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## Search Results

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

# Found 13,168 cases where 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

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**VAERS ID:** [2250623](#) ([history](#)) **Vaccinated:** 2021-05-14  
**Form:** Version 2.0 **Onset:** 2022-03-06  
**Age:** 64.0 **Days after vaccination:** 296  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030B21A / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038B21A / 2	UN / SYR

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

**Symptoms:** [Acute left ventricular failure](#), [Acute respiratory distress syndrome](#), [Atrial fibrillation](#), [Blood culture positive](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Death](#), [Endotracheal intubation](#), [Hypertension](#), [Hypoxia](#), [Hypoxic-ischaemic encephalopathy](#), [Intentional medical device removal by patient](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Staphylococcus test positive](#), [Vaccine breakthrough infection](#), [Ventricular fibrillation](#)

**SMQs:** Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (broad),

Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Ventricular tachyarrhythmias (narrow), Ischaemic central nervous system vascular conditions (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (narrow), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-03-28

**Days after onset:** 21

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, 22 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** Clinical notes had noted alcohol and tobacco use, hypertension and congestive heart failure

**Allergies:** No known allergies

**Diagnostic Lab Data:** Positive COVID-19 test on 03/06/2022 despite being vaccinated.

**CDC Split Type:**

**Write-up:** This is an instance of breakthrough COVID-19 disease after which death occurred. The individual was vaccinated with the Moderna product on 04/16/2021 and 05/14/2021. They were brought to Emergency Department via ambulance on 03/06/2022 after "having some kind of episode while driving." It was determined the individual had suffered a V-fib cardiac arrest. The individual was hospitalized and found to be having many complications and medical conditions including: COVID-19 pneumonia, acute respiratory distress syndrome, hypoxia, acute combined systolic and diastolic heart failure, A-Fib, and Hypertension. The individual was transferred to a different hospital (Hospital) on 03/12/2022 to continue care. While hospitalized, the individual's condition did not improve. They were found to have developed hypoxic encephalopathy, speculated to possibly be related to the COVID-19 infection or to alcohol withdrawal. Fevers began on 03/21/2022 and blood culture grew staph epidermidis. On 03/27, the individual self-extubated and the family declined to have the individual intubated again. They were transferred to Hospice House on 03/28/2022 to continue comfort care. They died later on the same day, on 03/28/2022.

<b>VAERS ID:</b> <a href="#">2252011</a> ( <a href="#">history</a> )	<b>Vaccinated:</b>	2021-11-12
<b>Form:</b> Version 2.0	<b>Onset:</b>	2022-03-02
<b>Age:</b> 71.0	<b>Days after vaccination:</b>	110
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Ohio	<b>Entered:</b>	2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	077C21B / UNK	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030B21A / UNK	LA / IM

<b>COVID19:</b> COVID19 (COVID19 (MODERNA)) / MODERNA	006M20A / UNK	LA / IM
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**Administered by:** Private **Purchased by:** ?**Symptoms:** [Abdominal pain](#), [Asthenia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Fatigue](#), [Fluid intake reduced](#), [General physical health deterioration](#), [Hypophagia](#), [Mobility decreased](#), [Rash](#), [Skin lesion](#), [Thrombocytopenia](#)**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-10**Days after onset:** 8**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** Acetaminophen 325mg Aspirin 81mg Atorvastatin 20mg Furosemide 40mg Levothyroxine 75mcg Mirtazapine 7.5mg Multivitamin Ondansetron 4mg**Current Illness:****Preexisting Conditions:** Parkinson's dementia Type 2 diabetes with chronic kidney disease Hypothyroidism Hyperlipidemia Hypertension Anemia Severe hypoalbuminemia/protein malnutrition**Allergies:** No known allergies**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient hospitalized after vaccination with Moderna series + booster (11/12/2021, 4/1/2021, 3/1/2021)-COVID related. At admission patient had complaints of generalized weakness, fatigue and generalized abdominal pain. Patient had a rash all over her body, not gotten out of bed, not been eating/drinking, and had sores on her lower legs. Admitted 3/2/2022 for thrombocytopenia secondary to COVID-19 infection. Also had asymptomatic covid pneumonia shown by CT of the chest-on room air, no cough, chest pain, fever or shortness of breath. Patient continued to decline and was put on hospice. Expired 3/10/2022.

<b>VAERS ID:</b> <a href="#">2252118</a> (history)	<b>Vaccinated:</b>	2021-03-10
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-07-11
<b>Age:</b> 75.0	<b>Days after vaccination:</b>	123
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
<b>COVID19:</b> COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNK / UNK	RA / UN

**Administered by:** Pharmacy **Purchased by:** ?**Symptoms:** [Central nervous system lesion](#), [Condition aggravated](#), [Death](#), [Magnetic resonance imaging](#), [Multiple sclerosis relapse](#), [Nervous system disorder](#)**SMQs:** Guillain-Barre syndrome (broad), Optic nerve disorders (broad), Demyelination (narrow), Immune-mediated/autoimmune disorders (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:** Vimpat, metropolol, baclofen, Levothyroxine, duloxetine,**Current Illness:** see #12**Preexisting Conditions:** Multiple Sclerosis**Allergies:** n"a**Diagnostic Lab Data:** Numerous MRI images, and symptomatic records at multiple health facilities.**CDC Split Type:****Write-up:** See attachment for complete history and observations - patient apparently suffered fatal interaction when Covid Vaccine interacted with active Multiple Sclerosis relapse. Relapsing-Remitting MS case converted to aggressive Progressive MS, which, over the course of 1 year following the vaccine doses, rapidly accelerated the progression of lesions that cut off central nervous system communication with legs, then arms, and, finally even lungs. (I attempted to paste the complete report on this form, but it would not accept that kind of input, and the details require more than this page will accept. Please contact me by email as indicated above if you are interested in the details.)

<b>VAERS ID:</b> <a href="#">2252151</a> (history)	<b>Vaccinated:</b>	2021-10-29
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-11-08
<b>Age:</b> 92.0	<b>Days after vaccination:</b>	10
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Illinois	<b>Entered:</b>	2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005C21A / 1	- / IM

**Administered by:** Private **Purchased by:** ?**Symptoms:** [Aggression](#), [Agitation](#), [Atrial fibrillation](#), [Blood thyroid stimulating hormone normal](#), [COVID-19](#), [Cerebral atrophy](#), [Cerebral ischaemia](#), [Chest X-ray normal](#), [Computerised tomogram head abnormal](#), [Condition aggravated](#), [Confusional state](#), [Death](#), [Electrocardiogram abnormal](#), [Haemoglobin decreased](#), [Mental status changes](#), [SARS-CoV-2 test positive](#), [Thyroxine free normal](#), [Troponin](#), [Unresponsive to stimuli](#), [Urine leukocyte esterase positive](#), [Vaccine breakthrough infection](#), [White matter lesion](#)**SMQs:** Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Ischaemic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad),

Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Tubulointerstitial diseases (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:** 2021-11-18

**Days after onset:** 10

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 11 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:** aspirin 325 mg PO QD, atorvastatin 40 mg PO QD, carvedilol 6.25 mg PO BID

**Current Illness:** AFib, HTN, DM type 2, HLD

**Preexisting Conditions:** AFib, HTN, DM type 2, HLD

**Allergies:** NKA

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** COVID Vaccine Breakthrough Case. Moderna Dose 1 10/29/21 (005C21A) and COVID Positive 11/8/21. 11/8/21: HPI is limited by patient's altered mental status. Collateral source of information is the medical record. Patient is a 92-year-old male who presented to the emergency department today with reported altered mental status. He was confused, agitated, and combative on arrival. The patient's son reported that he has had a progressive decline over the last 6 months, but this behavioral change was more acute. He was recently diagnosed with sundowners. On my this in the ED, the patient tells me the year is 1912. He is able to tell me his name. Tells me he lives alone and has a nurse that comes in. Cannot tell me who the president is. Not aggressive/combative at this time. He denies chest pain, shortness of breath, nausea, vomiting, diarrhea, abdominal pain, fever, and chills. On arrival to the ED, the patient's vitals were stable. He is 98% SpO2 on room air. His labs were fairly unremarkable. He has a troponin of 0.04, TSH 7.34, Free T4 0.84, hemoglobin 13.2. His urine was positive for large amount of leukoesterase. His COVID screening was positive. CXR showed no acute findings. CT of the head showed no acute intracranial findings, but did show severe parenchymal volume loss and white matter changes suggestive of advanced chronic microvascular ischemia. EKG showed AFib at a controlled rate. This appears to be chronic for the patient. The patient received 1g of Rocephin in the ED. 11/18/21: Patient is resting comfortably in bed. Has been unresponsive most of the day. Awaiting hospice placement. Later deceased.

**VAERS ID:** [2252240](#) (history) **Vaccinated:** 2021-07-17

**Form:** Version 2.0 **Onset:** 2021-07-01

**Age:** 62.0 **Submitted:** 0000-00-00

**Sex:** Male **Entered:** 2022-04-26

**Location:** Missouri

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0182 / 2	LA / SYR

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

**Symptoms:** [Biopsy liver abnormal](#), [Blood test abnormal](#), [Death](#), [Hepatic cancer stage IV](#), [Immediate post-injection reaction](#), [Pain](#), [Yellow skin](#)

**SMQs:** Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Liver malignant tumours (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Non-haematological malignant tumours (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-03-18

**Days after onset:** 260

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** Atorvastatin, and Metoprol

**Current Illness:** None

**Preexisting Conditions:** None

**Allergies:** None

**Diagnostic Lab Data:** August 2021 blood, November 2021 biopsy and diagnosed Not even candidate for chemotherapy or radiation no transplant....

**CDC Split Type:**

**Write-up:** Immediately after getting patient complained about aches all over, more than first, by 5th day he was yellow to look at, Regular blood work showed unexplained rise in liver And Immediately referred for more blood, biopsy, stage 4 liver cancer in Nov 2021 died March 18 2022

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<b>VAERS ID:</b> <a href="#">2252337</a> (history)	<b>Vaccinated:</b>	2021-01-27
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-08-18
<b>Age:</b> 86.0	<b>Days after vaccination:</b>	203
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> South Dakota	<b>Entered:</b>	2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025L20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	RA / SYR

**Administered by:** Senior Living **Purchased by:** ?

**Symptoms:** [COVID-19](#), [Death](#), [Fall](#), [Inappropriate schedule of product administration](#), [Malaise](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#), [X-ray of pelvis and hip](#)

**SMQs:** Accidents and injuries (narrow), Medication errors (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-09-16

**Days after onset:** 29

**Permanent Disability?** No

**Recovered?** No



**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Alzheimer's Dementia The individual was a resident of the nursing home indicated in the Address portion of this form.**Allergies:****Diagnostic Lab Data:** Positive COVID-19 tests positive on 08/18/2021 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 Moderna product on 12/31/2020 and 01/27/2021. They became symptomatic on 08/18/2021 and tested positive the same day at the nursing home at which they were a resident. They were admitted to hospital 08/22/2021-08/24/2021 and discharged back to the nursing home. The individual was released from COVID-19 isolation on 08/28/2021. It does not seem the individual was hospitalized again, but they died on 09/16/2021. COVID-19 is listed in part 2 of the death certificate (as is remote fall with possible left inferior pubic ramus fracture; they had a pelvis X-ray on 08/25/2021 which was after hospital discharge).

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**VAERS ID:** [2252544](#) (history) **Vaccinated:** 2021-03-24  
**Form:** Version 2.0 **Onset:** 2021-10-15  
**Age:** 78.0 **Days after vaccination:** 205  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	RA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031A21A / 2	RA / SYR

**Administered by:** Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Hypoxia](#), [Respiratory failure](#), [Respiratory symptom](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

**SMQs:** Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-10-28**Days after onset:** 13**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No

**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 8 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** COPD; Parkinson's Disease**Allergies:** No allergies noted in chart**Diagnostic Lab Data:** Positive COVID-19 test on 10/15/2021 despite being vaccinated.**CDC Split Type:**

**Write-up:** This is an instance of breakthrough COVID-19 disease after which death occurred. The individual was vaccinated with the Moderna product on 02/24/2021 and 03/24/2021. They tested positive for 10/15/2021. They presented to emergency department on 10/20/2021 with primary complaints of "upper and lower respiratory symptoms." They were admitted to hospital same day. During the hospitalization, they were diagnosed with respiratory failure, hypoxia, and COVID-19 pneumonia. They remained hospitalized until their death on 10/28/2021.

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**VAERS ID:** [2252554](#) (history) **Vaccinated:** 2021-03-10  
**Form:** Version 2.0 **Onset:** 2021-10-25  
**Age:** 80.0 **Days after vaccination:** 229  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	RA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029A21A / 2	LA / SYR

**Administered by:** Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-11-07**Days after onset:** 13**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:** Tobacco Abuse, Silicosis**Allergies:** Chlorthalidone (reaction not listed)**Diagnostic Lab Data:** Positive COVID-19 test on 10/25/2021 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 Moderna product on 02/09/2021 and 03/10/2021. They tested positive for COVID-19 on 10/25/2021. They died on 11/07/2021. COVID-19 is listed on Part II of the death certificate. I see no evidence of hospitalization related to this illness.



**VAERS ID:** [2252564](#) ([history](#)) **Vaccinated:** 2021-11-09  
**Form:** Version 2.0 **Onset:** 2022-03-21  
**Age:** 76.0 **Days after vaccination:** 132  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 2	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C251A / 3	LA / SYR

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

**Symptoms:** [Acute respiratory failure](#), [Brain injury](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Myocardial infarction](#), [SARS-CoV-2 test positive](#), [Septic shock](#), [Vaccine breakthrough infection](#)

**SMQs:** Anaphylactic reaction (broad), Myocardial infarction (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-03-28

**Days after onset:** 7

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 7 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** Metastatic Right Lung Cancer

**Allergies:** No known allergies

**Diagnostic Lab Data:** Positive COVID-19 test on 03/21/2022 despite being vaccinated and boosted.

**CDC Split Type:**

**Write-up:** This is an instance of breakthrough COVID-19 after which death occurred. The individual was vaccinated with the Moderna product on 01/05/2021, 02/02/2021, and 11/09/2021. They tested positive for COVID-19 on 03/21/2022. They were hospitalized 03/19/2022-03/26/2022 and discharged to a hospice facility on 03/26/2022. They remained in the hospice facility until their death on 03/28/2022. They had terminal metastatic lung cancer and were found to have had complications of acute hypoxemic respiratory failure, hypoxic ischemic brain injury, septic shock, COVID-19 pneumonia, and a Type II myocardial infarction.

**VAERS ID:** [2254547](#) (history) **Vaccinated:** 2021-11-06  
**Form:** Version 2.0 **Onset:** 2021-12-26  
**Age:** 91.0 **Days after vaccination:** 50  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** New York **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822811 / 2	LA / IM

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

**Symptoms:** [Anticoagulant therapy](#), [Back pain](#), [COVID-19](#), [Chest X-ray abnormal](#), [Computerised tomogram head normal](#), [Computerised tomogram spine](#), [Death](#), [Gait disturbance](#), [Hypoxia](#), [Lung opacity](#), [Pain](#), [SARS-CoV-2 test positive](#), [Sciatica](#), [Unresponsive to stimuli](#)

**SMQs:** Asthma/bronchospasm (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-01-11

**Days after onset:** 16

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 16 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** HTN, DM, Hyperlipidemia, A Fib, CHF

**Allergies:** Nickel

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** 12/26/2021-ER with complaint of back pain/Sciatica and difficulty ambulating. Afebrile. Covid + test on admission. CT head w/o contrast-No acute intracranial Hemorrhage, CT cervical spine wo contrast-No definite acute cervical spinal fracture, CT thoracic spine w/o contrast-No definite acute fracture. 12/26/2021-O2 sat 88%, O2 2L via NC Increased to 98%. Chest x ray- No acute Pulmonary disease. 12/28/2021- AM-Rapid called, hypoxic o2 sat 70% on 4L NC, NRB applied o2 sat increased 90%. Weaned back to NC 5L. Start remdesivir, heparin and Decadron. Chest x ray-perihilar interstitial bibasilar alveolar opacities. Made palliative. 1/7/2022- Continue on comfort measure, vitals WNL. 1/10/2022-- Increased pain,

**VAERS ID:** [2254573](#) ([history](#)) **Vaccinated:** 2021-03-17  
**Form:** Version 2.0 **Onset:** 2022-04-24  
**Age:** 86.0 **Days after vaccination:** 403  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-27

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

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

**Symptoms:** [Asthenia](#), [Blood creatine phosphokinase increased](#), [COVID-19](#), [Device loosening](#), [Hip fracture](#), [Hyperkalaemia](#), [Illness](#), [Lung disorder](#), [Mental status changes](#), [Osteomyelitis](#), [Pain](#), [Refusal of treatment by patient](#), [Renal failure](#), [SARS-CoV-2 test positive](#), [Ulna fracture](#), [Wound](#), [Wound closure](#)

**SMQs:** Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Osteoporosis/osteopenia (broad), Osteonecrosis (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-04-24

**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:** hypertension, diabetes, chronic anemia

**Allergies:** none

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Transfer from Hospital on 2/17 with fracture hardware loosening in right hip and right ulnar fracture. Preoperative testing was COVID +. Treated with dexamethasone and doxycycline. Recovered with minimal pulmonary issues. Taken out of isolation but had developed osteomyelitis in right foot/ankle. ID consulted and placed on daptomycin and ertapenem. Went to OR for right hip fracture removal but due to acute illness and frailty, reconstruction was deferred. Wound vac was placed with PT whirlpool and wound care. CPK trended up and ID changed antibiotic to Teflora. Attempted SNF placement but unable to due to antibiotic selection. Had intermittent difficulties with renal insufficiency and hyperkalemia. Pt. declined operative fixation for right ulnar fracture. Continued with pain and pressure wounds. Had increasing O2 requirements. Patient agreed to DNR status. Significant decline in mental status and continued pain. POA decide to move to comfort care.

**VAERS ID:** [2254588](#) (history) **Vaccinated:** 2021-02-16  
**Form:** Version 2.0 **Onset:** 2021-09-23  
**Age:** 78.0 **Days after vaccination:** 219  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 2	- / SYR

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

**Symptoms:** [COVID-19](#), [Pulse absent](#), [Respiratory arrest](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

**SMQs:** Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), 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), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-10-03

**Days after onset:** 10

**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:** Patient tested positive for Covid 19 on 9/23/2021. Patient was residing at assisted living facility. On 10/03/2021 patient was found unresponsive in bed, no pulse, no breath. Due to code status of DNR, code blue was not called.

**VAERS ID:** [2254592](#) (history) **Vaccinated:** 2021-08-19  
**Form:** Version 2.0 **Onset:** 2022-01-10  
**Age:** 84.0 **Days after vaccination:** 144  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Kentucky **Entered:** 2022-04-27

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

EW0198 / 2

LA / IM

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

**Symptoms:** [COVID-19](#), [Death](#)

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

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-02-07

**Days after onset:** 28

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 23 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:** Unknown

**Current Illness:**

**Preexisting Conditions:** Alzheimers

**Allergies:** Unknown

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Pt died after contracting COVID-19 in January 2022.

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**VAERS ID:** [2254601](#) ([history](#)) **Vaccinated:** 2021-03-20  
**Form:** Version 2.0 **Onset:** 2021-11-01  
**Age:** 74.0 **Days after vaccination:** 226  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-27

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

**Administered by:** Senior Living **Purchased by:** ?

**Symptoms:** [Asthenia](#), [COVID-19](#), [Condition aggravated](#), [Confusional state](#), [Death](#), [Disease progression](#), [Fall](#), [General physical health deterioration](#), [Hypophagia](#), [Magnetic resonance imaging abnormal](#), [Mental status changes](#), [Metastatic neoplasm](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#), [Urinary tract infection](#)

**SMQs:** Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Non-haematological malignant tumours (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-02-11  
**Days after onset:** 102  
**Permanent Disability?** No  
**Recovered?** No  
**Office Visit?** No  
**ER Visit?** No  
**ER or Doctor Visit?** Yes  
**Hospitalized?** Yes, 12 days  
**Extended hospital stay?** No  
**Previous Vaccinations:**  
**Other Medications:**  
**Current Illness:**  
**Preexisting Conditions:** metastatic melanoma with brain and pancreatic mets, colon CA (with partial colectomy), prostate CA, seizure disorder, CKD iii, PVD, RA, GERD, DM  
**Allergies:**  
**Diagnostic Lab Data:**  
**CDC Split Type:**  
**Write-up:** pt had a hospital stay (name of facility not in med records) from 11/12 - 11/24/21 for generalized weakness and acute mental status changes; found to be positive for COVID on 11/18/21; MRI consistent of cystic progression, metastatic disease; treated with corticosteroids and ABX for UTI; dc'd to skilled nursing facility for rehab; poor oral intake; pt has fallen since been in rehab; increase in confusion; overall decline; pt was found unresponsive and passed away in the center

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**VAERS ID:** [2254603](#) (history)    **Vaccinated:** 2021-03-21  
**Form:** Version 2.0    **Onset:** 2022-02-24  
**Age:** 77.0    **Days after vaccination:** 340  
**Sex:** Male    **Submitted:** 0000-00-00  
**Location:** Kentucky    **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045A21A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	042B21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017E21A / 3	LA / IM

**Administered by:** Pharmacy    **Purchased by:** ?  
**Symptoms:** [COVID-19](#), [Death](#)  
**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)  
**Life Threatening?** No  
**Birth Defect?** No  
**Died?** Yes  
**Date died:** 2022-04-15  
**Days after onset:** 49  
**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:** CHRONIC KIDNEY DISEASE; CORONARY ARTERY DISEASE;



**DIABETES MELLITUS****Allergies:** Unknown**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Pt died after contracting COVID-19 in February 2022

**VAERS ID:** [2254609](#) (history) **Vaccinated:** 2021-04-19  
**Form:** Version 2.0 **Onset:** 2021-04-27  
**Age:** 62.0 **Days after vaccination:** 8  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Ohio **Entered:** 2022-04-27

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

**Administered by:** Private **Purchased by:** ?**Symptoms:** [Autopsy](#), [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-04-27**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** Moderate reaction to first Pfizer COVID vaccine**Other Medications:** none**Current Illness:** none**Preexisting Conditions:** mild to moderate hyperglycemia**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Death, approximately 8 days following second vaccination. Apparent MI with lung involvement according to autopsy performed at hospital.

**VAERS ID:** [2254611](#) (history) **Vaccinated:** 2021-06-20  
**Form:** Version 2.0 **Onset:** 2022-01-25  
**Age:** 53.0 **Days after vaccination:** 219  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

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

EW0171 / 2

- / SYR

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

**Symptoms:** [Abdominal distension](#), [Anticoagulant therapy](#), [C-reactive protein increased](#), [COVID-19](#), [Cough](#), [Dyspnoea](#), [Inflammatory marker test](#), [Pneumonia klebsiella](#), [Positive airway pressure therapy](#), [Pyrexia](#), [Respiratory disorder](#), [Respiratory rate increased](#)

**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-03-10

**Days after onset:** 44

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 22 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** "73 -year-old male presents to the emergency department with shortness of breath, patient was diagnosed with Covid recently, he was started on dexamethasone on 2/1 , patient was admitted to this hospital on 1/22 and was discharged on 1/26 to health and rehab. Patient has had increasing O2 requirement since being diagnosed with Covid, currently on 6 L nasal cannula with shortness of breath, patient reports cough and fever as well, on arrival patient's respiratory rate is elevated and he is salting 87% on 6 L nasal cannula, was quickly transitioned to BiPAP. Prior to arrival given IV fluids by nursing home staff and have his O2 increased to 9 L nasal cannula. Patient was continued on 6 L nasal cannula by EMS and transported to the emergency department on arrival patient denies abdominal pain but per EMS report staff thought his abdomen looked more swollen than normal. Patient was treated with Remdesivir for 5 days, Decadron 10 days and baricitinib 14 days along with therapeutic Lovenox per Vanderbilt treatment guideline. Hospital course was complicated by worsening respiratory status and elevated C-reactive protein requiring patient to be restarted back on steroid. Patient was also treated with vancomycin and cefepime for 5 days for Klebsiella pneumonia. Repeat inflammatory marker started trending downwards. Patient's oxygen requirement stabilized. Patient had prolonged hospital course and was accepted to select subspecialty for longterm acute care. Patient and his wife were in agreement patient finished a course of cefepime prior to discharge and cefepime was stopped.

**VAERS ID:** [2254640](#) ([history](#))    **Vaccinated:** 2022-04-22  
**Form:** Version 2.0    **Onset:** 2022-04-25  
**Age:** 89.0    **Days after vaccination:** 3  
**Sex:** Male    **Submitted:** 0000-00-00  
**Location:** Nebraska    **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	RA / IM

**Administered by:** Senior Living    **Purchased by:** ?

**Symptoms:** [Discoloured vomit](#), [Haemorrhage intracranial](#), [Hypophagia](#), [Intraventricular haemorrhage](#), [Lethargy](#), [Mental disorder](#), [Unresponsive to stimuli](#)

**SMQs:** Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (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), Hypoglycaemia (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-04-27

**Days after onset:** 2

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** Amlodipine 10 mg daily Baclofen 10 mg TID Calcium 600mg daily Carvedilol 25mg BID Donepezil 5mg daily Eliquis 5mg BID Lisinopril 20mg daily Levothyroxine 50 mEq daily Melatonin 3mg at HS Mirtazapine 7.5mg at HS Tramadol 50 mg 1/2 tab BID P

**Current Illness:** None

**Preexisting Conditions:** CVA affecting left side Dementia Hypertensive Heart Disease Heart Failure Ischemic Cardiomyopathy Atherosclerotic Heart disease Pulmonary Hypertension PVD Major Depressive Disorder Hypothyroidism Mitral Valve Insufficiency Pacemaker 100% Ventricular paced

**Allergies:** Allergies: Crestor, Zetia and Statins

**Diagnostic Lab Data:** See above report from Hospital where they admitted him

**CDC Split Type:**

**Write-up:** 4/22/22 Resident received 2nd Covid Pfizer Booster. This resident had received first two vaccines and first booster without any adverse reactions. On 4/25/22 Resident became lethargic wasn't eating well. Vital signs stable 152/78 HR 60 no fever SPO2 92% RA Later that evening at 2312 resident was nonresponsive had yellow emesis . Spouse was notified and she had stated she also noticed he wasn't responding to her. 4/26/22 Vitals 137/61 98.3 60 36 Spo2 80% on room air at 0906 am. Oxygen administered via NC Doctor called and family decided to send resident to ER for evaluation. 4/26/22 MD reports that the resident presented with altered mental status work up showed a large left intracranial hemorrhage with bleeding into the lateral and third ventricles. Resident is a DNT/DNI and was going to visit with wife of the gravity of his condition

**VAERS ID:** [2254677](#) (history) **Vaccinated:** 2021-09-21  
**Form:** Version 2.0 **Onset:** 2022-04-14  
**Age:** 83.0 **Days after vaccination:** 205  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Michigan **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	050E21A / 3	- / IM

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

**Symptoms:** [Acute respiratory failure](#), [Adult failure to thrive](#), [Alanine aminotransferase increased](#), [Anaemia](#), [Angiogram pulmonary abnormal](#), [Asthenia](#), [Atrial flutter](#), [Biopsy heart](#), [Blood albumin decreased](#), [Blood bicarbonate decreased](#), [Blood chloride normal](#), [Blood creatinine normal](#), [Blood glucose normal](#), [Blood immunoglobulin G](#), [Blood lactic acid normal](#), [Blood potassium normal](#), [Blood sodium normal](#), [Brain natriuretic peptide increased](#), [Bronchoscopy abnormal](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac amyloidosis](#), [Cardiac failure acute](#), [Cardiac failure congestive](#), [Cardiac murmur](#), [Cardiac pacemaker insertion](#), [Cardiac telemetry](#), [Cardiomegaly](#), [Chronic kidney disease](#), [Compression garment application](#), [Condition aggravated](#), [Death](#), [Decreased appetite](#), [Decubitus ulcer](#), [Discomfort](#), [Dry mouth](#), [Dyspnoea](#), [Dyspnoea exertional](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Electrocardiogram QT interval](#), [Electrocardiogram QT prolonged](#), [Electrocardiogram abnormal](#), [Full blood count](#), [General physical condition abnormal](#), [Haematocrit decreased](#), [Haemoglobin decreased](#), [Hyponatraemia](#), [Hypoxia](#), [International normalised ratio normal](#), [Intracardiac pressure increased](#), [Laboratory test normal](#), [Left ventricular failure](#), [Left ventricular hypertrophy](#), [Legionella test](#), [Light chain analysis](#), [Lung opacity](#), [Malnutrition](#), [Mean cell volume increased](#), [Metabolic function test](#), [Oedema peripheral](#), [Organising pneumonia](#), [Oxygen saturation decreased](#), [Plasma cell myeloma](#), [Platelet count decreased](#), [Pleural effusion](#), [Pneumocystis jirovecii pneumonia](#), [Procalcitonin](#), [Protein total decreased](#), [Rales](#), [SARS-CoV-2 test positive](#), [Sputum culture](#), [Staphylococcus test negative](#), [Streptococcus test negative](#), [Troponin I](#), [Troponin increased](#), [Ventricular hypokinesia](#), [White blood cell count normal](#)

**SMQs:** Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Lactic acidosis (broad), Haemorrhage laboratory terms (broad), Interstitial lung disease (narrow), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Supraventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, venous (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Hyponatraemia/SIADH (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (narrow), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-04-25

**Days after onset:** 11

**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 5 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** Acyclovir 400 mg Oral 2 times daily Apixaban 2.5 mg Oral 2 times daily Atorvastatin Calcium 20 mg Oral Daily busPIRone HCl 7.5 mg Oral 2 times daily Calcium Carbonate 1250 (500 Ca) MG 1 tablet Oral Daily Cholecalciferol 50 mcg Oral Daily FI**Current Illness:** 4/6-4/11/2022 Inpatient admission at hospital with: Failure To Thrive, Adult, Acute Anemia, Elevated Troponin and BNP, Recent PJP, Multiple Myeloma, IgG Lambda, Recent Covid, Cardiac Amyloidosis, CKD III, Mild Hyponatremia, Sacral Pressure Ulcer 2/17-3/5/2022 inpt admission with COVID - d/c to sub-acute rehab (SAR)**Preexisting Conditions:** Past Medical History: Diagnosis Date ? AICD (automatic cardioverter/defibrillator) present pacer ? Atrial fibrillation ? BPH (benign prostatic hyperplasia) ? Cancer ? CHF (congestive heart failure) ? Cough ? Dysrhythmia A-fib ? Essential hypertension ? Heart disease ? History of tobacco abuse pipe and cigar use x 40+ years; quit 4/1/04 ? Malignant neoplasm of upper lobe of lung ? Multiple myeloma ? Primary adenocarcinoma of lower lobe of right lung ? Prostate cancer**Allergies:** revlimid - itching/rash**Diagnostic Lab Data:** Recent Labs 04/14/22 2022 WBC 9.31 HGB 10.2\* MCV 109.9\* HCT 31.1\* PLATELET 103\* SODIUM 139 POTASSIUM 3.9 CHLORIDE 105 HCO3 19\* BUN 33\* CREATININE 1.12 GLUCOSE 94 Serum creatinine: 1.12 mg/dL 04/14/22 2022 Estimated creatinine clearance: 52.3 mL/min Lab Results Component Value Date INR 1.1 04/16/2020 INR 1.0 06/27/2019 INR 1.0 06/06/2019 Lab Results Component Value Date EJECEFRACECHO 43 04/07/2022**CDC Split Type:****Write-up:** Hospitalized (4.14.22 - 4.19.22); COVID-19 positive (4.14.22); fully vaccinated PLUS Booster - moderna x3. D/c with hospice - deceased on 4/25/2022 D/c summary: Discharge Summary Physician General Medicine BRIEF OVERVIEW: Discharge Provider: MD Primary Care Provider: MD Admission Date: 4/14/2022 Discharge Date: Apr 19, 2022 Active Hospital Problems Diagnosis Date Noted POA ? COVID-19 Pneumonia 04/15/2022 Yes ? Goals of care, counseling/discussion 04/15/2022 Unknown ? Dry mouth 04/15/2022 Unknown ? Protein-calorie malnutrition, moderate 04/15/2022 Unknown ? Multiple myeloma Yes ? hx of Pneumocystis jirovecii Pneumonia Feb 2022 Yes ? FTT (failure to thrive) in adult 04/06/2022 Yes ? Acute hypoxemic respiratory failure 02/17/2022 Yes ? hx of respiratory failure due to COVID-19 Feb 2022 02/04/2022 Yes ? Cardiac amyloidosis, transthyretin by endomyocardial biopsy 01/10/2022 Yes ? Cardiac amyloidosis with resultant acute on chronic diastolic heart failure 12/09/2021 Yes ? Chronic bilateral pleural effusions 11/18/2021 Yes ? Cardiac pacemaker in situ 08/11/2021 Yes ? Chronotropic incompetence 06/24/2020 Yes ? Atrial fibrillation, persistent 04/21/2020 Yes ? hx of primary adenocarcinoma of lower lobe of right lung s/p wedge resection Discharge Disposition: hospice/home DETAILS OF HOSPITAL STAY: PRESENTING PROBLEM: Acute hypoxemic respiratory failure due to COVID-19 COVID-19 HOSPITAL COURSE: 84-year-old male with a PMH of atrial fibrillation on Eliquis, chronotropic incompetence, pacemaker, combined CHF with EF 43%, multiple myeloma, hx of lung cancer s/p bilateral resection, immunocompromised on acyclovir, hx of bilateral pleural effusions, and a recent medical hx of pleural effusions s/p thoracentesis with Interventional pulmonology 4 months ago, COVID pneumonia 2 months ago, PJP pneumonia 1.5 months ago, and hospitalization for failure to thrive 4 days ago who presented with a CC of hypoxia x1 day. CTA thorax negative for PE, positive for moderate pleural effusions, extensive parenchymal lung opacities suggestive of mixed resolving pneumonia and suspected new organized pneumonia, evidence of prior LLL lobectomy and RLL wedge resection, redemonstrated cardiomegaly with dual lead pacemaker in place, evidence of elevated right heart pressures and unchanged dilation of the aortic root. Limited film array positive for COVID, procal 0.48 nomral WBC on admission 9.3, legionella/strep pneumo negative patient started on Rocephin and

doxycycline and admitted for further care. Pulmonology consulted and patient underwent left-sided thoracentesis on 04/15 was 850 mL removed. Unfortunately this was very uncomfortable for patient in did not seem to significantly improve his dyspnea. Pulmonology did feel that pneumocystis and COVID likely were not current active issues. COVID isolation was discontinued. They did feel that the patient's pulmonary symptoms were likely largely secondary to congestive heart failure. Cardiology also consulted who recommended diuresis. Both pulmonology and Cardiology did state patient had poor prognosis and the importance of goals of care discussion. Palliative care consulted.

Subsequently hospice consulted. Decision was made on 04/16 to pursue comfort care hospice. Unfortunately hospice was unable to arrange intake in the home until 4/19. In the interim patient was continued on IV Lasix and antibiotics. Started on morphine sublingual p.r.n.. On discharge all medications will be discontinued with the exception of medications required for comfort. Prescription for sublingual morphine and Ativan have been sent to the pharmacy and will be obtained and ready for patient via the hospice nurse. Due to shift change (4/19 new physician coming on service) discharge orders ready but will ask hospitalist in am to check patient to ensure stable before transfer.

CONSULTS / RECOMMENDATION: Consult Orders (From admission, onward) IP CONSULT TO PALLIATIVE CARE Provider: Palliative Care IP CONSULT TO PULMONOLOGY Provider: MD IP CONSULT TO CARDIOLOGY Provider: MD IP CONSULT TO INFECTIOUS DISEASES Provider: Infectious Disease INPATIENT PROCEDURES: Thoracentesis 4/15 BP 121/65 | Pulse 89 | Temp 36.4 °C (Oral) | Resp 26 | Ht 1.803 m | Wt 76 kg | SpO2 (!) 87% | BMI 23.37 kg/m<sup>2</sup> Physical Exam Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Murmur heard. Pulmonary: Effort: No respiratory distress. Breath sounds: Rales present. Musculoskeletal: Right lower leg: Edema present. Left lower leg: Edema present. Neurological: Mental Status: He is alert. Motor: Weakness (generalized) present 4/15/22 H&P: CHIEF COMPLAINT COVID-19

ASSESSMENT AND PLAN Principal Problem: COVID-19 Pneumonia Active Problems: hx of primary adenocarcinoma of lower lobe of right lung s/p wedge resection Atrial fibrillation, persistent Chronotropic incompetence Cardiac pacemaker in situ Chronic bilateral pleural effusions Acute on chronic combined heart failure Cardiac amyloidosis, transthyretin by endomyocardial biopsy hx of respiratory failure due to COVID-19 Feb 2022 FTT (failure to thrive) in adult Multiple myeloma hx of Pneumocystis jirovecii Pneumonia Feb 2022

Acute hypoxic respiratory failure -likely multifactorial 2/2 acute CHF, recurrence of pleural effusions, possible recurrence of COVID pneumonia, PJP pneumonia, or novel pneumonia of unclear etiology -CTA thorax negative for PE, positive for moderate pleural effusions, extensive parenchymal lung opacities suggestive of mixed resolving pneumonia and suspected new organized pneumonia, evidence of prior LLL lobectomy and RLL wedge resection, redemonstrated cardiomegaly with dual lead pacemaker in place, evidence of elevated right heart pressures and unchanged dilation of the aortic root -limited film array positive for COVID -infectious disease consult, await recommendations -interventional pulmonology consult, await recommendations -start empiric coverage with vancomycin and Zosyn -continue Decadron -check film array, sputum Cx, urine Legionella and strep antigen, MRSA screen PCR -continuous pulse ox, wean to room air as able Acute combined CHF exacerbation -BNP 9,882, increased from 6,168 on 4/7/22 -admitted for failure to thrive 4/6/22-4/11/22, infectious workup negative, Lasix and K-Dur were discontinued, PT OT recommended SAR but pt elected to return home with home PT -ECHO 4/7/22 showed EF 43%, moderate left ventricle global hypokinesis and moderate left ventricle hypertrophy -start Lasix 40 IV bid -monitor daily weights and I/O Atrial fibrillation, prolonged QT, pacemaker, chronotropic incompetence, cardiac amyloidosis -follows with cardiologist -amiodarone discontinued in February 2022 -continue home Eliquis and tafamidis -Cardiology consult, await recommendations -telemetry Hx of Pneumocystis jirovecii pneumonia -admitted from 2/17/22-3/5/22, bronchoscopy showed PJP pneumonia, treated with prolonged course of atovaquone and prednisone, amiodarone was discontinued Hx of pleural effusions -underwent outpatient thoracentesis with interventional pulmonology 12/13/21, pleural fluid transudative, PleurX drain placement suggested if effusions become recurrent Hx of COVID pneumonia -admitted from 2/4/22-2/8/22 for COVID pneumonia with hypoxic, discharged on home oxygen, per pt was able to wean to room air Multiple myeloma -follows with oncologist, was taken off of daratumumab in Jan 2022 due to recurrent illness DVT prophylaxis -home eliquis Antibiotics, Antivirals, Antifungals -home



Acyclovir -Vancomycin 4/15-present -Zosyn 4/15-present Code Status -DNR, pt does not want intubation or CPR per discussion at bedside Disposition: inpatient admission for multifactorial acute hypoxic respiratory failure. Start multidisciplinary approach with infectious disease, interventional pulmonology, and cardiology consults. Start empiric Abx with Vancomycin and zosyn. Continue decadron. Pt's goal of care are clear, he does want to live and overcome acute illness, but is DNR. Likely to stay greater than 2 midnights

**SUBJECTIVE** This is an 84-year-old male with a PMH of atrial fibrillation on Eliquis, chronotropic incompetence, pacemaker, combined CHF with EF 43%, multiple myeloma, hx of lung cancer s/p bilateral resection, immunocompromised on acyclovir, hx of bilateral pleural effusions, and a recent medical hx of pleural effusions s/p thoracentesis with Interventional pulmonology 4 months ago, COVID pneumonia 2 months ago, PJP pneumonia 1.5 months ago, and hospitalization for failure to thrive 4 days ago who presents with a CC of hypoxia x1 day. Pt states he has not improved with outpatient physical therapy over the last month. He states he had physical therapy come to his house today, he was noted to have a pulse ox as low as 84% on room air, and was sent to the ER for evaluation. He is reporting shortness of breath with exertion and conversation. He is reporting associated generalized weakness and poor appetite. He states he wants to continue to fight to live but does not want CPR or intubation. In the ER the pt was found to be afebrile with pulse ox 86% on room air, stable on 4L supplemental oxygen. CBC with WBC 9.3, Hgb 10.2, MCV 109.9, platelets 103, otherwise WNL. CMP with protein 5.2, albumin 2.1, ALT 60, otherwise WNL. HsTnT 140, repeat hsTnT 141, elevated BNP 9882. Lactic WNL. Limited PCR positive for COVID infection. EKG showed atrial flutter with atrial HR to 50, ventricular HR 106, Qtc 502. CTA thorax negative for PE, positive for extensive parenchymal lung opacities suggestive of mixed resolving pneumonia and suspected new organized pneumonia, evidence of prior LLL lobectomy and RLL wedge resection, redemonstrated cardiomegaly with dual lead pacemaker in place, evidence of elevated right heart pressures and unchanged dilation of the aortic root. Pt was given a 500 mL IVF bolus, Decadron and transferred to facility for workup. Review of Systems Constitutional: Positive for appetite change. Negative for chills, diaphoresis and fever. HENT: Negative for sore throat and trouble swallowing. Eyes: Negative for visual disturbance. Respiratory: Positive for shortness of breath. Negative for cough, wheezing and sputum production. Cardiovascular: Negative for chest pain, palpitations and leg swelling. Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, constipation, diarrhea and trouble swallowing. Genitourinary: Negative for dysuria, polyuria and hematuria. Musculoskeletal: Negative for neck pain, back pain and falls. Neurological: Positive for weakness. Negative for headaches, dizziness, speech difficulty and numbness/tingling. Endo/Heme/Allergy: Negative for polydipsia. Psychiatric/Behavioral: Negative for sleep disturbance. Skin: Negative for itching and rash. Physical Exam Constitutional: General: He is not in acute distress. Appearance: He is ill-appearing. Comments: Elderly HENT: Head: Normocephalic and atraumatic. Eyes: Pupils: Pupils are equal, round, and reactive to light. Neck: Vascular: No JVD. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Heart sounds: Normal heart sounds. No murmur heard. Comments: No peripheral edema Bilateral lower extremities with compression stockings Pulmonary: Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds. No wheezing or rales. Comments: Stable on 4L O2 Conversational dyspnea Abdominal: General: Bowel sounds are normal. There is no distension. Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. Musculoskeletal: General: No deformity. Normal range of motion. Cervical back: Neck supple. Skin: General: Skin is warm and dry. Findings: No rash. Neurological: Mental Status: He is alert and oriented to person, place, and time. Cranial Nerves: No cranial nerve deficit. Psychiatric: Behavior: Behavior normal. Comments: Cooperative, friendly

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<b>VAERS ID:</b> <a href="#">2254711</a> (history)	<b>Vaccinated:</b>	2021-03-17
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-09-21
<b>Age:</b> 69.0	<b>Days after vaccination:</b>	188
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> South Dakota	<b>Entered:</b>	2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 1	UN / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	UN / SYR

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

**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Cough](#), [Death](#), [Diarrhoea](#), [Dyspnoea](#), [Nausea](#), [Pulmonary embolism](#), [Pulse absent](#), [Pyrexia](#), [Respiratory distress](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#), [Vomiting](#)

**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Pseudomembranous colitis (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-09-21

**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:**

**Current Illness:**

**Preexisting Conditions:** The individual was having work-ups done and evaluated, trying to get a diagnosis for chronic back pain that was not explained by any obvious cause.

**Allergies:** Soy (GI Intolerance) Lactose (GI Intolerance) Lactase (GI Intolerance) Alcohol (reaction: other, not specified)

**Diagnostic Lab Data:** Positive COVID-19 test on 09/21/2021 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 02/24/2021 and 03/17/2021. They were brought to emergency department on 09/21/2021 in respiratory distress. They reported about a week of fever, cough, shortness of breath, nausea, vomiting, and diarrhea. Laying down flat made shortness of breath worse. They were admitted to hospital same day and tested positive for COVID-19 upon admission on 09/21/2021. They were diagnosed with COVID-19 pneumonia and to have a pulmonary embolism. They were in process of being prepped for intubation when pulse was suddenly lost. The family opted to discontinue CPR and death was called on 09/21/2021.

**VAERS ID:** [2254744](#) (history) **Vaccinated:** 2021-11-10  
**Form:** Version 2.0 **Onset:** 2022-01-14  
**Age:** 70.0 **Days after vaccination:** 65  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** New York **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	- / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	- / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	80777027399 / 1	LA / IM

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

**Symptoms:** [Acute kidney injury](#), [Acute respiratory failure](#), [Anticoagulant therapy](#), [Anxiety](#), [Asthenia](#), [C-reactive protein increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chemotherapy](#), [Chest X-ray abnormal](#), [Computerised tomogram head normal](#), [Computerised tomogram thorax abnormal](#), [Confusional state](#), [Constipation](#), [Death](#), [Decreased appetite](#), [Dizziness](#), [Dizziness postural](#), [Dyspnoea](#), [Emphysema](#), [Epistaxis](#), [Febrile neutropenia](#), [Fibrin D dimer](#), [Haematocrit normal](#), [Haemoglobin normal](#), [Hallucination](#), [Hypoxia](#), [Interstitial lung disease](#), [Lung consolidation](#), [Lung infiltration](#), [Magnetic resonance imaging head normal](#), [Mental status changes](#), [Nasal irrigation](#), [Pain](#), [Pleural effusion](#), [Procalcitonin](#), [Productive cough](#), [Rhinorrhoea](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Sputum culture](#), [Sputum discoloured](#), [Staphylococcus test](#), [Thrombosis](#), [Unresponsive to stimuli](#), [White blood cell count decreased](#), [White blood cell count increased](#)

**SMQs:** Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Agranulocytosis (narrow), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Thrombophlebitis (broad), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-02-24

**Days after onset:** 41

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 41 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** Stage 1 squamos cell carcinoma, STEMI,COPD, CHF, CAD, history od coronary artery bypass graft

**Allergies:** Entresto

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** 1/14/2022- Presented to ER with complaints of constipation, weakness and feeling dizzy upon standing. Currently on Zarxio injections (chemotherapy). Covid test negative. Admit sepsis neutropenic fever. WBC-0.7, Zarxio injection ordered. CT head wo IV contrast-no evidence of acute infarct, Chest X ray- Diffuse bilateral emphysematous changes are noted. Coarse reticular interstitial disease present. Due to history of CAD, plavix and aspirin ordered. Lovenox ordered. 1/15/2022- Hypoxic requiring 1L of o2 via NC. WBC- decreased to 0.5 .Temp 100.1 1/16/2022- Temp 100.5, HR- 98, BP-76/40 increased o2 need 2L via NC , o2 sat 98%. Procalcitonin -1.23 start on Unasyn and doxycycline. 250cc bolus completedx2 1/16/2022 -for lightheadness 1/17/2022-BP-97/40, WBC 1.0 and CRP-27 AKI. Continue with IV Zosyn and continue doxycycline. D/C Unasyn. Continue Zarexio to increase WBC. 250ml bolus given for soft BP. Chest CT wo IV contrast- Improved aeration compared to prior exam, resolution of previously visualized pleural effusions, Posterior right upper lobe infiltrates and emphysema changes. Continues on 2L o2 via NC 98% o2 sat. 1/19/2022-WBC 13.5. D/C Zarexio. o2 sat 98% o2 1L via NC. IV Vanco and cefepime started + MRSA sputum culture. 1/21/2022- Epitaxis episode, H&H stable, Plavix, Lovenox and aspirin held. WBC increased to 17.5. Change in mental status, Head Ct- no acute intracranial abnormality. 1/22/2022- Cefepime changed to Ceftriaxone. Decreased appetite and increased confusion. AMS with hallucination MRI Brain ordered. Oncology d/c any further chemotherapy due to comorbidities. 1/24/2022- O2 increased to 3L via NC o2 sat 91%. 1/25/2022- O2 increased to 4.5 L via NC o2 sat 83-89%. Lasix ordered worsening hypoxic respiratory failure. 1/26/2022- MRI Brain - no evidence of acute intracranial abnormality. More alert. 1/27/2022- O2 decreased to 2.5L NC after patient extracted large nasal mucus plug. ENT Consult nasal lavage ordered. 1/29/2022- O2 increased to 4.5L after o2 sat was 87%, 90% after o2 increase. 1/31/2022- Covid + test. 2/1/2022- O2 increase to 5L via NC o2 sat 90%. Dx- Covid pneumonia and acute hypoxic respiratory failure. Chest CT- no evidence of PE. Continue ceftriaxone and vancomycin and add remdesivir and decadron. 2/3/2022- D/C Po Lasix start IV lasix. On 6L o2 NC sat 90% 2/5/2022- Currently, on 3L o2 NC sat 88%. Intermittent epistaxis, hold Lovenox, Plavix and aspirin. 2/8/2022- Remains on IV Vanco and IV Rocephin. Satting 87-96% on 1.5-2L of o2 NC. D/C Planning for SNF. 2/9/2022- 3L o2 NC o2 sat 93% , D-Dimer-2,925 CT chest ordered to r/o PE, D/C IV Vancomycin and ceftriazone, start Linezolid and Solu-Medrol. Continue Decadron. 2/12/2022- Episode of desaturation to 82% , non-rebreather applied. RT saw patient, patient requested NC to be reapplied, sat now 91%. 2/13/2022- O2 5l via NC sat around 88-91%. 2/16/2022- WBC-16. Medically ready for discharge.3L o2 via NC sat 92-99%. Continue Linezolid. Repeat Covid + test. 2/17/2022- 3-4L o2 via NC sat 88%, another episode of epistaxis d/c aspirin and continue Plavix and Lovenox. 2/19/2022- Productive cough with tan colored secretions. Nasal lavage passing of large blood clots from nose. Family discussion agreeable to DNR/DNI with no BiPap. chest x ray-Increasing bilateral consolidative infiltrates. Started on cefepime continue Linezolid. 2/20/2022- Placed on venti mask 8L/min o2 sat 95%. 2/21/2022- DNR/DNI remains, family meeting to make palliative. D/C aspirin, Lovenox and Plavix due to epistaxis. 2/22/2022- Labored breathing, continue Venti Mask 8L/min sat 94-95% Comfort medications ordered : Roxanol and lorazepam. 2/23/2022- Started on Morphine gtt. Increased anxiety, ordered for one time dose of IV Ativan and IV Morphine. Increased pain noted, PCA Added. 2/24/2022- Unresponsive due to morphine gtt, PCA drip rate increased for air hunger. Patient expired @ 0110.

**VAERS ID:** [2254745](#) (history) **Vaccinated:** 2021-11-28  
**Form:** Version 2.0 **Onset:** 2021-12-07  
**Age:** 80.0 **Days after vaccination:** 9  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Mississippi **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	065F21A / 3	- / IM

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

**Symptoms:** [Biopsy skin](#), [Blister](#), [Blister rupture](#), [Death](#), [Laboratory test](#), [Pain of skin](#), [Skin wound](#), [Wound treatment](#)

**SMQs:** Severe cutaneous adverse reactions (broad), Hypersensitivity (broad)

**Life Threatening?** Yes

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-01-01

**Days after onset:** 25

**Permanent Disability?** Yes

**Recovered?** No

**Office Visit?** Yes

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, ? days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:** HYPERTENSION, HIGH CHOLESTEROL

**Preexisting Conditions:** HYPERTENSION, HIGH CHOLESTEROL

**Allergies:** NA

**Diagnostic Lab Data:** punch biopsy and other labs drawn by dermatologist

**CDC Split Type:**

**Write-up:** My mother started breaking out in blisters that erupted and caused sores on her entire body including groin area within 1 week of getting the third vaccine by Moderna. Tx: Was seen by several doctors in the ER; Due to the increase COVID numbers we could not get an appointment with a dermatologist and her PCP retired. We cleaned the wounds with antibacterial soap, dried the areas, covered them with xerofoam, non-sticky gauze 3-4 times a day. The blisters would burst and caused her clothing or whatever she was sitting on to stick to her skin which was painful to remove. Time of course: November 2021 to January 2022 Outcome: Death

**VAERS ID:** [2254777](#) (history) **Vaccinated:** 2022-04-14  
**Form:** Version 2.0 **Onset:** 2022-04-14  
**Age:** 65.0 **Days after vaccination:** 0  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Ohio **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	F8989 / 2	- / -



**Administered by:** Pharmacy**Purchased by:** ?**Symptoms:** [Death](#), [Malaise](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-24**Days after onset:** 10**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Warfarin 2.5mg Sertraline 25mg Furosemide 40mg Amodarone 200mg Metprolol 25mg Sipronlactone 25mg**Current Illness:** 2 stents pacemaker/defib multiple heart attacks CHF Recently fluid in lungs**Preexisting Conditions:** 2 stents pacemaker/defib multiple heart attacks CHF**Allergies:** -NA-**Diagnostic Lab Data:** -NA-**CDC Split Type:****Write-up:** Per family, male didn't feel well since receiving the vaccine on April 14, 2022. Male passed away on April 24, 2022. Manner of Death-Natural

<b>VAERS ID:</b> <a href="#">2254826</a> (history)	<b>Vaccinated:</b>	2021-05-05
<b>Form:</b> Version 2.0	<b>Onset:</b>	2022-01-26
<b>Age:</b> 88.0	<b>Days after vaccination:</b>	266
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 2	- / SYR

**Administered by:** Pharmacy**Purchased by:** ?**Symptoms:** [Acute kidney injury](#), [Acute left ventricular failure](#), [Anaemia](#), [Anticoagulant therapy](#), [Arthralgia](#), [Atrial fibrillation](#), [Blood creatinine increased](#), [Brain natriuretic peptide increased](#), [COVID-19](#), [Cardio-respiratory arrest](#), [Cardiomegaly](#), [Chest X-ray abnormal](#), [Chronic kidney disease](#), [Condition aggravated](#), [Death](#), [Dyspnoea](#), [Fall](#), [Fat embolism](#), [Fracture displacement](#), [Hip fracture](#), [Hypervolaemia](#), [Hyponatraemia](#), [Lethargy](#), [Pulmonary oedema](#), [Red blood cell transfusion](#), [SARS-CoV-2 test positive](#), [Transfusion](#), [X-ray of pelvis and hip abnormal](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (narrow), Haematopoietic erythropenia (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (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), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hyponatraemia/SIADH (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Osteoporosis/osteopenia



(broad), Osteonecrosis (broad), Chronic kidney disease (narrow), Arthritis (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), 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:** 2022-01-31

**Days after onset:** 5

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 4 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Patient transferred from a nursing home due to right hip pain. Patient is lethargic but arousable, oriented to name only, does not appear to be in any acute distress. Does complain of right hip pain. No family at bedside, no comparable labs, entire history obtained through EMR and ER staff. Patient had a fall approximately 7 days ago, x-ray shows extensively comminuted and displaced right hip fracture. Orthopedics consulted. Patient has anemia 6.5, transfusing 1 unit packed red blood cells, FOBT pending. EKG pending. Chest x-ray shows cardiomegaly with pulmonary edema, will give IV Lasix, echo pending to evaluate for CHF and for preoperative evaluation. Patient is on Eliquis for AFib, will hold. Acute kidney injury, creatinine 2, unsure of baseline. Patient is COVID positive, unsure of vaccination status, no respiratory symptoms at this time, denies chest pain, cough, shortness of breath. Patient is sating high 90s on 2 liters nasal cannula. 1/31 at 9.30 am with worsening breath difficulty, with fluid infusing, suspected volume overload, given hx of Diastolic CHF , BNP 11900, CXR with interstitial pulmonary edema pattern, Discoutinue IV fluid, for suspected fluid overload, Lasix for volume overload status from acute D chf at 1325 Nursing reported patient expired. Given patient communited Hip fracture 7 days prior to admission, likely etiology acute cardiopulmonary arrest secondary to Fat embolism vs acute diastolic heart failure. Patient hospitalization also complicated with acute anemia requiring Blood transfusion, AKI on CKD unknown baseline, hyponatremia hypervolemic, positive covid status with 2L BNC requirement. afib on eliquis. Patient was pronounced dead at 1330 on 1/31/22 family members informed

<b>VAERS ID:</b> <a href="#">2254838</a> (history)	<b>Vaccinated:</b>	2021-04-24
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-09-21
<b>Age:</b> 59.0	<b>Days after vaccination:</b>	150
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

<b>COVID19:</b> COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 2	- / SYR
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**Administered by:** Pharmacy      **Purchased by:** ?

**Symptoms:** [Blood chloride increased](#), [Blood creatinine increased](#), [Blood fibrinogen increased](#), [Blood lactate dehydrogenase increased](#), [Blood potassium increased](#), [Blood urea increased](#), [C-reactive protein increased](#), [COVID-19](#), [Carbon dioxide decreased](#), [Chest X-ray abnormal](#), [Cough](#), [Dyspnoea](#), [Fatigue](#), [Fibrin D dimer increased](#), [Haemoglobin decreased](#), [Inflammatory marker increased](#), [Intensive care](#), [Liver function test increased](#), [Lung infiltration](#), [Pain](#), [Platelet count normal](#), [Pneumonia viral](#), [Positive airway pressure therapy](#), [Prohormone brain natriuretic peptide](#), [SARS-CoV-2 test positive](#), [Serum ferritin increased](#), [White blood cell count increased](#)

**SMQs:** Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Tubulointerstitial diseases (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-10-18

**Days after onset:** 27

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 22 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** asthma, COPD, former smoker, CAD status post stent , Diabetes mellitus, obesity

**Allergies:** NKA

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Presented to the emergency room with a complaint of shortness of breath. Patient on BiPAP. Patient reports his first symptom onset around 7 to 8 days with cough, fatigue, body aches. This morning he got very short of breath and EMS was called. In the emergency room he was found saturating mid to high 80s on NRB. Patient was subsequently placed on BIPAP. Covid test was positive chest x-ray revealed bilateral pulmonary infiltrates suggestive of viral pneumonia. Labs showed potassium 5.5, chloride 112, CO2 19, BUN 53, creatinine 1.8, elevated LFTs, increased inflammatory markers, ferritin, LDH. proBNP less than 10. WBC 10.6, hemoglobin 13.7, platelet 161, D-dimer 348, fibrinogen 560, CRP 11.89. Patient admitted to medical ICU

**VAERS ID:** [2254878](#) ([history](#)) **Vaccinated:** 2021-03-29  
**Form:** Version 2.0 **Onset:** 2021-10-01  
**Age:** 77.0 **Days after vaccination:** 186  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003B21A / 2	LA / SYR

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

**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Delirium](#), [Exposure to SARS-CoV-2](#), [Illness](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-10-13

**Days after onset:** 12

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, 12 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** COPD, Hypertension, Hyperlipidemia, Type II Diabetes, Prosthetic Heart Valve in place, Atherosclerotic heart disease, abnormal coagulation profile, Chronic Stage III Kidney Disease, paroxysmal atrial fibrillation, recent hip fracture The individual was staying in a nursing home for a short rehab stay related to the recent hip fracture, but was not a permanent resident of this nursing home. They had been discharged from the nursing home (to home) about 5 days previous to the adverse event.

**Allergies:** Documented allergy to Penicillin. Reaction: "high sensitivity to noises when received med IV"

**Diagnostic Lab Data:** Positive COVID-19 test on 10/01/2021 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 Moderna product on 03/01/2021 and 03/29/2021. They presented to Emergency Dept on 10/01/2021 after 4-5 days of illness. They had been staying at a nursing home for a short-term stay after a hip fracture, and were discharged to home approx 09/27/2021. They were informed their room-mate at the nursing home had COVID-19. The individual tested positive for COVID-19 on 10/01/2021 upon hospital admission. The individual experienced complications for COVID-19 pneumonia and delirium. They died in the hospital on 10/13/2021.

**VAERS ID:** [2255070](#) ([history](#))    **Vaccinated:** 2021-11-03  
**Form:** Version 2.0    **Onset:** 2021-11-08  
**Age:** 70.0    **Days after vaccination:** 5  
**Sex:** Male    **Submitted:** 0000-00-00  
**Location:** South Dakota    **Entered:** 2022-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029A21A / 2	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	UN / SYR

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

**Symptoms:** [COVID-19](#), [Cardiac failure congestive](#), [Cerebrovascular accident](#), [Chronic left ventricular failure](#), [Condition aggravated](#), [Coronary artery disease](#), [Death](#), [Hyperlipidaemia](#), [Hypertension](#), [Myocardial infarction](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

**SMQs:** Cardiac failure (narrow), Dyslipidaemia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Hypertension (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (narrow), Lipodystrophy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-11-08

**Days after onset:** 0

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, 1 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** Chronic Diastolic Congestive Heart Failure, Previous History of Stroke, Hyperlipidemia, Hypertension, Coronary Artery Disease, Type II Diabetes, Stage III Chronic Kidney Disease, Non-Rheumatic Aortic (Valve) Stenosis, Atherosclerotic Heart Disease

**Allergies:** "Pollen Extracts" reaction not noted.

**Diagnostic Lab Data:** Positive COVID-19 test on 11/08/2021 despite being vaccinated, this was 5 days after receiving 3rd dose (booster)

**CDC Split Type:**

**Write-up:** This is an instance of breakthrough COVID-19 disease after which death occurred. The adverse event also occurred 5 days after receipt of the third vaccine dose. The individual was vaccinated with the Moderna product on 02/10/2021, 03/11/2021 and 11/03/2021. The third dose was administered at a different facility than the first two, at Clinic. The individual tested positive for COVID-19 on 11/08/2021 and died later on the same day. Death certificate lists Myocardial Infarction, Congestive Heart Failure, Chronic Disatolic Congestive Heart Failure, and Previous Stroke as causes of death. Other significant conditions listed are hyperlipidemia, hypertension, coronary artery disease, and COVID-19 positive.

**VAERS ID:** [2256461](#) ([history](#)) **Vaccinated:** 0000-00-00  
**Form:** Version 2.0 **Onset:** 0000-00-00  
**Age:** **Submitted:** 0000-00-00  
**Sex:** Male **Entered:** 2022-04-28  
**Location:** Massachusetts

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

**Administered by:** Unknown **Purchased by:** ?  
**Symptoms:** [Myocardial infarction](#)  
**SMQs:** Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 0000-00-00

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:** USPFIZER INC202200623597

**Write-up:** Heart attack; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non-HCP). A 62-year-old male patient received BNT162b2 (BNT162B2), as dose number unknown, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: MYOCARDIAL INFARCTION (death, medically significant), outcome "fatal", described as "Heart attack". The patient date of death was unknown. Reported cause of death: "Heart attack". It was not reported if an autopsy was performed. Clinical course: Caller stated that she had a friend whose brother died after the Pfizer shot, he died from a heart attack 7 days after and he was fine and in good health before that, but oh it could not be the shot, well that was the only thing that was different was the shot. Caller stated another friend's 19 years old son had a heart attack after the vaccine and now has myocarditis for the rest of his life. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Reported Cause(s) of Death: Heart attack

**VAERS ID:** [2256469](#) ([history](#)) **Vaccinated:** 0000-00-00  
**Form:** Version 2.0 **Onset:** 0000-00-00  
**Age:** **Submitted:** 0000-00-00  
**Sex:** Unknown **Entered:** 2022-04-28  
**Location:** Nevada

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

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

**Symptoms:** [Myocardial infarction](#)

**SMQs:** Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 0000-00-00

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:** USPFIZER INC202200624880

**Write-up:** 3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team and product quality group. A patient (no qualifiers provided) received BNT162b2 (BNT162B2), as dose number unknown, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: MYOCARDIAL INFARCTION (death, medically significant), outcome "fatal", described as "3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine". The patient date of death was unknown. Reported cause of death: "3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine". It was not reported if an autopsy was performed. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202200625894 same reporter/ drug/ event, different patient;US-PFIZER INC-202200625895 same reporter/ drug/ event, different patient; Reported Cause(s) of Death: 3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine

**VAERS ID:** [2256484](#) (history)      **Vaccinated:** 0000-00-00

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

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

**Sex:** Female      **Entered:** 2022-04-28

**Location:** Nevada

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



**Administered by:** Unknown    **Purchased by:** ?  
**Symptoms:** [Myocardial infarction](#)  
**SMQs:** Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)  
**Life Threatening?** No  
**Birth Defect?** No  
**Died?** Yes  
**Date died:** 0000-00-00  
**Permanent Disability?** No  
**Recovered?** No  
**Office Visit?** No  
**ER Visit?** No  
**ER or Doctor Visit?** No  
**Hospitalized?** No  
**Previous Vaccinations:**  
**Other Medications:**  
**Current Illness:**  
**Preexisting Conditions:**  
**Allergies:**

**Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC202200625894

**Write-up:** 3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team and product quality group. A female patient received BNT162b2 (BNT162B2), as dose number unknown, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient's relevant medical history was not reported. There were no concomitant medications. The following information was reported: MYOCARDIAL INFARCTION (death), outcome "fatal", described as "3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine". The patient date of death was unknown. Reported cause of death: "3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine". It was not reported if an autopsy was performed. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender's Comments: Linked Report(s) : US-PFIZER INC-202200624880 same reporter/ drug/ event, different patient;US-PFIZER INC-202200625895 same reporter/ drug/ event, different patient; Reported Cause(s) of Death: 3 people who died from heart attack within 2 weeks after getting the Pfizer bioNTech covid-19 Vaccine

**VAERS ID:** [2256485](#) (history)    **Vaccinated:** 0000-00-00  
**Form:** Version 2.0    **Onset:** 0000-00-00  
**Age:**    **Submitted:** 0000-00-00  
**Sex:** Unknown    **Entered:** 2022-04-28  
**Location:** Nevada

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

**Administered by:** Unknown    **Purchased by:** ?  
**Symptoms:** [Myocardial infarction](#)  
**SMQs:** Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)  
**Life Threatening?** No  
**Birth Defect?** No

**Died?** Yes**Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC202200625895

**Write-up:** 3 people who died from heart attack within 2 weeks after getting the Pfizer bionTech covid-19 Vaccine; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team and product quality group. A patient (no qualifiers provided) received BNT162b2 (BNT162B2), as dose number unknown, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: MYOCARDIAL INFARCTION (death, medically significant), outcome "fatal", described as "3 people who died from heart attack within 2 weeks after getting the Pfizer bionTech covid-19 Vaccine". The patient date of death was unknown. Reported cause of death: "3 people who died from heart attack within 2 weeks after getting the Pfizer bionTech covid-19 Vaccine". It was not reported if an autopsy was performed. Patient was questioning about What's in the vaccine, how much does it take to make your vaccine plus how much the sell does it for, what the inflation on saving lives. Also have you done the day at research on how many people have died of heart attacks form the vaccine. Reporter knew 3 personally. Reporter son is about to take the vaccine and reporter want the post-trial studies. Also, the vaccine is in complete. Reporter wrote own with herbs and a protein. Vaccine is missing the protein that seals the DNA. Vaccine wears off. Non-HCP confirmed that she knows 3 people who died from heart attack within 2 weeks after getting the Pfizer biontech covid-19 Vaccine and that the effects if the vaccine wears off (losing it"s effectiveness) due to the missing protein to cover the MRNA. Non-HCP also mentions that she got the Moderna covid-19 Vaccine (with Lime disease medical condition) and she is in bed (reporting negative AE) as a result of the Moderna shot and she is concerned that the children are used as "test subject" for the vaccine. No age and gender information obtained. Non-HCP inquired if the Pfizer BioNtech Covid-19 Vaccine is still in the clinical trial or fully FDA approved and if Pfizer is using children as test subjects without paying consumer. Non-HCP stated that she has a background in applied chemistry and took a little bit of med school and thinks that the vaccine is losing it"s effectiveness because there is no protein to protect the MRNA in the body. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender"s Comments: Linked Report(s) : US-PFIZER INC-202200625894 same reporter/ drug/ event, different patient;US-PFIZER INC-202200624880 same reporter/ drug/ event, different patient; Reported Cause(s) of Death: 3 people who died from heart attack within 2 weeks after getting the Pfizer bionTech covid-19 Vaccine

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<b>VAERS ID:</b> <a href="#">2256833</a> (history)	<b>Vaccinated:</b>	2021-03-10
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-05-29
<b>Age:</b> 28.0	<b>Days after vaccination:</b>	80
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Texas	<b>Entered:</b>	2022-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	6F1805031 / 1	LA / IM

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

**Symptoms:** [Asthenia](#), [Autopsy](#), [Blood glucose increased](#), [Burning sensation](#), [Death](#), [Diabetic ketoacidosis](#), [Fluid intake reduced](#), [Flushing](#), [Hypophagia](#), [Intensive care](#), [Malaise](#), [Pancreatic disorder](#), [Type 1 diabetes mellitus](#), [Weight decreased](#)

**SMQs:** Anaphylactic reaction (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Immune-mediated/autoimmune disorders (narrow)

**Life Threatening?** Yes

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-02-27

**Days after onset:** 274

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** Yes

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, 4 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** The day after the injection his skin became flushed all over and he said he felt like he was on fire from the inside. He felt loss of energy and sick. The worst problem though is that within a couple weeks he started having diabetic symptoms when he had never had diabetes or symptoms before. His glucose was checked at 3 weeks and was in the 300"s so he went to a primary care dr and was put on metformin. At 6 weeks he had lost about 40 lbs and started having trouble eating and drinking as his blood sugar remained very high. At 8 weeks he was in DKA in the ICU at the hospital. He was then on insulin and type 1 diabetic. It was a hard to control Type 1 and was in Dka 2 more times that year. He passed away 2/27/22. We are still waiting for the final report of his autopsy to know the cause of death, but even if the cause of death isn't related to his diabetes, he still seems to have become a type 1 diabetic within 2 months of the JJ covid vaccine. I am not sure if his endocrinologist ever reported this. His endocrinologist told him that it did appear he had an extreme immune response suddenly that caused his pancreas to stop producing insulin. There may be a genetic factor as I had pancreatic cancer at the age of 36 as did my grandmother at 48. I also have hashimotos as does his sister and grandfather and paternal aunt. I do not have all of his Dr. info as he lived in (Privacy) and I am in (Privacy) and he is now deceased. The medical examiner is in the (Privacy) office in (Privacy) and their number is (Privacy). My liver enzymes went very high for 3 months after I received the covid vaccine too. I am not sure about my sons.

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<b>VAERS ID:</b> <a href="#">2257470</a> (history)	<b>Vaccinated:</b>	2021-02-15
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-09-10
<b>Age:</b> 83.0	<b>Days after vaccination:</b>	207
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> South Dakota	<b>Entered:</b>	2022-04-28

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

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

**Symptoms:** [COVID-19](#), [Catheter placement](#), [Cough](#), [Death](#), [Dyspnoea](#), [SARS-CoV-2 test positive](#), [Surgery](#), [Vaccine breakthrough infection](#)

**SMQs:** Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-09-29

**Days after onset:** 19

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, 19 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** Obesity, Obstructive Sleep Apnea, Hypotension (Hypertension is also listed elsewhere in chart), Hyponatremia, past history of A-Fib

**Allergies:** No known allergies

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** This is an instance of breakthrough COVID-19 after which death occurred. The individual was vaccinated at a facility on 01/18/2021 and 02/15/2021. They tested positive for COVID-19 on 09/10/2021 after being seen briefly in the Emergency Department to have a difficult catheter placed. The individual had been admitted to a facility for a surgery, not for anything related to COVID-19. The individual reported they were not symptomatic and stated that cough and shortness of breath were typical for them, since they had COPD. The individual died on 09/29/2021. It seems they were hospitalized up until their death.

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**VAERS ID:** [2257492](#) ([history](#)) **Vaccinated:** 2021-02-05  
**Form:** Version 2.0 **Onset:** 2021-09-18  
**Age:** 85.0 **Days after vaccination:** 225  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3248 / 2	RA / SYR

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

**Symptoms:** [Acute myocardial infarction](#), [Atrial fibrillation](#), [Blood glucose decreased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cerebrovascular accident](#), [Death](#), [General physical health deterioration](#), [Oxygen saturation decreased](#), [Pulmonary mass](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

**SMQs:** Myocardial infarction (narrow), Supraventricular tachyarrhythmias (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (broad), Respiratory failure (broad), Hypoglycaemia (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-09-30

**Days after onset:** 12

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, 7 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:** The individual had been seen in Emergency Dept 2 days prior to the adverse event for management of a low blood sugar

**Preexisting Conditions:** Clinical notes speculate the individual had lung cancer, but this diagnosis was not officially made. It is noted as "probable" lung cancer. Chronic Kidney Disease (stage III), Type II Diabetes, Hyperlipidemia, Hypertension, Osteoporosis, Tremor (not specified), Benign Prostatic Hyperplasia, Cataracts The individual was a resident of the nursing home indicated in the address portion of this form.

**Allergies:** No known allergies

**Diagnostic Lab Data:** Positive COVID-19 test on 09/18/2021 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 01/15/2021 and 02/05/2021. They presented to emergency department on 09/17/2021 for low oxygen and tested positive for COVID-19 on 09/18/2021. They were admitted to hospital 09/17/2021. During hospitalization, it was found that they were having multiple co-occurring conditions and issues. They were found to have had an acute embolic cerebral vascular accident, be in A-Fib, have a non-ST elevation myocardial infarction, have COVID-19 pneumonia, and to have a large right upper lobe mass with surrounding smaller satellite nodules. It was speculated that these lung masses were cancerous, but the individual declined any further treatments or diagnostic procedures. They opted to pursue palliative care and were discharged to hospice on 09/24/2021, in what was described as "declining condition." The hospice facility is not specified in clinical notes, but it is likely they were discharged to the nursing home at which they were a resident. They died on 09/30/2021.

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**VAERS ID:** [2257500](#) (history) **Vaccinated:** 2021-02-19  
**Form:** Version 2.0 **Onset:** 2021-10-03  
**Age:** 75.0 **Days after vaccination:** 226  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	UN / SYR

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

**Symptoms:** [Acute respiratory failure](#), [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

**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), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-10-23

**Days after onset:** 20

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** Yes, ? days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** Schizophrenia, Hypertension, Uncontrolled Diabetes Type II, Lung Adenocarcinoma

**Allergies:** For all of the following allergies, the reaction and severity was not in the chart: Amoxicillin Fish Containing Products Haloperidol Lisinopril Other areas of charts indicate "No Known Allergies."

**Diagnostic Lab Data:** Positive COVID-19 tests x2 on 10/03/2021 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 Moderna product on 01/22/2021 and 02/19/2021. They tested positive twice on 10/03/2021. They were also admitted to a Hospital during that time. I do not have admit/discharge dates available to me. The individual experienced complications of Acute Hypoxemic Respiratory failure according to the death certificate. They died on 10/23/2021.

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**VAERS ID:** [2257505](#) (history) **Vaccinated:** 2021-11-02  
**Form:** Version 2.0 **Onset:** 2021-11-07  
**Age:** 90.0 **Days after vaccination:** 5  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** South Dakota **Entered:** 2022-04-28



Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025L20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032L20A / 2	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017C21A / 3	LA / SYR

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

**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 test negative](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

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

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2021-11-15

**Days after onset:** 8

**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:**

**Current Illness:**

**Preexisting Conditions:** Vascular Dementia The individual was a resident of the long term care facility indicated in the address portion of this form.

**Allergies:** No known allergies

**Diagnostic Lab Data:** PCR positive for COVID-19 on 11/07/2021. An antigen test on this same day was negative however.

**CDC Split Type:**

**Write-up:** This is an instance of breakthrough COVID-19 after which death occurred. The individual was vaccinated with the Moderna product on 12/30/2020, 01/27/2021, and 11/02/2021. The individual was admitted to hospital on 10/16/2021. They tested negative for COVID-19 on 10/16/2021, 10/20/2021, 10/26/2021, 10/27/2021, and 11/01/2021. On 11/07/2021, an antigen test was negative but a PCR test was positive. The individual remained hospitalized until their death on 11/15/2021, which is 13 days after receiving the third/booster dose.

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**VAERS ID:** [2258292](#) (history) **Vaccinated:** 2021-09-24  
**Form:** Version 2.0 **Onset:** 2022-01-29  
**Age:** 88.0 **Days after vaccination:** 127  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 2	- / SYR

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

**Symptoms:** [Abdominal pain](#), [Acidosis](#), [Anticoagulant therapy](#), [COVID-19](#), [COVID-19 pneumonia](#), [Carbon dioxide decreased](#), [Cardio-respiratory arrest](#), [Death](#), [Diabetes mellitus](#), [Dyspnoea](#), [Hypotension](#), [Hypoxia](#), [Inappropriate antidiuretic hormone secretion](#), [Intensive care](#), [Intestinal ischaemia](#), [Myocardial injury](#), [Productive cough](#), [Respiration abnormal](#), [Sepsis](#), [White blood cell count](#)

[increased](#)

**SMQs:** Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Asthma/bronchospasm (broad), Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (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) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Ischaemic colitis (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-08**Days after onset:** 10**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 10 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** Presented to ED with productive cough with difficulty breathing. EMS confirmed hypoxia and placed the patient on 2LNC. The patient was admitted to the hospital for COVID-19 pneumonia and nonischemic myocardial injury. His white count was initially 15,000 and it went up to 20,000. We increased his antibiotics and it came back down. He was initially hypoxic needing 2 liters of oxygen and he actually came back down to room air. He has been on Brilinta and Xarelto here in the hospital. We gave him steroids and then he started complaining of acute abdominal pain. He became acidotic. His CO2 was 13. He was still hypotensive, even after fluid boluses. He had SIADH. We moved him to the ICU and started him on Levophed. He coded and we gave him several amps of bicarb. We got him back mid his pulse WM good but his blood pressure was 120 on Levophed. Then he started breathing down and he became hypotensive again with a systolic of 66. We gave him more bicarb. We consulted Dr. and he agreed because of his COVID and his hypotension, he is a non-surgical candidate. White count popped up to 23,000. We called the family and they wished him to be a DNI/No Code. He was pronounced at 10:20 on 02/08/2022. He died of sepsis secondary to ischemic bowel secondary to COVID-19 complicated with diabetes

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<b>VAERS ID:</b> <a href="#">2258299</a> (history)	<b>Vaccinated:</b>	2021-10-23
<b>Form:</b> Version 2.0	<b>Onset:</b>	2022-01-11
<b>Age:</b> 85.0	<b>Days after vaccination:</b>	80
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2593 / 3	- / SYR

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

**Symptoms:** [COVID-19](#), [Fall](#), [Femur fracture](#), [Hypokalaemia](#), [Hyponatraemia](#), [Inappropriate schedule of product administration](#), [Post procedural complication](#), [SARS-CoV-2 test positive](#), [X-ray abnormal](#)

**SMQs:** Accidents and injuries (narrow), Hyponatraemia/SIADH (narrow), Osteoporosis/osteopenia (broad), Chronic kidney disease (broad), Medication errors (narrow), Infective pneumonia (broad), Hypokalaemia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-01-20

**Days after onset:** 9

**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:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:** Covid positive on 01/11/2022

**CDC Split Type:**

**Write-up:** Presented to ED post fall, xray covered femur fracture. Post surgery complications included hyponatremia and hypokalemia,

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**VAERS ID:** [2258308](#) (history) **Vaccinated:** 2021-12-09  
**Form:** Version 2.0 **Onset:** 2022-01-20  
**Age:** 94.0 **Days after vaccination:** 42  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939905 / 3	- / SYR

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

**Symptoms:** [COVID-19](#), [Heart rate abnormal](#), [Hypopnoea](#), [Pupil fixed](#), [Pupillary reflex impaired](#), [Respiration abnormal](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

**SMQs:** Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-28**Days after onset:** 8**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** Patient tested positive for covid 19 on 1/20/2022. Nurse Went in to check resident@ 7:35am on 01/28/2022, obtained vitals BP : 50/?, HR: 76, T: 98.1, R: 40, O2: 98% @ 3.SL, resident noted to be unresponsive, shallow breathing. This nurse was notified@ 8:55am of resident not having respirations. Went into resident room, noted resident to not have respirations or heart rate. Pupils noted to be fixed, unresponsive.

<b>VAERS ID:</b> <a href="#">2258312</a> (history)	<b>Vaccinated:</b>	2021-05-28
<b>Form:</b> Version 2.0	<b>Onset:</b>	2022-01-25
<b>Age:</b> 75.0	<b>Days after vaccination:</b>	242
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	020A21A / 2	- / SYR

**Administered by:** Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Cardio-respiratory arrest](#), [Death](#), [Dyspnoea](#), [Mental status changes](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#)

**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), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Respiratory failure (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-15**Days after onset:** 21**Permanent Disability?** No**Recovered?** No**Office Visit?** No

**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 12 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** Covid Positive on 01/26/2022. Presented to ED 02/03/2022 with complaints of SOB. Pulse Ox on room air was 66%. Diagnosed with Covid PNA. The patient was admitted and was given supplemental oxygen as well as started on COVID-19 therapeutics. The patient's oxygen requirements increased to BiPAP and patient became altered. The family elected to make the patient DNR/DNI secondary to her significant medical comorbidities and non-Hodgkin's lymphoma currently undergoing chemotherapy. The family ultimately decided as the patient's altered mental status continued for comfort measures. Comfort measures were put in place. The patient died subsequently. Patient died on 02/15/2022 with cardiopulmonary cessation d/t Covid-19.

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**VAERS ID:** [2258330](#) ([history](#))    **Vaccinated:** 2021-12-03  
**Form:** Version 2.0    **Onset:** 2022-04-26  
**Age:** 66.0    **Days after vaccination:** 144  
**Sex:** Male    **Submitted:** 0000-00-00  
**Location:** Tennessee    **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	UN / SYR

**Administered by:** Other    **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Vaccine breakthrough infection](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-26**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:** CKD-stage 2, cardiomyopathy, CHF, hypertension**Allergies:** amiodarone, darvon, toradol, tramadol, tramadol-acetaminophen**Diagnostic Lab Data:****CDC Split Type:****Write-up:** COVID-related death, breakthrough case

**VAERS ID:** [2258365](#) (history) **Vaccinated:** 2021-02-12  
**Form:** Version 2.0 **Onset:** 2022-01-01  
**Age:** 85.0 **Days after vaccination:** 323  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9264 / 2	- / -

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

**Symptoms:** [COVID-19](#), [Death](#), [Hypoxia](#), [Pneumonia aspiration](#), [SARS-CoV-2 test positive](#), [Urinary tract infection](#)

**SMQs:** Asthma/bronchospasm (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-02-09

**Days after onset:** 39

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** Yes, 2 days

**Extended hospital stay?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:** COPD - on O2, chronic back pain, chronic and recurrent esophageal stenosis, colon CA

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** pt was in hospital from 2/3 - 2/5/22 with UTI and a positive COVID result; initially thought to be a reinfection of COVID (pt had a previous positive COVID test on 1/5/22) and was started on Decadron; after further review with ID, the positive result on 2/3/22 was due to the previous infection; physicians believe the acute on chronic hypoxia is related to aspiration pneumonia, the Decadron was dc'd; pt was treated with ABX; on O2 supplementation; dc'd to hospice where pt died 4 days later

**VAERS ID:** [2258375](#) (history) **Vaccinated:** 2021-02-12  
**Form:** Version 2.0 **Onset:** 2021-04-07  
**Age:** 86.0 **Days after vaccination:** 54  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
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<b>COVID19:</b> COVID19 (COVID19 (MODERNA)) / MODERNA	043L20A / 2	- / SYR
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**Administered by:** Pharmacy **Purchased by:** ?**Symptoms:** [COVID-19](#), [Cellulitis](#), [Death](#), [Imaging.procedure.abnormal](#), [Impaired healing](#), [Localised infection](#), [SARS-CoV-2 test positive](#)**SMQs:** Malignancy related therapeutic and diagnostic procedures (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-05-20**Days after onset:** 43**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** Patient tested positive for Covid-19 on 04/16/2021. Presented to the ED at the urgency of her cardiologist for a right foot Infection. She notes a chronic non-healing wound on her right foot and today on a routine follow up. He recommended going to the local ER for evaluation of cellulitis. She denied any fevers, chills, chest pain, headache, visual disturbances or near syncope. When she arrived to the ED vital signs were stable and plain films obtained of the Imaging was negative for osteomyelitis. She is being admitted under the hospitalist service for further management. Patient discharged to rehab facility and died on 05/20/2021.

<b>VAERS ID:</b> <a href="#">2258441</a> (history)	<b>Vaccinated:</b>	2021-02-01
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-03-01
<b>Age:</b> 73.0	<b>Days after vaccination:</b>	28
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Missouri	<b>Entered:</b>	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
<b>COVID19:</b> COVID19 (COVID19 (MODERNA)) / MODERNA	011M20A / 1	LA / -
<b>COVID19:</b> COVID19 (COVID19 (MODERNA)) / MODERNA	012A21A / 2	LA / -

**Administered by:** Public **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-12-09**Days after onset:** 283

**Permanent Disability?** No  
**Recovered?** No  
**Office Visit?** No  
**ER Visit?** No  
**ER or Doctor Visit?** No  
**Hospitalized?** Yes, ? days  
**Extended hospital stay?** No  
**Previous Vaccinations:**  
**Other Medications:**  
**Current Illness:**  
**Preexisting Conditions:**  
**Allergies:**  
**Diagnostic Lab Data:**  
**CDC Split Type:**  
**Write-up:** Death after vaccination

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**VAERS ID:** [2258507](#) (history) **Vaccinated:** 2021-04-01  
**Form:** Version 2.0 **Onset:** 2022-01-17  
**Age:** 85.0 **Days after vaccination:** 291  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Michigan **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026B21A / 2	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040A21A / 1	- / -

**Administered by:** Unknown **Purchased by:** ?  
**Symptoms:** [Atrial fibrillation](#), [COVID-19](#), [Death](#), [Hip fracture](#), [SARS-CoV-2 test positive](#), [Sepsis](#)  
**SMQs:** Supraventricular tachyarrhythmias (narrow), Accidents and injuries (narrow), Osteoporosis/osteopenia (broad), Infective pneumonia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-01-17

**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:** Celexa Synthroid

**Current Illness:**

**Preexisting Conditions:** Hypertension Paroxysmal atrial fibrillation Normocytic anemia  
 Hypothyroidism Dyslipidemia Coronary artery disease involving native heart with angina pectoris (\*)  
 Abdominal bruit Aortic valve disorder Atherosclerosis of native artery of both lower extremities with  
 intermittent claudication (\*) Femoral bruit Vascular dementia with behavior disturbance (\*)  
 Nonrheumatic aortic valve stenosis Depression

**Allergies:** NKDA

**Diagnostic Lab Data:** COVID detected PCR on 01/03/2022.

**CDC Split Type:**

**Write-up:** Patient with 2 Moderna vaccinations, last dose 04/01/21, who admitted with incidental COVID finding upon presurgical/admission testing. Patient/family elected comfort care during admission and he subsequently died. Hospice provider discharge note below: "Pt admitted 1/3/22 for R hip fx, found to also have COVID and developed AF w/RVR d/t sepsis of unknown origin. Family elected comfort measures only on 1/16/22, and pt passed from his primary illness on 1/16/22. "

**VAERS ID:** [2258517](#) (history) **Vaccinated:** 2022-04-01  
**Form:** Version 2.0 **Onset:** 2022-04-03  
**Age:** 50.0 **Days after vaccination:** 2  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** California **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9894 / 3	LA / IM

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

**Symptoms:** [Death](#)

**SMQs:**

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-04-03

**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:** UNKNOWN

**Allergies:** NONE

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Patient's wife claims pt died after receiving Pfizer vaccine.Cause of death unknown.

**VAERS ID:** [2258603](#) (history) **Vaccinated:** 2021-04-08  
**Form:** Version 2.0 **Onset:** 2021-12-29  
**Age:** 89.0 **Days after vaccination:** 265  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Tennessee **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	020B21A / 2	- / SYR

**Administered by:** Pharmacy **Purchased by:** ?**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Pneumonitis](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#)**SMQs:** Anaphylactic reaction (broad), Interstitial lung disease (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-26**Days after onset:** 28**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient tested positive for Covid-19 on 12/29/2021. Admitting diagnosis of acute covid PNA, pneumonitis, hypoxic respiratory failure secondary to covid PNA.

<b>VAERS ID:</b> <a href="#">2258616</a> (history)	<b>Vaccinated:</b>	2022-04-28
<b>Form:</b> Version 2.0	<b>Onset:</b>	2022-04-29
<b>Age:</b> 83.0	<b>Days after vaccination:</b>	1
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Massachusetts	<b>Entered:</b>	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / UNK	RA / IM

**Administered by:** Senior Living **Purchased by:** ?**Symptoms:** [Death](#), [Posture abnormal](#), [Pulse absent](#), [Pupil fixed](#), [Respiration abnormal](#), [Unresponsive to stimuli](#)**SMQs:** Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dystonia (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious

meningitis (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad),

Hypoglycaemia (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes

**Date died:** 2022-04-29

**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:** Acute on Chronic combined systolic congestive and diastolic congestive heart failure; acute kidney failure; cardiac pacemaker; atrial fibrillation, chronic kidney disease, stage 3; morbid obesity; sleep apnea; essential hypertension; type 2 diabetes

**Allergies:** Tomato

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** 4/29/22 12:25pm upon return from lunch O2 sat 87% on 5 liters O2 while up in w/c. no overt s/s noted by nurse. Resident denied any difficulty breathing and declined transfer to hospital. 1:35 pm CNA notified nurse resident was unresponsive in w/c. Nurse observed resident with head bowed, no palpable pulse, no respirations, no apical pulse, pupils fixated. MD notified. RN pronounced, time of death 1:40pm. HCP, DON, notified.

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<b>VAERS ID:</b> <a href="#">2258621</a> (history)	<b>Vaccinated:</b>	2021-04-30
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-11-04
<b>Age:</b> 64.0	<b>Days after vaccination:</b>	188
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039B21A / 2	- / SYR

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

**Symptoms:** [Acute respiratory failure](#), [Anticoagulant therapy](#), [Bacterial test negative](#), [Echocardiogram normal](#), [Hypervolaemia](#), [Pancytopenia](#), [Platelet count increased](#), [Positive airway pressure therapy](#), [Pulmonary oedema](#)

**SMQs:** Cardiac failure (narrow), Anaphylactic reaction (broad), Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Myelodysplastic syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** Yes**Date died:** 2021-12-02**Days after onset:** 28**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 11 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** The patient was initially admitted to a telemetry floor bed, placed on supplemental oxygen, treatment was initiated for acute on chronic respiratory failure, It was noted that the patient had been treated for COVID in the recent past. initially, it was thought that the patient would remain stable on 2 L, which was a in increased from what was recommended upon his recent discharge, 2 L, patient was noted to have pancytopenia, not a. new finding, heparin was discontinued once platelets drop below 50. On 11/21-22, the patient's oxygen rate had to be increased of 7 L. It was suspected that the patient had developed pulmonary edema, volume overload. An echocardiogram was obtained. which did not show significant systolic or diastolic dysfunction, nor did it show significant valvular abnormalities. The patient was given diuretics intermittently, out this did not improve his respiratory status. Over The next several days, the patient's oxygen requirements increased, and he was placed on BiPAP. Cultures ordered, and the patient was placed on empiric antibiotics. No organisms were identified. The patient was continued to receive empiric antibiotics. After a few days, the patient's respiratory status required nearly continuous BiPAP use. After discussions with the patient, he agreed to the recommendation to change code status to DNR. The patient continued to require BIPAP continuously, For a couple days, he was able to tolerated discontinuation just Jong enough to take a little bit of fluid and food by mouth. Patient was transitioned to comfort care.

<b>VAERS ID:</b> <a href="#">2258673</a> (history)	<b>Vaccinated:</b>	2021-02-22
<b>Form:</b> Version 2.0	<b>Onset:</b>	2021-08-18
<b>Age:</b> 98.0	<b>Days after vaccination:</b>	177
<b>Sex:</b> Male	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Tennessee	<b>Entered:</b>	2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031L20A / 2	- / SYR

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

**Symptoms:** [Acute respiratory failure](#), [Anticoagulant therapy](#), [Bundle branch block right](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Computerised tomogram thorax abnormal](#), [Electrocardiogram abnormal](#), [Exposure to SARS-CoV-2](#), [Gastrooesophageal reflux disease](#), [Hypothyroidism](#), [Lung opacity](#), [Resuscitation](#), [Troponin increased](#)

**SMQs:** Anaphylactic reaction (broad), Interstitial lung disease (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad),