 23Jun2021 (Before MRI: 2, After MRI: 3, After thrombolysis: 0, Rankin 1), urinary toxics: negative on 23Jun2021, venous echo-Doppler of the lower limbs: no deep vein thrombosis on 23Jun2021 (no argument in favour of deep vein thrombosis of both lower limbs). MRI (magnetic resonance imaging): Right deep sylvian fissure ischemic stroke, no thrombus. A regulatory authority Stroke Scale 3 after Magnetic Resonance Imaging. Thrombolysis intravenous 5 + 57 mg on 24Jun2021 at 01:32 a.m. Favourable outcome a regulatory authority Stroke Scale 0, Rankin 1. Aetiological assessment: Trans-aesophageal echocardiography: atrial septum: septal aneurysm type excursion: Aneurysm of the interauricular septum + excursion of 18 mm. Presence of a physiological atrial shunt by patent foramen ovale. Paradoxical shunt caused by the bubble test from right atrium to left atrium through the patent foramen ovale + 1 mm wide: slight early shunt not very significant but present. Venous echo-Doppler of the lower limbs: no argument in favour of deep vein thrombosis of both lower limbs. Computed tomography angiography of the supra-aortic trunks + Willis: no dissection or carotid web, no vasospasm, no hemorrhagic transformation. Blood test: urinary toxics: negative. V factor mutation: pending. Anticardiolipin immunoglobulin G: 21.0 UC. Paroxysmal nocturnal hemoglobinuria clone, JAK2 mutation: pending. Etiological assessment to be completed externally: spiderflash, thoraco-abdomino-pelvic computerised tomography and control at 3 months of anti-cardiolipin immunoglobulin G antibodies. Fibrinolysis of the right deep sylvic fissure infarction, preferred cardiac embolic cause (although atypical topography): discovery of patent foramen ovale/aneurysm of the interauricular septum. File sent to neuro-cardio multi-disciplinary meeting. Contemporaneous with the first injection of the Pfizer vaccine but no coagulopathy. As a precautionary principle, no second dose. Therapeutic measures were taken for cerebral infarct. The event of cerebral infarct caused hospitalization. The outcome of cerebral infarct was recovering. The outcome of other events was unknown. No follow-up attempts are possible. Information about batch number cannot be obtained.

VAERS ID: 1519708 (history)  
 Form: Version 2.0  
 Age: 17.0  
 Sex: Male  
 Location: Foreign

Vaccinated: 2021-07-18  
 Onset: 2021-07-20  
 Days after vaccination: 2  
 Submitted: 0000-00-00  
 Entered: 2021-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH		
UNKNOWN / 2	- / -	
Administered by: Other	Purchased by: ?	
Symptoms: Myocarditis		

SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: CAPFIZER INC202100935041

Write-up: myocarditis; This is a spontaneous report from a contactable physician. A 17-year-old male patient received bnt162b2 (BNT162B2), via an unspecified route of administration on 18Jul2021, at the age of 17-years-old, (Batch/Lot Number: Unknown) as DOSE 2, SINGLE for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. Historical vaccine include dose 1 of BNT162b2, received on 01Jun2021. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient was not diagnosed with COVID-19. On 20Jul2021 10:00, the patient experienced chest pain, increased troponin, and myocarditis. The involves Emergency room care and hospitalization for 1 day. Since the vaccination, the patient has not been tested for COVID-19. The outcome of the events was unknown. Therapeutic measures were taken as a result of the events which includes Ibuprofen. No follow-up attempts possible. No further information expected.; Sender's Comments: The event was considered related to suspect drug based on strong temporal association and known safety profile of the drug. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to RAs, Ethics Committees, and Investigators, as appropriate.

VAERS ID: 1521275 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-19

Onset: 2021-06-25



Days after vaccination: 6  
Submitted: 0000-00-00  
Entered: 2021-08-03  
Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FD0785 / 2 LA / OT  
Administered by: Other Purchased by: ?  
Symptoms: Myocarditis  
SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)  
Life Threatening? No  
Birth Defect? No  
Died? No  
Permanent Disability? No  
Recovered? No  
Office Visit? Yes  
ER Visit? No  
ER or Doctor Visit? Yes  
Hospitalized? Yes, 10 days  
Extended hospital stay? No  
Previous Vaccinations:  
Other Medications:  
Current Illness:  
Preexisting Conditions: Medical History/Concurrent Conditions:  
COVID-19 (diagnosed)  
Allergies:  
Diagnostic Lab Data:  
CDC Split Type: HUPFIZER INC202100920993  
Write-up: Myocarditis developing after the second dose of Pfizer Comirnaty mRNA vaccine.; This is a spontaneous report from a contactable physician via COVAES. A 17-years-old male patient received bnt162b2 (COMIRNATY), dose 2 intramuscular, administered in Arm Left at age of 17 years on 19Jun2021 (Lot Number: FD0785) as single dose for covid-19 immunisation. Medical history included diagnosed with COVID-19 not ongoing. No known allergies. The patient's concomitant medications were none, the patient didn't receive any other vaccines within 4 weeks prior to the COVID vaccine, not any other medications the patient received within 2 weeks of vaccination. Historical vaccine included bnt162b2 (COMIRNATY), dose 1 intramuscular, administered in Arm Left at age of 17 years on 15May2021 (Lot Number: FA5829) as single dose for covid-19 immunisation. The patient experienced myocarditis developing on 25Jun2021 after the second dose of Pfizer Comirnaty mRNA vaccine and hospitalization for 10 days. The most recent COVID-19 vaccine was administered in hospital. The adverse event result in doctor or other healthcare professional office/clinic visit and emergency room/department or urgent care. Since the vaccination, the patient has not been tested for COVID-19. Therapeutic measures were taken as a result of myocarditis included ACE-inhibitor, acetylsalicylic acid. The outcome of the event was recovering.; Sender's Comments: Based on the information provided in narrative, a possible contributory role of the suspect product BNT162B2 to the development of reported event of Myocarditis cannot

be totally excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.,Linked Report(s) : HU-PFIZER INC-202100927798 same reporter, suspect product and event, different patient;HU-PFIZER INC-202100927797 same reporter, suspect product and event, different patient

VAERS ID: 1527897 (history)  
Form: Version 2.0  
Age: 17.0  
Sex: Female  
Location: Foreign

Vaccinated: 2021-07-06

Onset: 2021-07-06

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-05

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH  
FE2625 / 1 - / -

Administered by: Other Purchased by: ?

Symptoms: Anaphylactic shock, Balance disorder, Chest pain, Chills, Dizziness, Dyspnoea, Fatigue, Headache, Lip swelling, Malaise, Mouth swelling, Nausea, Pharyngeal erythema, Pharyngeal swelling

SMQs: Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Anaphylactic/anaphylactoid shock conditions (narrow), Oropharyngeal allergic conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Food allergy ("tomato, bell pepper, pineapple, kiwi"); House dust mite allergy; Lactose intolerance (allergy:

Lactose, pollen, tomato, bell pepper, pineapple, kiwi, house dust  
girl, shrimp); Pollen allergy; Shellfish allergy ("shrimp")

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: NLPFIZER INC202100932125

Write-up: chest burn; Throat turned red/erythema of throat; swelling of lips; swelling of throat; swelling of mouth; became short of breath, had a bad breath/short of breath, couldn't breathe properly; Anaphylactic shock; Nausea; Headache; Fatigue; Cold shivers; Not feeling well; Dizziness; can't stand upright for more than 4 minutes without falling; This is a spontaneous report from a contactable consumer downloaded from the regulatory authority-WEB, regulatory authority number is NL-LRB-00614675. A 17-year-old female patient received BNT162B2 (COMIRNATY; lot number: FE2625 and expiration date: not reported), via an unspecified route of administration on 06Jul2021 (at the age of 17 years old) as dose 1, 0.3 ml single for COVID-19 immunization. The patient's medical history and concomitant medications were not reported. The patient had confounding factors and was allergic to lactose (intolerance), pollen and foods like tomato, bell pepper, pineapple and kiwi; shellfish (shrimp) and house dust mite. The patient didn't had previous COVID-19 episode. The patient experienced chest burn; throat turned red/erythema of throat; swelling of lips, throat and mouth; short of breath and had a bad breath/short of breath and couldn't breathe properly; anaphylactic shock; nausea; headache; fatigue; cold shivers; not feeling well; dizziness and can't stand upright for more than 4 minutes without falling on 06Jul2021 following the administration of BNT162B2. The latency of these events was within one day after the vaccination. The events swelling of lips, mouth and throat; erythema of throat; dyspnea; chest discomfort and anaphylactic shock lead to hospitalization of patient in Jul2021 with the information reported as anaphylactic shock. The patient was treated with clemastine (TAVEGYL), epinephrine (EPIPEN), prednisolone and nebulization. The patient had been referred and tested by the allergist. The outcome of the patient was not recovered for the events dizziness, can't stand upright for more than 4 minutes without falling, fatigue, headache and malaise 1 day after the onset and was recovering for the other events. Sender's comment: Since the nature of the reported reactions does not imply seriousness according to one of the regulatory authority criteria, the reaction (dizziness) was considered as non-serious by the regulatory authority.

VAERS ID: 1530149 (history)

Form: Version 2.0

Age: 17.0

Sex: Male

Location: Foreign

Vaccinated: 2021-06-30

Onset: 2021-06-30

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 2021-08-06

Vaccination / Manufacturer Lot / Dose Site / Route  
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/  
BIONTECH- / 1 - / 0T

Administered by: Other Purchased by: ?

Symptoms: Blood creatine phosphokinase, Blood creatine phosphokinase  
MB, Chest pain, Dizziness, Electrocardiogram, Investigation,  
Overdose, Presyncope, Vertigo

SMQs: Anticholinergic syndrome (broad), Drug abuse and dependence  
(broad), Gastrointestinal nonspecific symptoms and therapeutic  
procedures (broad), Cardiomyopathy (broad), Vestibular disorders  
(narrow), Hypotonic-hyporesponsive episode (broad), Medication  
errors (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210630; Test Name: CPK MB; Result

Unstructured Data: Test Result:false; Test Name: ECG; Test Result:

Negative ; Test Name: cardiological and neuropsychiatric

examinations; Result Unstructured Data: Test Result:normal; Test

Name: Blood creatine phosphokinase; Result Unstructured Data: Test

Result:10678 U/L; Test Name: Blood creatine phosphokinase; Result

Unstructured Data: Test Result:6491U/L

CDC Split Type: ITPFIZER INC202100939679

Write-up: Thoracic pain; Vertigo subjective; Dizziness; Presyncope;

received bnt162b2 as 0.5 ML; FARO This is a Non-Interventional Study

report from a contactable Physician downloaded from the WEB report

number IT-MINISAL02-756877. A 17-year-old male patient received

bnt162b2 (COMIRNATY, Suspension for injection), dose 1 intramuscular

on 30Jun2021 at the age of 17-year-old (Batch/Lot number was not

reported) as 0.5 ML single for covid-19 immunisation. The patient's

medical history and concomitant medications were not reported. The

patient experienced thoracic pain, vertigo subjective, dizziness,

presyncope, all on 30Jun2021 with outcome of recovering and serious

for Caused/prolonged hospitalization. The patient underwent lab

tests and procedures which included Blood creatine phosphokinase:

10678 U/L and 6491U/L, CPK MB: false on 30Jun2021, ECG: negative,

cardiological and neuropsychiatric examinations: normal. Result of

tests and procedures relevant to the investigation of the patient:

cardiac marker used to assist diagnoses of an acute myocardial

infarction (CPK MB) on 30Jun2021. Test Result: false. On 30Jun2021,

one hour after administering the first dose of Pfizer anti-SARS-

CoV-2 vaccine, the patient had a lipothymic episode, preceded by dizziness and chest pain. Electrocardiography performed on site, negative. He went to the emergency room). Actions taken (Performed ECG on site, negative. For blood creatine phosphokinase (CK) of 10678 U/L and Aspartate transaminase (AST) and Alanine transaminase (ALT) moved, we undertook a hyperhydration regime with Ringer's lactate 150 ml / h for which creatine phosphokinase (CPK) are reduced (6491U/L). He was admitted and cardiological and neuropsychiatric examinations were carried out, which were normal. Patient always asymptomatic). The action taken in response to the events for bnt162b2 was not applicable. The reporter's assessment of the causal relationship of the event with the suspect products was not provided at the time of this report. Since no determination has been received, the case is managed based on the company causality assessment. Follow-up attempt are not possible. No expected further information expected.; Sender's Comments: Considering the plausible drug-event temporal association, a contributory role of the suspect product bnt162b2 to the reported events cannot be excluded. Case will be reassessed upon receipt of additional information. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate