



National Vaccine
Information Center
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Search Results

From the 2/28/2025 release of VAERS data:

Found 58 cases where Age is 6-or-more-and-under-18 and Location is U.S. States and Vaccine targets COVID-19 (COVID19 or COVID19-2) and Patient Died

[Government Disclaimer on use of this data](#)

Case Details

VAERS ID: [1187918](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 2021-04-05
Age: 15.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2021-04-09
Location: New Hampshire

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), Noninfectious myocarditis/pericarditis (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:** Trisomy 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: 1199455 (history)	Vaccinated:	2021-04-02
Form: Version 2.0	Onset:	2021-04-10
Age: 17.0	Days after vaccination:	8
Sex: Female	Submitted:	0000-00-00
Location: Wisconsin	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), Noninfectious myocarditis/pericarditis (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: [1225942](#) (history) **Vaccinated:** 2021-03-19
Form: Version 2.0 **Onset:** 2021-03-28
Age: 16.0 **Days after vaccination:** 9
Sex: Female **Submitted:** 0000-00-00
Location: Wisconsin **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), Noninfectious myocarditis/pericarditis (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: [1242573](#) (history) **Vaccinated:** 2021-04-18
Form: Version 2.0 **Onset:** 2021-04-19
Age: 15.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Colorado **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), Noninfectious myocarditis/pericarditis (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: [1243487](#) (history) **Vaccinated:** 2021-04-13
Form: Version 2.0 **Onset:** 2021-04-21
Age: 17.0 **Days after vaccination:** 8
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **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: 1307657 (history)	Vaccinated:	2021-04-19
Form: Version 2.0	Onset:	2021-04-23
Age: 17.0	Days after vaccination:	4
Sex: Male	Submitted:	0000-00-00
Location: Ohio	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: [1382906](#) (history) **Vaccinated:** 2021-05-15
Form: Version 2.0 **Onset:** 2021-06-07
Age: 15.0 **Days after vaccination:** 23
Sex: Male **Submitted:** 0000-00-00
Location: California **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: [1386841](#) (history) **Vaccinated:** 2021-06-03
Form: Version 2.0 **Onset:** 2021-06-07
Age: 16.0 **Days after vaccination:** 4
Sex: Male **Submitted:** 0000-00-00
Location: Georgia **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: 1388042 (history)	Vaccinated:	2021-05-23
Form: Version 2.0	Onset:	2021-06-07
Age: 17.0	Days after vaccination:	15
Sex: Female	Submitted:	0000-00-00
Location: Massachusetts	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: [1420630](#) ([history](#)) **Vaccinated:** 2021-03-13
Form: Version 2.0 **Onset:** 2021-04-03
Age: 16.0 **Days after vaccination:** 21
Sex: Female **Submitted:** 0000-00-00
Location: Pennsylvania **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), Noninfectious myocarditis/pericarditis (broad)

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 lymphohistocytosis (HLH) and ultimately died.

VAERS ID: [1431289](#) (history) **Vaccinated:** 2021-06-02
Form: Version 2.0 **Onset:** 2021-06-19
Age: 13.0 **Days after vaccination:** 17
Sex: Male **Submitted:** 0000-00-00
Location: Minnesota **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), Noninfectious myocarditis/pericarditis (broad)

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: [1466009](#) ([history](#)) **Vaccinated:** 2021-04-03
Form: Version 2.0 **Onset:** 2021-04-30
Age: 16.0 **Days after vaccination:** 27
Sex: Male **Submitted:** 0000-00-00
Location: California **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: [1475434](#) ([history](#)) **Vaccinated:** 2021-07-07
Form: Version 2.0 **Onset:** 2021-07-13
Age: 16.0 **Days after vaccination:** 6
Sex: Male **Submitted:** 0000-00-00
Location: Pennsylvania **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: [1498080](#) (history) **Vaccinated:** 2021-07-18
Form: Version 2.0 **Onset:** 2021-07-22
Age: 15.0 **Days after vaccination:** 4
Sex: Male **Submitted:** 0000-00-00
Location: New York **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), Noninfectious myocarditis/pericarditis (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: [1505250](#) (history) **Vaccinated:** 2021-07-01
Form: Version 2.0 **Onset:** 2021-07-27
Age: 13.0 **Days after vaccination:** 26
Sex: Female **Submitted:** 0000-00-00
Location: Maryland **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), Noninfectious myocarditis/pericarditis (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: [1689212](#) (history) **Vaccinated:** 2021-04-17
Form: Version 2.0 **Onset:** 2021-07-20
Age: 17.0 **Days after vaccination:** 94
Sex: Male **Submitted:** 0000-00-00
Location: Texas **Entered:** 2021-09-10

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

- / UNK

- / IM

Administered by: Private **Purchased by:** ?

Symptoms: [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)

SMQs: Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-29

Days after onset: 40

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 51 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: CETIRIZINE, ERGOCALCIFEROL,

Current Illness: STAGE IV TESTICULAR EMBRYONAL RHABDOMYOSARCOMA W/ LUNG & BONE METASTASES

Preexisting Conditions: SEE ABOVE

Allergies: VANCOMYCIN, TEMSIROLIMUS

Diagnostic Lab Data:

CDC Split Type:

Write-up: SARS COV2 POSITIVE ON 7/20; EXPIRED 8/29/2021

VAERS ID: [1696757](#) ([history](#)) **Vaccinated:** 2021-09-14

Form: Version 2.0 **Onset:** 0000-00-00

Age: 11.0 **Submitted:** 0000-00-00

Sex: Female **Entered:** 2021-09-14

Location: Georgia

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA6780 / 1	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [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:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient was 11 years old and 8 months at the time of vaccine No side effects noted.**VAERS ID:** [1734141](#) (history) **Vaccinated:** 2021-04-19**Form:** Version 2.0 **Onset:** 2021-04-01**Age:** 16.0 **Submitted:** 0000-00-00**Sex:** Male **Entered:** 2021-09-25**Location:** Georgia

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 1	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Cardiomegaly](#)**SMQs:**, Cardiac failure (broad), Cardiomyopathy (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-04-24**Days after onset:** 23**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 INC202101177018

Write-up: killed this young man/he died of an enlarged heart (500+ grams); The initial case was missing the following minimum criteria: unidentified reporter. Upon receipt of follow-up information on 20Sep2021, this case now contains all required information to be valid. This is a spontaneous report from Pfizer sponsored Program, via contactable consumers. A 16-year-old male patient received BNT162B2 via an unspecified route of administration on 19Apr2021 (Lot Number: ER8731; Expiration Date: Jul2021) (at 16-year-old) as dose 1, single for COVID-19 immunisation. The patient's medical history and concomitant medications were not reported. The patient died in 24Apr2021. His father claimed he took the Pfizer vaccine five days before (24Apr2021) he died and that he died of an enlarged heart (500+grams) from Apr2021. It's not reported if autopsy performed. Follow-up attempts are completed. No further information is expected. ; Reported Cause(s) of Death: died of an enlarged heart

VAERS ID: [1757635](#) ([history](#)) **Vaccinated:** 2021-10-02
Form: Version 2.0 **Onset:** 2021-10-03
Age: 16.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2021-10-04

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

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Death](#), [Fatigue](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-03

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: none

Allergies: unknown

Diagnostic Lab Data:

CDC Split Type:

Write-up: fatigue then death

VAERS ID: [1764974](#) ([history](#)) **Vaccinated:** 2021-06-14
Form: Version 2.0 **Onset:** 2021-06-20
Age: 15.0 **Days after vaccination:** 6
Sex: Male **Submitted:** 0000-00-00
Location: New Hampshire **Entered:** 2021-10-06

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

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Arthralgia](#), [Autopsy](#), [Drowning](#), [Gene sequencing](#), [Intracardiac mass](#), [Myocardial necrosis](#), [Myocarditis](#), [Pain](#), [Pathology test](#), [SARS-CoV-2 test negative](#), [Subgaleal haemorrhage](#), [Toxicologic test normal](#), [Ventricular hypertrophy](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Myocardial infarction (narrow), Embolic

and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Accidents and injuries (narrow), Hostility/aggression (broad), Cardiomyopathy (broad), Neonatal disorders (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), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-06-20

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: Autopsy report 6/21/2021. Pertinent findings include: no external indication of scalp injury, with small subgaleal hemorrhage over the left occiput; normal epidural, subdural, and subarachnoid evaluations; mildly elevated cardiac mass 420 mg; normal pericardial appearance; normal coronary artery origins from the aorta and free of atherosclerosis; increased left ventricular wall thickness (1.8 cm) and normal right ventricular wall thickness (0.3 cm); normal gross appearance of the endocardium, myocardium, and cardiac valves; small foci of myocardial inflammation of the lateral wall of the left ventricle with myocyte necrosis; negative myocyte disarray; negative toxicology; negative SARS-CoV-2 RT-PCR; Ambry Genetics CardioNext analysis of 92 genes associated with inherited cardiomyopathies and arrhythmias negative for pathologic findings, positive for 2 variants of unknown significance.

CDC Split Type:

Write-up: He was in his usual state of good health. 5 days after receiving the vaccine, he complained of brief unilateral shoulder pain (unclear to family which shoulder), which the family attributed to a musculoskeletal source. No chest pains, shortness of breath, or palpitations. He was playing with 2 friends at a community pond, swinging from a rope swing, flipping in the air, and landing in the water feet first. He surfaced, laughed, told his friends "Wow, that hurt!", then swam toward shore, underwater as was his usual routine. The friends became worried when he did not re-emerge. His body was retrieved by local authorities more than an hour later.

VAERS ID: 1784945 (history)	Vaccinated:	2021-07-11
Form: Version 2.0	Onset:	2021-08-02
Age: 12.0	Days after vaccination:	22
Sex: Female	Submitted:	0000-00-00
Location: South Carolina	Entered:	2021-10-14

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

Administered by: Private **Purchased by:** ?**Symptoms:** [Death](#), [Respiratory tract haemorrhage](#)**SMQs:**, Haemorrhage terms (excl laboratory terms) (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-08-02**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:** Trisomy 18, Scoliosis, Closed Ventricular Septal Defect, Ectopic Kidney, Gastrostomy Tube dependent, GERD, and Obstructive Sleep Apnea**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Blood in airway, Death

VAERS ID: [1815295](#) ([history](#)) **Vaccinated:** 2021-06-18
Form: Version 2.0 **Onset:** 2021-07-21
Age: 17.0 **Days after vaccination:** 33
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2021-10-25

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

Administered by: Other **Purchased by:** ?**Symptoms:** [Autopsy](#), [Hyperglycaemia](#)**SMQs:**, Hyperglycaemia/new onset diabetes mellitus (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-07-23**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:** Benadryl**Current Illness:**

Preexisting Conditions: Obesity**Allergies:** Orange Juice**Diagnostic Lab Data:** Autopsy performed 07/27/2021**CDC Split Type:****Write-up:** Acute Hyperglycemic Crisis**VAERS ID:** [1823671](#) (history) **Vaccinated:** 0000-00-00**Form:** Version 2.0 **Onset:** 2021-10-13**Age:** 16.0 **Submitted:** 0000-00-00**Sex:** Female **Entered:** 2021-10-28**Location:** Missouri

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:** 2021-10-13**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:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC202101426032

Write-up: death; This is a spontaneous report from a contactable consumer. A 16-years-old female patient received BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE), dose 2 via an unspecified route of administration on an unspecified date (Batch/Lot number was not reported) as DOSE 2, SINGLE at the age of 16-year-old for covid-19 immunisation. The patient medical history and concomitant medications were not reported. patient previously received the first dose of BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE) on 13Jul2021 at the age of 16-year-old for covid-19 immunization. The patient experienced death on 13Oct2021. The patient died on 13Oct2021. The lot number for vaccine (BNT162B2), was not provided and will be requested during follow-up; Reported Cause(s) of Death: death

VAERS ID: [1828901](#) ([history](#)) **Vaccinated:** 2021-09-15
Form: Version 2.0 **Onset:** 2021-10-21
Age: 17.0 **Days after vaccination:** 36
Sex: Female **Submitted:** 0000-00-00
Location: Washington **Entered:** 2021-10-29

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

Administered by: Unknown **Purchased by:** ?

Symptoms: [Angiogram pulmonary normal](#), [C-reactive protein increased](#), [COVID-19](#), [Cardiac arrest](#), [Cardioversion](#), [Chest discomfort](#), [Chest pain](#), [Condition aggravated](#), [Death](#), [Dyspnoea](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Electrocardiogram ST segment elevation](#), [Full blood count](#), [Inappropriate schedule of product administration](#), [Life support](#), [Malaise](#), [Metabolic function test](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Tachycardia](#), [Troponin increased](#), [Ventricular arrhythmia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (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), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Respiratory failure (broad), Medication errors (narrow), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-23

Days after onset: 2

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: COVID-19 August 2021

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: See above. CBC, BMP. Troponin elevated at 20. CRP significantly elevated. CTA chest negative for PE. EKG with ST elevations. Echocardiogram with depressed EF 40-45%. SARS-CoV-2 positive.

CDC Split Type:

Write-up: Patient reported symptomatic (non-severe) case of COVID-19 August 2021 and recovered fully. She reported receiving Pfizer COVID vaccine 9/3/21 and second dose 9/15/21. She present to the emergency department of my hospital 10/23/21 with chest pain and dyspnea for 48h. Was feeling completely well prior to onset of chest discomfort. Symptoms were mild. No sick contacts or family members. ED evaluation remarkable for normal exam, no hypoxia, normal blood pressure. EKG with

diffuse ST elevation. Troponin elevated at 20. CTA chest negative for PE or pneumonia. SARS-CoV-PCR positive but thought to be persistent positive rather than reinfection because of lack of clinical symptoms, recent COVID-19 and recent vaccination. Cardiologist consulted, thought acute coronary syndrome unlikely based on age and lack of risk factors. STAT Echo resulted depressed EF 40-45%. Simultaneously she had become increasingly tachycardic and EKG appeared more ischemic. Cardiac cath lab was activated and she was about to be transported when she suffered cardiac arrest. Initial rhythm was VT. Received ACLS protocol CPR x 65 minutes including multiple cardioversion, amiodarone, lidocaine, magnesium and other antiarrhythmics. Unfortunately she was not able to be resuscitated and died. Cause of death possible acute myocarditis.

VAERS ID: [1854668](#) ([history](#)) **Vaccinated:** 2021-09-07
Form: Version 2.0 **Onset:** 2021-09-01
Age: 16.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2021-11-09
Location: Wisconsin

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301308A / 2	LA / SYR

Administered by: Private **Purchased by:** ?

Symptoms: [Death](#), [Fatigue](#), [Myalgia](#), [Thrombosis](#)

SMQs: Rhabdomyolysis/myopathy (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-10

Days after onset: 9

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: omeprazole gabapentin celecoxib nivolumab was last given on 9/03/2021

Current Illness: Squamous cell lung cancer, Hx of radiation therapy, on antineoplastic chemotherapy, Esophagitis due to radiation,

Preexisting Conditions: Recurrent respiratory papillomatosis, Tracheal papillomatosis

Allergies: Pineapple

Diagnostic Lab Data: There was no autopsy ordered

CDC Split Type:

Write-up: Was very tired and had sore muscles on September 09. Found September 10, 5:25 am dead. There were excessive amounts of blood along with large blood clots that appear to have come vaginally.

VAERS ID: [1865389](#) ([history](#)) **Vaccinated:** 2021-11-09
Form: Version 2.0 **Onset:** 2021-11-11
Age: 16.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 0000-00-00
Location: Georgia **Entered:** 2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2590 / 3	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Cardiac arrest](#), [Cardiac dysfunction](#), [Chemotherapy](#), [Death](#), [Electrocardiogram Q waves](#), [Electrocardiogram T wave peaked](#), [Heart rate increased](#), [Hypoxia](#), [Livedo reticularis](#), [Mechanical ventilation](#), [Multiple organ dysfunction syndrome](#), [Oxygen saturation decreased](#), [Poor peripheral circulation](#), [Pulmonary haemorrhage](#), [Resuscitation](#), [Thrombocytopenia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (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 (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), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Sepsis (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (broad)

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: Bactrim, dexamethasone, Ketorolac, Vanc, sodium chloride

Current Illness: ALL, hypertension, obesity, Type 2 Diabetes, Cdiff

Preexisting Conditions: ALL phase D1 of treatment, hypertension, Diabetes, obesity

Allergies: NKA

Diagnostic Lab Data: Pt expired 11/11/21 (Continued) despite vasopressor support. She was given a dose of bicarbonate with some brief improvement in saturations to 70s and increased heart rate but subsequently became asystolic and CPR was started. She was given epi x 2 doses as well as a dose of bicarbonate and was hand ventilated; there was significant blood backing up into her ETT. Parents at the bedside requested cessation of resuscitation efforts at that point and the patient was pronounced dead at 2036 on 11/11/21. The doctor of the heme/onc service made aware of the patient's death; she had been at the bedside earlier in the day and involved with the conversations regarding the patient's decline.

CDC Split Type:

Write-up: Patient with progressive hypoxemia throughout the day despite multiple changes in ventilator settings/modes. HFOV discussed with family, but functional oscillator not available and was awaiting arrival of donor oscillator. She is not a candidate for ECMO due to pulmonary hemorrhage and thrombocytopenia with recent chemotherapy as well as BMI (morbidly obese). Trial on nitric oxide performed with minimal improvement (sats increased from 60% to 65-68%). She was noted to have increasing peaked T waves as well as development of Q waves concerning for hyperkalemia and worsening cardiac function consistent with multiorgan failure; perfusion was quite poor with mottled extremities and difficult to palpate central pulse

VAERS ID: [1912785](#) (history) **Vaccinated:** 2021-05-12
Form: Version 2.0 **Onset:** 2021-05-12
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0175 / 2	- / -

Administered by: Private **Purchased by:** ?

Symptoms: [Cardiac arrest](#), [Death](#), [SARS-CoV-2 test negative](#)

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), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-30

Days after onset: 202

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: "complex medical history", patient had a trach and in home nursing care, no other information available at this time.

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Dose 1 given 4/21/2021 Pfizer Lot # EW0172 Patient had a cardiac arrest at home and was pronounced dead at Emergency Room. Covid test was negative.

VAERS ID: [1913198](#) ([history](#)) **Vaccinated:** 2021-08-01
Form: Version 2.0 **Onset:** 2021-09-01
Age: 13.0 **Days after vaccination:** 31
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2021-12-01

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

Administered by: Unknown **Purchased by:** ?

Symptoms: [Acute kidney injury](#), [Airway peak pressure increased](#), [Asthenia](#), [Back pain](#), [Bradycardia](#), [Cardiac output decreased](#), [Cardiac tamponade](#), [Chemotherapy](#), [Chest pain](#), [Death](#), [Debridement](#), [Diarrhoea](#), [Dyspnoea](#), [Endotracheal intubation](#), [Epithelioid sarcoma](#), [Exploratory operation](#), [Fatigue](#), [Fluid retention](#), [General symptom](#), [Haemofiltration](#), [Hypotension](#), [Influenza virus test negative](#), [Intracardiac mass](#), [Lactic acidosis](#), [Loss of personal independence in daily activities](#), [Low lung compliance](#), [Multiple organ dysfunction syndrome](#), [Neoplasm malignant](#), [Oedema](#), [Oropharyngeal pain](#), [Pericardial excision](#), [Pericardial rub](#), [Pneumonia](#), [Pulmonary oedema](#), [Pyrexia](#), [SARS-CoV-2 test negative](#), [Sedation](#), [Streptococcus test negative](#), [Tachycardia](#), [Tumour excision](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Lactic acidosis (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), 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), 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), Pseudomembranous colitis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Malignancy related therapeutic and diagnostic procedures (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), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Non-haematological malignant tumours (narrow), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-01

Days after onset: 91

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 30 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None known

Current Illness: unknown

Preexisting Conditions: none

Allergies: No known allergies

Diagnostic Lab Data: Admitted to local HCF 10/30/21. See the following from her death note summary related to hospital course: Pt is a 13 y.o. female admitted for Left atrial mass and has been hospitalized for 30 days. she had her left atrial mass resection on 11/11/21, pericardial window creation, and mediastinal exploration with debridement. Her mass continued to grow and increase in size and Rhee invading the left atrium and possibly the right atrium along with creation of tamponade physiology on the ventricles. She was started on chemotherapy by hematology team, Nephrology team started her on CRRT since she developed acute kidney injury along with multi organ failure and severe lactic acidosis. Patient was on multiple inotropics support with progressively increasing inotropics support epinephrine up to 0.3 micrograms/kilogram per minute, norepinephrine up to 0.3 micrograms/kilogram per minute along with 2 milliunits per kg per minute vasopressin. Over the past 48 hours prior to patient staff she was getting multiple fluid boluses and she was few L positive every day with severe 3rd spacing and progressively worsening cardiac output. She has had evidence of progressive tamponade physiology despite aggressive chemotherapy. she remained intubated and sedated with extremely high lung peak pressures and very poor compliance with severe pulmonary edema. On 12/1/2021 family expressed the wishes of stop giving fluids to her since she looks very edematous, parents understand that this will lead to cardiac arrest and ending her life within the next few hours, father expressed he is willing to do everything for her but he wants to end her suffering, mom and dad were at the bedside, IV fluid replacement was stopped. Patient vasopressin was weaned along with other inotropic support, family agreed on extubating the patient so that they can spend some time with her prior to the off. Patient continue to progressively having low cardiac output, hypotension and bradycardia, time of death was 7:00 a.m..

CDC Split Type:

Write-up: Patient received Pfizer vaccine in 8/2021. In 9/2021 she began to have some vague complaints of upper back pain. Patient ultimately diagnosed with epithelioid sarcoma. Parents requested that this information be sent to VAERS in case her cancer was related to Vaccine. Physicians caring for the child do not feel her death or her cancer was related to the covid vaccine. Presented to the local Medical Center on 10/30/21 after having received care closer to home. Pt is a 13 y.o. female with no past medical history who presents with fever, chest pain, and diarrhea. About two weeks PTA, she began complaining of sternal chest pain. She had fatigue and sore throat so was taken to an urgent care where she was negative for strep, flu, and COVID. She was prescribed bromfed. She then progressed to a dry mild that started about 10 days PTA. On Tuesday, 10/26, she was seen at an outside ER and was diagnosed with pneumonia. She was started on azithromycin and augmentin. She has continued to have chest pain, SOB, and fatigue. The day of presentation, she stayed home from school. She developed nonbloody diarrhea, tachycardia, and weakness so she was taken back to the ER for evaluation. Found to have a pericardial friction rub. Admitted to hospitalist service.

VAERS ID: 1963633 (history)	Vaccinated:	2021-06-19
Form: Version 2.0	Onset:	2021-12-02
Age: 15.0	Days after vaccination:	166
Sex: Female	Submitted:	0000-00-00
Location: Wisconsin	Entered:	2021-12-20

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

Administered by: Unknown **Purchased by:** ?

Symptoms: [Acute respiratory failure](#), [Alpha haemolytic streptococcal infection](#), [Angiogram cerebral abnormal](#), [Arterial catheterisation](#), [Arterial spasm](#), [Asthenia](#), [Blood culture positive](#), [Brain injury](#), [COVID-19](#), [Central venous catheterisation](#), [Cerebral endovascular aneurysm repair](#), [Cerebral haemorrhage](#), [Cerebral mass effect](#), [Cognitive disorder](#), [Computerised tomogram head abnormal](#), [Death](#), [Decompressive craniectomy](#), [Drug titration](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Electroencephalogram normal](#), [Endotracheal intubation](#), [Extubation](#), [Gait inability](#), [Gastrointestinal tube insertion](#), [Headache](#), [Heart rate decreased](#), [Hypophagia](#), [Hypotension](#), [Infusion](#), [Intensive care](#), [Intracranial pressure increased](#), [Intraventricular haemorrhage](#), [Laboratory test abnormal](#), [Left ventricular dysfunction](#), [Magnetic resonance imaging head abnormal](#), [Mechanical ventilation](#), [Medical induction of coma](#), [Mydriasis](#), [Myocardial stunning](#), [Pain](#), [Personality change](#), [Positive airway pressure therapy](#), [Posturing](#), [Pulmonary oedema](#), [Pupillary light reflex tests abnormal](#), [Pyrexia](#), [Ruptured cerebral aneurysm](#), [SARS-CoV-2 test positive](#), [Seizure](#), [Subarachnoid haemorrhage](#), [Syncope](#), [Ultrasound scan](#), [Urine output increased](#), [Ventricular drainage](#), [Ventricular hypokinesia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Haemorrhagic central nervous system vascular conditions (narrow), 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), Dementia (broad), Convulsions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Dystonia (broad), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (narrow), Cardiomyopathy (narrow), Retinal disorders (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-19

Days after onset: 17

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 17 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: None

Allergies: No known allergies.

Diagnostic Lab Data: Head CT, MRI, Echocardiogram, multiple ultrasounds, angiogram

CDC Split Type:

Write-up: In brief, patient is a previously healthy 15 year old who had acute headache and collapse at home, concern for posturing versus seizure, and ultimately found to have cerebral and intraventricular hemorrhage with mass effect secondary to ruptured aneurysm. S/p coiling of aneurysm, bilateral EVD placement and R decompressive craniectomy. She has acute respiratory failure, strep viridans bacteremia, and concurrent COVID-19 infection. Presented 12/2/21 with aneurysm and incidentally found to be COVID positive. **NEURO:** On arrival, she was somewhat responsive and by the time she arrived at ED she was posturing versus seizing. Head CT revealed hemorrhage 3x3x3 hemorrhagic focus anterior and inferior to the right basal ganglion with mass effect, also with intraventricular blood in lateral and third ventricles with acute subarachnoid hemorrhage in suprasellar cistern and bilateral sylvian fissures. At that time, reportedly pupils equal, 3-4, minimally reactive. At ED, received Mannitol bolus, and 4mg Ativan administered. Flight for Life activated and upon arrival to CW was admitted to the PICU with plan for emergent EVD placement. Neurosurgery placed EVD at bedside. Repeat head CT and CTA performed and demonstrated bilobed aneurysm arising from right ICA terminus with enlarging intraparenchymal hematoma along superior aspect mostly likely representing a ruptured aneurysm, increased intraventricular hemorrhage, similar subarachnoid hemorrhage, increased mass effect, effacement of basal cisterns, worsened midline shift. Optimized neuroprotection management with sedation, neuromuscular blockade, ventilator management, and hypertonic saline. R pupil became dilated and nonreactive and patient demonstrated persistently elevated ICPs \$g50. She underwent emergent IR coiling and R decompressive craniectomy with second right-sided EVD placement. Patient continued to demonstrate ICPs in 20s. Worked with Neurosurgery to optimize sedation. Repeat head CT demonstrated increased hypoattenuation in right frontal and parietal lobes, left parietal lobe, and splenium of corpus callosum. Loss of gray-white differentiation concerning for ischemic change. Increased right to left midline shift. TCDs demonstrated moderate spasm of the L MCA. EEG without seizure. Started Pentobarbital coma. On 12/9, an occurred episode while in transport to MRI and patient was noted to be obtunded. ICP 11 during episode, EVDs patent. She was not connected to LTM during episode, as she was in transport. She was started on epi drip and became more responsive, moving spontaneously and withdrawing to pain. On 12/10, her neurostorming medication regimen was optimized and no further changes were made. Given poor neurologic prognosis, patient was given adequate sedation for pain management during terminal extubation on 12/18. **CV:** Had periods of hypotension intraoperatively requiring initiation of Epinephrine and Norepinephrine infusions to maintain goal MAP \$g 80, SBP \$g 120. Returned to PICU with femoral CVL, arterial line, sedated with Fentanyl and Dexmedetomidine infusions, and on Vecuronium infusions, Nimodipine. On 12/4 echocardiogram report noted significant for left ventricular mid-inferoseptal hypokinesis and moderately diminished left ventricular systolic function, with an LVEF 41%. She required titration of pressors to maintain goal pressures. Added stress dose Hydrocortisone. Repeat echocardiogram demonstrated significant improvement in LV systolic function, consistent with the hypothesis that myocardium was neurologically stunned. 12/6-12/8 Patient weaned from sedation and pressors. On 12/9 she experienced a hypotensive episode while in transport to MRI. HR dropped to 40s-50s. 105 mcg Epi dwindle given, then started on Epi drip, given 500 mL NS push pull. HR and BP normalized. On 12/10, patient was weaned from pressors and stress dose steroids. She remained hemodynamically appropriate leading to terminal extubation on 12/18. **RESP:** Intubated in the OR. Notably, course complicated by significant pulmonary edema with poor compliance. On 12/10, her ventilator settings were weaned to CPAP/PS. She remained hemodynamically appropriate with CPAP/PS until terminal extubation on 12/18. **FEN/GI:** On 12/10 patient was started on enteral feeds which were discontinued after terminal extubation on 12/18. **ID:** At ED, she was incidentally found to be COVID positive. Blood cultures were drawn at that time positive for strep viridans. She started on empiric Cefepime and Vancomycin due to concern for septic shock given pressor requirements. Initiated thermoregulation. Patient continued to be intermittently febrile and remained on Ceftriaxone per family's wishes until 12/19. **RENAL:** Initially had significantly increased urine output. Labs concerning for DI, although could also be secondary to 3% boluses. Initiated DI protocol. This later resolved and she continued to have urine output appropriate for age leading to her terminal

extubation on 12/18. OTHER: On 12/5 ,discussion took place between provider and mother and placed partial code status, including no bolus cardiac resuscitative medications, no defibrillation, no chest compressions. Care Conference took place on 12/10, during which mother voiced she would like to get MRI for further neuroprognostication before changing goals of care. Care conference on 12/14 to discuss MRI results with family. Neurology explained likely deficits patient will experience as a result of her brain injury including weakness of both sides of her body, inability to walk, inability to effectively eat PO, personality changes, cognitive dysfunction. Mother voices "Patient would not want to live like this," but requests time to discuss these options with family before making any decisions. Another discussion between providers and family on 12/15 during which family voiced they would not want patient to be reintubated once extubated, would not want her to receive blood products, and would like to continue with enteral feeding. Tentative plans for extubation on 12/17 or 12/18 once family from out of state has come to say their goodbyes. Family later decided to move forward with terminal extubation on 12/18. She was extubated 12/18 to room air and passed away on 12/19/2021 @ 20:37 PM with mother, brother and step father at the bedside.

VAERS ID: [1974744](#) ([history](#)) **Vaccinated:** 2021-06-17
Form: Version 2.0 **Onset:** 2021-12-11
Age: 15.0 **Days after vaccination:** 177
Sex: Female **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0187 / 2	UN / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0186 / 1	UN / -

Administered by: Private **Purchased by:** ?
Symptoms: [Air embolism](#), [Autopsy](#), [Death](#), [Toxicologic test](#)
SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-11

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: Latuda, Wellbutrin, Topiramate, Gabapentin, Metformin

Current Illness: None.

Preexisting Conditions: Bipolar

Allergies: None.

Diagnostic Lab Data: Autopsy conducted through the Medical Examiner, pending final toxicology results.

CDC Split Type:

Write-up: Patient passed away on 12/11/21 at 12:11pm from bilateral pulmonary emboli (air bubbles not DVT). Final autopsy results pending toxicology results.

VAERS ID: [1975356](#) ([history](#)) **Vaccinated:** 2021-11-29
Form: Version 2.0 **Onset:** 2021-12-10
Age: 7.0 **Days after vaccination:** 11
Sex: Female **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK51227 / 1	LA / SYR

Administered by: Other **Purchased by:** ?

Symptoms: [Autopsy](#), [Cough](#), [Exposure to communicable disease](#), [Influenza virus test positive](#), [Pyrexia](#), [Respiratory arrest](#), [Respiratory tract congestion](#), [Resuscitation](#), [SARS-CoV-2 test negative](#), [Unresponsive to stimuli](#)

SMQs: Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-10

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: Fever, vomiting on 11/25 - lasted 24-48 hours Other family members had similar symptoms

Preexisting Conditions: None

Allergies: None known

Diagnostic Lab Data: COVID pcr negative 12/9/2021

CDC Split Type:

Write-up: Patient developed fever on 12/9/2021, with mild cough and congestion. Was treated at home with acetaminophen at approximately 12:30 pm, ibuprofen at 7:30 pm. Entire family was sick with similar symptoms. 2 siblings were positive for influenza and strep, Patient was not tested for either of those. 12/9 had a COVID pcr test done - negative. On 12/10/21 mom went to check on her in the morning at 9:15, found patient in bed, not breathing, unresponsive. Attempted CPR with no response. Final autopsy report pending. Parents report they received a call from medical examiner notifying them that patient was tested + for influenza on post-mortem.

VAERS ID: [2109625](#) ([history](#)) **Vaccinated:** 2022-02-03
Form: Version 2.0 **Onset:** 2022-02-11
Age: 8.0 **Days after vaccination:** 8
Sex: Male **Submitted:** 0000-00-00
Location: Mississippi **Entered:** 2022-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL007 / 2	RA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Autopsy](#), [Cardio-respiratory arrest](#), [Cyanosis](#), [Death](#), [Gastrointestinal disorder](#), [Illness](#), [Inappropriate schedule of product administration](#), [Intensive care](#), [Laboratory test](#), [Multisystem inflammatory syndrome in children](#), [Nausea](#), [Pulse absent](#), [Unresponsive to stimuli](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Toxic-septic shock conditions (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Medication errors (narrow), Hypoglycaemia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-11

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: Mom had Covid around 1/2/2022?.no evidence that the patient had it from our records

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None by me, but plenty at ER/ICU?..I know they are doing an autopsy.

CDC Split Type:

Write-up: 8yo previously healthy boy. Mom had COVID around 1/5/22. As far as we know the boy did not have symptomatic covid during or after her illness. He was not seen in the clinic for covid, nor was his 12 yo brother. There was no communication with them about this other than mom called to reschedule their appt for the 2nd COVID vaccine on 1/5 b/c she herself had covid. (Both of the kids got the first dose of the vaccine on 12/17/22) Both of the boys got the 2nd dose of Pfizer Covid vaccine at our clinic on 2/3/22. Mom called in on 2/9 with what sounded like a gastroenteritis over the phone and Zofran was called in. Our nurse documented well his GI bug history and that his UOP was good and to call back PRN any problems. The nurse remembers talking to this mom and that she did not seem worried at all?.just needed an antiemetic called in for nausea and vomiting. Patient was not

having fever or abdominal pain. That call was at 8:53 on Wednesday AM. We did not hear from them again about this. The details now get incredibly hazy due to the trauma of the whole event. Sometime during the night on Thursday night 2/10/2022 (40 hours or so after their phone call) one of the parents found him blue and lifeless in his bed. (Do not know details of what made them go check on him). Was taken to the Hospital with a full code in process. They were able to get a pulse back a few times for a brief time, but then lost him in the ICU. This family goes to church at the same church that one of our doctors attends,. This doctor got a notification on the morning of 2/11/2022 that a member in the church had died. The word that she received was that the boy had died of MIS-C (we do not know what exactly they were basing that on or who made that determination/speculation). My partner called me 2/11/2022 AM about it since the boy is my patient. I looked through the chart and talked with my nurse who specifically remembered the call and how completely unworried and normal the mother seemed about the boys illness?.not in an unusual way but in a normal ?my kid has a GI bug, can you call in some zofran? kind of way. I called mom to reach out to her, but had to leave a voice mail (not surprisingly under the circumstances). There are obviously lots of details about the history/presentation/treatment that I don't know. They may have sought medical care somewhere else other than our clinic before he became so significantly ill. I just don't know since the family is in crisis mode and not returning calls or text messages. At present we don't even know burial arrangements.

VAERS ID: [2115839](#) ([history](#)) **Vaccinated:** 2021-07-10
Form: Version 2.0 **Onset:** 2022-01-26
Age: 13.0 **Days after vaccination:** 200
Sex: Female **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-02-16

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

Administered by: Unknown **Purchased by:** ?

Symptoms: [Acute respiratory failure](#), [Angiogram pulmonary normal](#), [Anticoagulant therapy](#), [Aspiration](#), [Blood culture positive](#), [Bradycardia](#), [Breath sounds abnormal](#), [C-reactive protein increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac dysfunction](#), [Cardiac output](#), [Chest X-ray abnormal](#), [Chest tube insertion](#), [Cough](#), [Culture positive](#), [Culture urine negative](#), [Death](#), [Diabetes mellitus management](#), [Drug level](#), [Dyspnoea](#), [Echocardiogram abnormal](#), [Endotracheal intubation](#), [Enteral nutrition](#), [Enterococcus test positive](#), [Feeding intolerance](#), [Haemodialysis](#), [Haemofiltration](#), [Hypotension](#), [Insulin therapy](#), [Intensive care](#), [Leukopenia](#), [Low lung compliance](#), [Mechanical ventilation](#), [Mechanical ventilation complication](#), [Myalgia](#), [Oxygen saturation abnormal](#), [Oxygen saturation decreased](#), [Parenteral nutrition](#), [Pneumonia bacterial](#), [Pneumothorax](#), [Positive airway pressure therapy](#), [Positive expiratory pressure therapy](#), [Procalcitonin](#), [Respiratory distress](#), [Respiratory failure](#), [Rhonchi](#), [Right atrial dilatation](#), [Right ventricular dilatation](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Subcutaneous emphysema](#), [Superinfection](#), [Tachycardia](#), [Tachypnoea](#), [Therapeutic response decreased](#), [Tracheal aspirate culture](#), [Use of accessory respiratory muscles](#), [Vasodilation procedure](#), [Venous oxygen saturation abnormal](#), [Wheezing](#), [White blood cell count decreased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Lack of efficacy/effect (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), 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), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (narrow), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Neonatal disorders (narrow), Chronic kidney disease (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-14

Days after onset: 19

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 20 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Complex pediatric patient with many frequently changing medications Partial list from time of vaccination: Aspirin Depakote Valgancyclovir Sirolimus Paricalcitol Fluconazole Epogen

Current Illness: Sepsis C diff

Preexisting Conditions: Kabuki syndrmome s/p liver transplant End stage renal disease Interstitial lung disease with chronic cough Mitral valve stenosis

Allergies: Cefepime Sodium phosphate Ibuprofen Sertraline Augmentin Meperidine

Diagnostic Lab Data:

CDC Split Type:

Write-up: Brief HPI: Patient is a 13-year-old girl with complex PMH significant for kabuki syndrome, moderate/severe mitral valve stenosis, C VID on home IgG infusions, s/p liver transplant in 2017 and immunosuppressed, ESRD on MWF HD, steroid-induced diabetes, HTN, and ILD with home oxygen requirement of 0.5 L who presented in the setting of tachycardia and increased home oxygen requirements and with known COVID-19 infection. She presented on 1/26 after 1 week of symptoms of myalgias and cough and having already tested positive for COVID-19 on 1/24/2022. She has home oxygen needs 0.5 L by nasal cannula but had increased needs up to 1 L by nasal cannula. At her dialysis prior to admission she was tachycardic and increased respiratory support she will pursue further evaluation in the ED. She was initially fluid resuscitated but given her mitral stenosis this was stopped given concern for worsening interstitial fluid on chest x-ray. She was started on maintenance fluids. Empirically started on meropenem with concern for sepsis. Laboratory studies showed leukopenia of 3.3, pro-Cal 1.9 and CRP at 19.8. She was initially admitted to C4 for further management. She fired sepsis alert on the floor. At 0430 on 1/27 she had an aspiration event related to trying to drink while coughing. She desaturated to the 60s with this episode. She was noted to have increased work of breathing and higher oxygen needs and the decision was made to admit her to the PICU for high flow nasal cannula support. Brief PICU course: Respiratory: She was admitted to the PICU on HFNC 25 L at 60% FiO2. Initially, she was tachypneic in the high 40s-low 50s with accessory muscle use and bilateral coarse rhonchorous breath sounds bilaterally with occasional expiratory wheezing. She was maintained on her pulmonary sick plan and received treatment for COVID-19 pneumonia with remdesivir and dexamethasone. She continued on empiric meropenem until blood cultures were negative \$g48 hours. We were able to wean from HFNC to NC on 1/29/22. On 2/1 she had acute and profound decompensation of her respiratory status with desaturations to

60%, minimally responsive to CPAP. Given level of respiratory distress, decision was made to intubate to allow for optimal lung recovery given severity of Covid pneumonia. Over the coming weeks she had progressively worsening compliance and progression of her respiratory failure, which acutely worsened on the evening of 2/13 into 2/14. She developed subcutaneous air and pneumothoraces. She had a right sided chest tube placed without improvement in ventilation. Also attempted iNO without improvement in cardiac output or arterial saturations. She was transitioned to the oscillator without success and she developed a new left sided pneumothorax. The family had previously gave patient an altered code status after discussion with Dr. Despite attempt to decompress her left pneumothorax, patient had progressive desaturation leading to bradycardia and hypotension. At that point we asked her family to be with her. At 1158 on 2/14 she was pronounced deceased. CV: Initially on arrival to PICU was maintaining reasonable indices of perfusion however did require inotropic support throughout course. Inotropic support was escalated with worsening compliance as high ventilatory pressures impeded output. On 2/7, patient had an acute event with worsening tachycardia and worsening mixed venous saturation. Sedation was increased and neuromuscular blockade performed with associated drops in NIRs. Bedside ECHO performed and notable for findings of new right sided atrial and ventricular dilation as well as decreased right sided function concerning for new pulmonary hypertension. Patient initially anticoagulated with heparin drip until stable for CTA which was ultimately negative for PE. A trial of iNO was also done without clinical improvement. During acute worsening on 2/14 and repeat ECHO was obtained and notable for similar findings, but not acutely worse. FEN/GI: She was maintained on home feeding regimen upon arrival to PICU but required transition to NG feeds after intubation but enteral feeds were not tolerated well. Thus patient started TPN/IL to meet nutritional requirements while intubated. From a transplant perspective, patient's sirolimus levels were closely monitored while inpatient and necessary dose adjustments were made per hepatology recommendations. She continued on bowel regimen and scheduled zofran. Renal: Patient was transitioned from hemodialysis to CRRT. She overall did well with this. Some concern that event on 2/7/22 was related to citrate lock, but patient tolerated transition back to citrate without further incidence. ID: She received dexamethasone and remdesivir for Covid. Blood, urine and ETT cultures initially no growth to date. She was initially on meropenem for 48 hours for rule out of superimposed bacterial pneumonia and was discontinued with clinical improvement. However, upon intubation and respiratory support escalation, she was re-started on meropenem for suspected superimposed bacterial pneumonia. She was switched to Avycaz per ID and completed a 10 day course. Blood cultures were obtained during her acute worsening on 2/7/22 and ultimately grew enterococcus faecium. She was started on vancomycin. ETT also cultured at that time with polymicrobial growth. Decision made to not treat this growth unless clinically worsening. Patient was given a therapeutic dose of fluconazole on 2/14 due to worsening of respiratory status. She continued on her dapsons, valgancyclovir and fluconazole for her baseline infection prophylaxis. Endocrine: She was aintained on stress dose steroids, hydrocortisone 50 mg 3 times daily. Her home dose of prednisone 5 mg twice daily was held while on stress dose steroids. Also received dexamethasone 3.5 mg daily in the setting of her Covid pneumonia. She was transitioned to her home dose steroids on 2/11/22 with wean of hydrocortisone complete on 2/13/22. She also received one dose of stress dose steroids on the morning of 2/14 due to acute decompensation. She required an insulin drip while on stress dose steroids due to poor glycemic control.

VAERS ID: 2148498 (history)	Vaccinated:	2022-02-24
Form: Version 2.0	Onset:	2022-02-25
Age: 14.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: New Jersey	Entered:	2022-02-28

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

FK9895 /
UNK

UN / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Brain death](#), [Brain scan abnormal](#), [Computerised tomogram head abnormal](#), [Craniectomy](#), [Death](#), [Haematoma evacuation](#), [Intra-cerebral aneurysm operation](#), [Mechanical ventilation](#), [Ruptured cerebral aneurysm](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Respiratory failure (broad)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-02-27

Days after onset: 2

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 prior known

Preexisting Conditions: None prior known

Allergies: Eggs or Egg-derived Products (Chicken-derived Products)

Diagnostic Lab Data: CT of head 02/25/2022 Emergency Left Hemi-craniectomy with clipping of aneurysm and evacuation of hematoma 02/25/2022 Brain Death Evaluation 02/26/2022 with nuclear medicine brain scan Withdrawal of Ventilator Support 02/27/2022

CDC Split Type:

Write-up: Ruptured Cerebral Aneurysm Left Middle Cerebral Artery Circulation (02/25/2022) leading to death (02/27/2022)

VAERS ID: [2152560](#) (history) **Vaccinated:** 2022-02-03
Form: Version 2.0 **Onset:** 2022-02-16
Age: 7.0 **Days after vaccination:** 13
Sex: Male **Submitted:** 0000-00-00
Location: Washington **Entered:** 2022-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Atrioventricular block](#), [Blood glucose normal](#), [Blood lactic acid](#), [Brain natriuretic peptide increased](#), [Carbon dioxide decreased](#), [Cardiac arrest](#), [Death](#), [Electrocardiogram QT prolonged](#), [Electrocardiogram ST segment depression](#), [Electrocardiogram T wave abnormal](#), [Electrocardiogram T wave inversion](#), [International normalised ratio increased](#), [Lethargy](#), [Listless](#), [Prothrombin time prolonged](#), [Pyrexia](#), [QRS axis abnormal](#), [Resuscitation](#), [Shock](#), [Troponin I increased](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (narrow), Cardiac failure (broad), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), 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), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Depression (excl suicide and self injury) (broad), Other ischaemic heart disease (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-16

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: None

Current Illness: None noted. Emergency Department (ED) visit note stated that patient had a fever in the last 24 hours, had no respiratory symptoms but became lethargic. Vomited on way to the ED and was listless and lethargic on presentation. No history of rashes, ingestion or trauma.

Preexisting Conditions: None. Primary care visit in 2021 showed BMI 62

Allergies: None

Diagnostic Lab Data: Notable Labs between 12:55 am and Glucose 180 mg/dl Electrolyte CO2 13 mmol/L Troponin I 26.97 ng/ml (0-0.4 nl range) PT 14.2 (nl 9.5-12.1 sec); INR 1.4 (0.9-1.1) BNP 2096 pg/nL (0-99 nl) Lactate 20 mmol/L (0-2.0 nl) Initial ECG Rate 151; right axis deviation; non-specific intra-ventricular conduction block; T wave inversion in inferior leads Later ECG Rate 86; Low voltage QRS, ST depression in inferior and anterolateral leads; non-specific T wave abnormality; borderline prolonged QT

CDC Split Type:

Write-up: Patient presented to Emergency Department (ED) lethargic and listless. He proceeded to a shock state and had a cardiac arrest. He was not able to be resuscitated and died in the ED.

VAERS ID: 2171083 (history)	Vaccinated:	2022-03-01
Form: Version 2.0	Onset:	2022-03-01
Age: 17.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Illinois	Entered:	2022-03-10

Vaccination / Manufacturer	Lot / Dose	Site / Route

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

FK9729 / 2

RL / IM

Administered by: Other **Purchased by:** ?

Symptoms: [Cardiac arrest](#), [Cardio-respiratory arrest](#), [Cough](#), [Increased viscosity of upper respiratory secretion](#), [Respiratory tract congestion](#)

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), Cardiomyopathy (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-06

Days after onset: 5

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: - Albuterol, 2.5 mg, nebulizer, q6h PRN - Vitamin D, 2,000 IU, oral, daily - Senna, 8.6mg, oral, qHS - Miralax, 17g, oral, PRN - Lisinopril, 2.5 mg, oral, qHS (Hold for SBP < 80, DBP < 50) - Melatonin, 6mg, oral, qHS - Naproxen, 200 mg, ora

Current Illness: Tight heel cords (acquired, bilateral); chronic constipation; chronic malnutrition; restrictive lung disease; obstructive sleep apnea.

Preexisting Conditions: Duchenne muscular dystrophy; neuromuscular respiratory weakness; neuromuscular scoliosis of thoracolumbar region; Tight heel cords (acquired, bilateral); chronic constipation; chronic malnutrition; restrictive lung disease; obstructive sleep apnea.

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is a 17 year old male with history of Duchenne Muscular Dystrophy, chronic respiratory failure, heart failure, incontinence, and chronic malnutrition presenting after cardiac arrest. Pt transferred from community hospital. Patient taken to PCP on 3/1/22 reported recent cough, congestion, and thick secretions with difficulty clearing secretions. He and his PCP made plans to re-start cough assist BID, also received second COVID vaccination. Pt returned. Later that day reportedly 911 was called and patient was taken to community hospital. He was in full arrest, stabilized and transported to Hospital

VAERS ID: 2189006 (history)	Vaccinated:	2021-06-26
Form: Version 2.0	Onset:	2022-01-24
Age: 17.0	Days after vaccination:	212
Sex: Male	Submitted:	0000-00-00
Location: Georgia	Entered:	2022-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EWD198 / 2	LA / OT

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [SARS-CoV-2 test](#), [Sudden death](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-24

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:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20220113; Test Name: Antigen home test; Test Result: Negative ; Comments: Nasal Swab

CDC Split Type: USPFIZER INC202200391882

Write-up: He died suddenly in his sleep; This is a spontaneous report received from a contactable reporter(s) (Other HCP). The reporter is the parent. A 18 year-old male patient received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 26Jun2021 10:00 (Lot number: EWD198) at the age of 17 years as dose 2, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Bnt162b2 (Dose Number: 1, Batch/Lot No: EW0211, Location of injection: Arm Left, Vaccine Administration Time: 10:00 AM, Route of Administration: Intramuscular), administration date: 05Jun2021, when the patient was 17 years old, for Covid-19 immunization. The following information was reported: SUDDEN DEATH (death) with onset 24Jan2022 09:00, outcome "fatal", described as "He died suddenly in his sleep". The patient underwent the following laboratory tests and procedures: sars-cov-2 test: (13Jan2022) negative, notes: Nasal Swab. Therapeutic measures were not taken as a result of death. The patient date of death was 24Jan2022. The cause of death was unknown. The autopsy was performed, and results were not provided. 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.; Sender's Comments: "He died suddenly in his sleep" occurred almost 6 months after vaccination are unrelated to bnt162b2 (BNT162B2). The case will be reassessed once more 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.; Reported Cause(s) of Death: He died suddenly in his sleep

VAERS ID: 2201554 (history)	Vaccinated:	2021-08-20
Form: Version 2.0	Onset:	2022-01-16
Age: 15.0	Days after vaccination:	149
Sex: Female	Submitted:	0000-00-00
Location: South Dakota	Entered:	2022-03-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	01571315087 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA7485 / 2	RA / SYR

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Abdominal pain](#), [COVID-19](#), [Death](#), [General physical health deterioration](#), [Mechanical ventilation](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-20

Days after onset: 4

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: Colitis, Arthrogryposis Multiplex Congentia, Neuromuscular Scoliosis, BI Pap Dependence

Allergies:

Diagnostic Lab Data: Positive COVID-19 test on 01/06/2022 despite being vaccinated.

CDC Split Type:

Write-up: This is an instance of breakthrough COVID-19 after which death occurred. The individual was vaccinated with the Pfizer product on 07/30/2021 and 08/20/2021. The individual presented to emergency department on 01/15/2022 with primary complaints of severe abdominal pain. They were admitted to hospital same day and tested positive for COVID-19 on 01/16/2022. Due to the complexity of the situation (the individual had several underlying medical conditions), they were transferred to a different hospital on 01/16/2022. Their health continued to deteriorate and required ventilation. They died on 01/20/2022. The cause of the abdominal pain was not determined.

VAERS ID: 2238618 (history)	Vaccinated:	2021-08-27
Form: Version 2.0	Onset:	2021-09-25
Age: 14.0	Days after vaccination:	29
Sex: Female	Submitted:	0000-00-00
Location: Tennessee	Entered:	2022-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2588 / 2	- / SYR
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Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Acute kidney injury](#), [Acute respiratory distress syndrome](#), [Acute respiratory failure](#), [Blood bicarbonate decreased](#), [Blood creatinine increased](#), [Blood urea increased](#), [Bradycardia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Cough](#), [Critical illness](#), [Death](#), [Decreased appetite](#), [Dehydration](#), [Dyspnoea](#), [Endotracheal intubation](#), [Fluid intake reduced](#), [Full blood count](#), [Haematocrit normal](#), [Haemoglobin normal](#), [Haemorrhage](#), [Hypotension](#), [Laboratory test](#), [Lung opacity](#), [Mechanical ventilation](#), [Metabolic function test](#), [Nausea](#), [Neuromyopathy](#), [Oropharyngeal pain](#), [Resuscitation](#), [Rhinorrhoea](#), [SARS-CoV-2 test positive](#), [Vomiting](#), [White blood cell count normal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Lactic acidosis (broad), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant 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), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), 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), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-26

Days after onset: 31

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 29 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: T cell leukemia s/p bone marrow transplant

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Diagnosis of COVID-19 who presents with dehydration and COVID pneumonia. She developed cough and runny nose a about a week ago. She had several home COVID tests that were negative. On 9/22 she had a test at Pharmacy that came back with results of "indecisive" on 9/25. She was taken to a clinic that same day where COVID-19 PCR was positive and CXR reportedly with "mild pneumonia". She was seen in our ED yesterday (9/26) for a COVID antibody infusion. Mother reports that patient has previously received a similar infusion when she was sick with coronavirus this past winter. She has had nausea and some vomiting of mucus. She has had decreased appetite. Reports mild sore throat. Denies any headache or abdominal pain. She was taken back to the ED today due to persistent cough, some shortness of breath, and decreased drinking over the past 2

days. Repeat CXR showed stable findings of mild to moderate b/l opacities. Labs at ED include CMP (HC03 14, BUN 36, Cr 2.43, otherwise wnl), CBC (WBC 10k, H/H 11.5/35, pils 72), LA (20-49 WBC, spec grav 1.020). She received a total of 2L of NS and a dose of ceftriaxone. Patient became critically ill with acute respiratory failure requiring invasive mechanical ventilation secondary to acute COVID pneumonia/ARDS and AKI. Intubated and on mechanical ventilation with improving lung function, however severe critical illness neuromyopathy prevented mechanical ventilation liberation. On day of death patient developed rapidly (minutes) progressive refractory hypotension and bradycardia. Resuscitative efforts started with chest compressions and meds (CPR form). Copious amounts of fresh blood noted from ETT unable to be controlled despite continuous suction. This prevented from adequate gas exchange. All resuscitative efforts stopped at 10:34 and patient pronounced dead.

VAERS ID: [2315376](#) ([history](#)) **Vaccinated:** 2021-12-04
Form: Version 2.0 **Onset:** 2022-05-25
Age: 9.0 **Days after vaccination:** 172
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-10

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

Administered by: Private **Purchased by:** ?

Symptoms: [Adenovirus test positive](#), [Blood glucose increased](#), [Blood lactic acid](#), [Blood pH decreased](#), [Blood sodium decreased](#), [Brain death](#), [Brain herniation](#), [Computerised tomogram head abnormal](#), [Echocardiogram abnormal](#), [Electroencephalogram abnormal](#), [Enterovirus test positive](#), [Exposure to SARS-CoV-2](#), [Human rhinovirus test positive](#), [Malaise](#), [Mitral valve incompetence](#), [Oxygen saturation decreased](#), [Respiratory viral panel](#), [SARS-CoV-2 test positive](#), [Tricuspid valve incompetence](#), [Unresponsive to stimuli](#), [White blood cell count increased](#)

SMQs: Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-03

Days after onset: 9

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: None

Current Illness: None

Preexisting Conditions: None**Allergies:** None**Diagnostic Lab Data:** Sodium, 129, glucose, 327, pH 6.89, O2 sats 70.6, laccatate 13.08, WBC 19.15, respiratory panel COVID-19, adenovirus, and rhinovirus/enterovirus positive. EEG- diffuse low voltage. ECHO: mild tricuspid and mitral valve regurgitation. CT head: tonsillar herniation.**CDC Split Type:****Write-up:** Exposed to COVID at school. Symptoms May 25th, to emergency care, given Tessalon pearles, fluticasone, and Tylenol. Progressed, back to ED next day. Given IV acetaminophen and IV saline bolus, decadron and reglan. Discharged with acetaminophen, ibuprophen, phenergan and zofran. Still progressed, found unresponsive on May 28th, to ED. Unresponsive, brain dead. May 28: redessivir, dexamethasone, vancomycin ceftriaxone, and metronidazole.

VAERS ID: 2327226 (history)	Vaccinated:	2021-12-28
Form: Version 2.0	Onset:	2022-03-30
Age: 8.0	Days after vaccination:	92
Sex: Female	Submitted:	0000-00-00
Location: Texas	Entered:	2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	RL0007 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Abdominal distension](#), [Anticoagulant therapy](#), [Cardiac arrest](#), [Carditis](#), [Dermatitis](#), [Gastrointestinal inflammation](#), [Hepatitis](#), [Immunoglobulin therapy](#), [Intensive care](#), [Lymphadenitis](#), [Multisystem inflammatory syndrome in children](#), [Pneumonitis](#), [Pulmonary oedema](#), [Pyrexia](#), [Rash](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Hepatitis, non-infectious (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Interstitial lung disease (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) (narrow), Toxic-septic shock conditions (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-03**Days after onset:** 34**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: She developed inflamed lymph nodes (lymphadenitis), all over the body rash, ongoing fever for more than 3 weeks. She was diagnosed with MIS-C, her heart, intestines, lungs, skin and liver were inflamed. She was hospitalized and treated with immunoglobulin, steroids, anticoagulant, fever reducing medications, etc. By the second treatment, her belly started getting distended, her lungs were filled with liquids. She was transferred to ICU and her heart stopped beating right there.

VAERS ID: [2359520](#) (history) **Vaccinated:** 2021-11-10
Form: Version 2.0 **Onset:** 2022-01-03
Age: 11.0 **Days after vaccination:** 54
Sex: Male **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-07-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	- / IM

Administered by: Other **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Haemorrhagic disorder](#), [Myocarditis](#), [SARS-CoV-2 test positive](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), 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), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-25**Days after onset:** 111**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** No**Current Illness:** No**Preexisting Conditions:** No**Allergies:** No**Diagnostic Lab Data:** Covid-19 PCR test taken 4/25/2022. Positive result confirmed on 4/27/2022**CDC Split Type:****Write-up:** Subsequent Covid-19 infection resulting in Hemorrhagic Myocarditis and death.

VAERS ID: [2377304](#) (history) **Vaccinated:** 2021-12-13
Form: Version 2.0 **Onset:** 2021-12-27
Age: 9.0 **Days after vaccination:** 14
Sex: Female **Submitted:** 0000-00-00
Location: California **Entered:** 2022-07-21

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

Administered by: Other **Purchased by:** ?

Symptoms: [Abdominal pain upper](#), [Chest pain](#), [Death](#), [Oropharyngeal pain](#)

SMQs: Acute pancreatitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-27

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:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Death after 2-3 days of stomach ache, sore throat and chest pain; two weeks after receiving the vaccination

VAERS ID: [2404278](#) (history) **Vaccinated:** 2021-08-09
Form: Version 2.0 **Onset:** 2022-03-03
Age: 13.0 **Days after vaccination:** 206
Sex: Female **Submitted:** 0000-00-00
Location: Arkansas **Entered:** 2022-08-08

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

Administered by: Public **Purchased by:** ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-03**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:** unk**Current Illness:** unk**Preexisting Conditions:** unk**Allergies:** unk**Diagnostic Lab Data:****CDC Split Type:** AR2922**Write-up:** Patient died on 03/03/2022, death was not considered COVID related.

VAERS ID: [2454771](#) ([history](#)) **Vaccinated:** 2022-07-29
Form: Version 2.0 **Onset:** 2022-08-01
Age: 12.0 **Days after vaccination:** 3
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-09-22

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

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Autopsy](#), [COVID-19](#), [Death](#), [Myocarditis](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#), [Vomiting](#)

SMQs: Acute pancreatitis (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), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (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), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-08-02**Days after onset:** 1**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:** Autopsy was performed on 08/03/2022 with findings of myocarditis. SARS-CoV-2 test positive.**CDC Split Type:****Write-up:** The decedent received the second dose of the COVID vaccine on 7/29/2022. She began vomiting at bedtime on 8/1/2022 and was found unresponsive the morning of 8/2/2022. She was transported to the emergency room by EMS where pronounced.

VAERS ID: [2486248](#) (history) **Vaccinated:** 2022-01-11
Form: Version 2.0 **Onset:** 2022-01-19
Age: 15.0 **Days after vaccination:** 8
Sex: Female **Submitted:** 0000-00-00
Location: California **Entered:** 2022-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33036BD / 1	RA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Intensive care](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Sepsis](#)**SMQs:** Anaphylactic reaction (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), Infective pneumonia (narrow), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-25**Days after onset:** 6**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:** levocarnitine; levetiracetam; baclofen; valproic acid**Current Illness:** none**Preexisting Conditions:** Spastic cerebral palsy; scoliosis; asthma.**Allergies:** none known

Diagnostic Lab Data: 1/21/22: COVID+ (nucleic acid amplification)

CDC Split Type:

Write-up: Stable after vaccine administration. 10 days later, presented in extremis to the Emergency Department - sepsis / respiratory failure. Transferred to higher level of care (PICU), where the patient died 4 days later of COVID pneumonia.

VAERS ID: 2576556 (history)	Vaccinated:	2022-12-02
Form: Version 2.0	Onset:	2022-12-20
Age: 13.0	Days after vaccination:	18
Sex: Female	Submitted:	0000-00-00
Location: Arizona	Entered:	2023-02-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GL0446 / 3	- / -

Administered by: Private **Purchased by:** ?

Symptoms: [Blood electrolytes](#), [Blood glucose](#), [Blood iron](#), [Chest pain](#), [Death](#), [Electrocardiogram abnormal](#), [Tachycardia](#), [Thyroid function test](#), [Vitamin D](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Dehydration (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-12-24

Days after onset: 4

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: Levemir flextouch Humalog Ferrous Sulfate

Current Illness: Type 1 Diabetes Iron Deficiency Vitamin D Deficiency

Preexisting Conditions: Type 1 Diabetes

Allergies:

Diagnostic Lab Data: Electrolytes, Thyroid function tests, glucose, iron studies, vitamin D level

CDC Split Type:

Write-up: Tachycardia, chest pain, EKG changes Referral Cardiology ED visit Death

VAERS ID: 2582749 (history)	Vaccinated:	2022-08-03
Form: Version 2.0	Onset:	2022-08-30
Age: 12.0	Days after vaccination:	27
Sex: Female	Submitted:	0000-00-00
Location: Massachusetts	Entered:	2023-02-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	LA / -
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	I780876 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7294AB / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C5963AA / 1	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Blood electrolytes normal](#), [Brain herniation](#), [Brain oedema](#), [Headache](#), [Sudden death](#), [Toxicologic test normal](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-08-30

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: Sertraline, Topiramate, Ibuprofen

Current Illness: Hx Migraine, Depression, ADD, Asthma

Preexisting Conditions: Hx Migraine, Depression, ADD, Asthma

Allergies: NKDA

Diagnostic Lab Data: Negative tox screen Electrolytes nl for episode

CDC Split Type:

Write-up: Sudden Death after a headache episode Post shows Cerebellar tonsillar and bilateral uncal herniation in the setting of "mild" cerebral edema No fever No rash

VAERS ID: [2599510](#) (history) **Vaccinated:** 2021-10-08
Form: Version 2.0 **Onset:** 2022-10-01
Age: 15.0 **Days after vaccination:** 358
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2023-03-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3184 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8841 / 2	LA / IM

Administered by: Private **Purchased by:** ?

Symptoms: [Abdominal pain](#), [Asthenia](#), [Autopsy](#), [Blood sodium abnormal](#), [Death](#), [Drug screen](#)

[negative](#), [Fluid intake reduced](#), [Full blood count abnormal](#), [Headache](#), [Histology](#), [Hypophagia](#), [Laboratory test](#), [Malaise](#), [Metabolic function test abnormal](#), [Microscopy](#), [Myocarditis](#), [Nausea](#), [Pyrexia](#), [Respiratory viral panel](#), [SARS-CoV-2 test negative](#), [Toxicologic test normal](#), [Urine analysis abnormal](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Haematopoietic leukopenia (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-10-16

Days after onset: 15

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Ariprazole, Escitalopram, Melatonin, and Ondansetron

Current Illness: None

Preexisting Conditions: None

Allergies: None known

Diagnostic Lab Data: On 10/15/22 CBC - abnormal results Comprehensive metabolic panel - abnormal results Urinalysis - abnormal results UA/microscopy - normal Sodium, serum - abnormal results Monotest - normal Respiratory panel (including COVID-19) - normal Drug screen - normal/negative Autopsy performed 10/16/22 . Toxicology - negative Histology performed Cause of death - idiopathic myocarditis

CDC Split Type:

Write-up: Started feeling significantly ill 10/11/2022 with complaints of nausea, (unable to keep water or food down) weakness, and decreased food/water intake. Headache reported and sharp abdominal pain. Had a fever on admission to hospital on 10/15/22. Death 1 year after vaccine administration. Cause of death - idiopathic myocarditis

VAERS ID: 2641743 (history)	Vaccinated:	2021-08-16
Form: Version 2.0	Onset:	2021-09-28
Age: 16.0	Days after vaccination:	43
Sex: Male	Submitted:	0000-00-00
Location: Florida	Entered:	2023-06-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0173 / 2	- / IM

Administered by: Other **Purchased by:** ?

Symptoms: [Cardiac arrest](#), [Death](#)

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), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-28

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: PRN Tylenol, Motrin

Current Illness: n/a

Preexisting Conditions: n/a

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: my son went into cardiac arrest and died almost a month later

VAERS ID: [2678074](#) (history) **Vaccinated:** 2021-12-01
Form: Version 2.0 **Onset:** 2023-06-01
Age: 10.0 **Days after vaccination:** 547
Sex: Male **Submitted:** 0000-00-00
Location: California **Entered:** 2023-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	- / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	- / SYR

Administered by: Public **Purchased by:** ?

Symptoms: [Abdominal pain](#), [Biopsy heart](#), [Brain stem syndrome](#), [Cardiac arrest](#), [Cardiac dysfunction](#), [Chest X-ray](#), [Chest pain](#), [Computerised tomogram](#), [Cytogenetic analysis](#), [Death](#), [Echocardiogram](#), [Electroencephalogram](#), [Fatigue](#), [Haemorrhage intracranial](#), [Headache](#), [Heart transplant](#), [Intensive care](#), [Lung assist device therapy](#), [Myocarditis](#), [Pyrexia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (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), Haemorrhagic central nervous system vascular conditions (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2023-08-14
Days after onset: 74
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: heart biopsy, genetic testing, heart ultrasound, chest x-rays, EEGs, CT scans (June 26-August 9, 2023)
CDC Split Type:

Write-up: Patient was a healthy 12-year old boy with no prior instances of illness (and he did not ever test positive for Covid) when he suffered from a headache, low fever, and fatigue. On the third day of symptoms, he said he had chest pains only after trying to eat. We were currently living in an another country and he was taken to the hospital ICU. One day later, he suffered cardiac arrest and was put on ECMO because his heart was not functioning well. He was later diagnosed with acute myocarditis and needed a heart transplant. Unfortunately, after the transplant operation, he suffered a severe subarachnoid intracranial hemorrhage and lost all brain stem functions. He never recovered.

VAERS ID: [2699824](#) (history) **Vaccinated:** 2023-10-10
Form: Version 2.0 **Onset:** 2023-10-01
Age: 14.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2023-10-22
Location: Virginia

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	HG2649 / 4	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	FC22G / UNK	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Death](#), [Pyrexia](#), [Rash](#)
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2023-10-15
Days after onset: 14
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Tobramycin (neb); zyrtec; ferrous sulfate; Flonase; Culturelle; Levalbuterol; Budesonide; Baclofen; Pedialax; lansoprazole; tylenol; Zaditor; Vit D; Poly-vi-sol**Current Illness:** hospitalized 2 weeks prior for a pneumonia**Preexisting Conditions:** multiple sulfatase deficiency causing spastic quadriplegia; growth problems; restrictive lung disease; heart problems (subaortic stenosis and hypertrophic cardiomyopathy); allergic rhinitis; constipation; G-Jtube**Allergies:** benadryl**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Child had fevers at home and one episode of rash on chest that resolved; On Oct 15th, child died at home.

VAERS ID: [2726333](#) ([history](#)) **Vaccinated:** 2022-07-21
Form: Version 2.0 **Onset:** 2022-12-26
Age: 15.0 **Days after vaccination:** 158
Sex: Female **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2023-12-21

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

Administered by: Pharmacy**Purchased by:** ?**Symptoms:** [Autopsy](#), [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-12-26**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:** NA**Current Illness:** NA**Preexisting Conditions:** NA**Allergies:** NA**Diagnostic Lab Data:** Autopsy performed.**CDC Split Type:****Write-up:** Death - no prior medical concerns of athlete. Found in bedroom, no signs of foul play or self-harm. Went to sleep and never woke up.

VAERS ID: [2743697](#) (history) **Vaccinated:** 2022-06-07
Form: Version 2.0 **Onset:** 2022-06-28
Age: 17.0 **Days after vaccination:** 21
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2024-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7135 / 1	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7135 / 2	- / -

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [COVID-19](#), [Death](#), [Foreign travel](#), [Life support](#), [Malaise](#), [SARS-CoV-2 test positive](#)

SMQs: Acute central respiratory depression (broad), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-08-06

Days after onset: 39

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: unk

Current Illness: unk

Preexisting Conditions: unk

Allergies: unk

Diagnostic Lab Data:

CDC Split Type:

Write-up: Initial online report found with vaccine card, D1 6/7/22 FP7135 D2 6/28/22 FP7135.

According to report, victim felt sick while on a sponsored school trip. Victim tested + for COVID19. At some point victim was airlifted to hospital from residence. At that point victim was on life support, may have had limbs amputated, the duration of this is unknown. Victim passed away on 08/06/22, required to be inoculated for school rip. Length of hospital stays unknown

VAERS ID: [2747315](#) (history) **Vaccinated:** 2022-02-17
Form: Version 2.0 **Onset:** 2022-02-22
Age: 15.0 **Days after vaccination:** 5
Sex: Male **Submitted:** 0000-00-00
Location: New Jersey **Entered:** 2024-02-16

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

FK9896 / 3

AR / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Completed suicide](#), [Death](#), [Depression](#)

SMQs: Suicide/self-injury (narrow), Depression (excl suicide and self injury) (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-22

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: Albuterol inhaler PRN,

Current Illness:

Preexisting Conditions: Mild intermittent Asthma (sport)

Allergies: NKDA

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient was a previously healthy 15 year old male without diagnosis of depression. Patient died by suicide within 5 days of receiving vaccine

VAERS ID: [2751550](#) (history) **Vaccinated:** 2021-07-23
Form: Version 2.0 **Onset:** 2022-02-18
Age: 16.0 **Days after vaccination:** 210
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2024-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	AR / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3181 / 1	AR / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Aortic dilatation](#), [Aortic dissection](#), [Cardiac imaging procedure abnormal](#), [Condition aggravated](#), [Sudden death](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-19

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:** Sertraline, Irbesartan-hydrochlorothiazide, Metoprolol ER, Symbicort PRN, Proair PRN, Pulmicort PRN**Current Illness:** Patient sometimes needed to use an inhaler due to having Covid-19 3 times.**Preexisting Conditions:** Patient had Marfan Syndrome since birth. Her aortic route was dilated to a 4.6 cm before she received the vaccine. She was seeing a Cardiologist regularly to keep an eye on things. She had a cardiac MRI in November of 2021, and it was dilated at a 4.7 cm. at that time. She suddenly passed away on November 19, 2022.**Allergies:** NKA**Diagnostic Lab Data:** None at the time but it was later known from the ME that she died of an aortic dissection, but her aortic route wasn't dilated any more than what was stated on her cardiac MRI from Nov 2021.**CDC Split Type:****Write-up:** Patient was perfectly fine one day and the next she was gone. We believe having the vaccines aided in her passing away.

VAERS ID: 2758171 (history)	Vaccinated:	2024-02-09
Form: Version 2.0	Onset:	2024-03-17
Age: 8.0	Days after vaccination:	37
Sex: Female	Submitted:	0000-00-00
Location: Texas	Entered:	2024-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	HH7006 / 1	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Cardiac arrest](#), [Death](#), [Resuscitation](#), [Seizure like phenomena](#), [Syncope](#)**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), Convulsions (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2024-03-17**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:** Methylphenidate CD 20 mg, Minoxidil 2.5 mg**Current Illness:** Febrile illness on 3/6/24 (Flu, Covid, and Strep tests negative)

Preexisting Conditions: ADD and Alopecia

Allergies: NKDA

Diagnostic Lab Data: Unknown

CDC Split Type:

Write-up: Clinic called on 3/22/24, Mom states that patient has suddenly passed away over the weekend (3/16-17). Mom states patient was perfectly fine and outside playing at her dad's house over the weekend, when all of a sudden she collapsed. Mom states that she had seizure like activity and her heart stopped beating. Mom states that they tried, but could never get it to restart. It was ruled that her heart just stopped. Mom calling to notify PCP of this and to let her know that there is an investigation underway to determine cause of death. Mom states that she wanted to know if the investigator had reached out to our clinic as they had questions about what vaccines patient has received this year and wanted to know who patient's PCP was. Apologized to mom for her loss and informed her that PCP would be notified. Mom verbalized understanding and had no further questions or concerns.

VAERS ID: [2758538](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0 **Onset:** 0000-00-00

Age: 14.0 **Submitted:** 0000-00-00

Sex: Male **Entered:** 2024-04-01

Location: Ohio

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

Administered by: Unknown **Purchased by:** ?

Symptoms: [Death](#)

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: USMODERNATX, INC.MOD20247

Write-up: 14 year old son died; This spontaneous case was reported by a patient family member or friend and describes the occurrence of DEATH (14 year old son died) in a 14-year-old male patient who received SPIKEVAX NOS (SPIKEVAX NOS) for COVID-19 prophylaxis. No Medical History information was reported. On an unknown date, the patient received dose of SPIKEVAX NOS (SPIKEVAX NOS) (unknown route) 1 dosage form. Death occurred on an unknown date. The cause of death was not reported. It is unknown if an autopsy was performed. The concomitant medication was not reported by reporter. Dosage text for suspect product was reported as unknown. The treatment medication was not reported by reporter. This case was linked to US-MODERNATX, INC.-MOD-2023-

728478 (E2B Linked Report). Reporter did not allow further contact Company comment: This spontaneous case concerns a 14-year-old, male patient with no medical history information reported, who experienced the unexpected serious fatal (death and medically significant) event of death. Death occurred on an unknown date (reported as 1-JAN-1990 implausible date) The cause of death was not reported. It is unknown if an autopsy was performed. Temporal relationship to a dose of Spikevax NOS is unclear. It was also reported that patient experienced no adverse event. No further information about the events was provided. Considering very limited information available causal association with a dose of Spikevax could not be established and the event is considered as not related. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: US-MODERNATX, INC.-MOD-2023-728478:Same reporter different patient; Reported Cause(s) of Death: Unknown cause of death

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