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Information Center
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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.

VAERS ID: 2252011 (history)	Vaccinated: 2021-11-12
Form: Version 2.0	Onset: 2022-03-02
Age: 71.0	Days after vaccination: 110
Sex: Female	Submitted: 0000-00-00
Location: Ohio	Entered: 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

COVID19: 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.

VAERS ID: [2252118](#) ([history](#)) **Vaccinated:** 2021-03-10

Form: Version 2.0 **Onset:** 2021-07-11

Age: 75.0 **Days after vaccination:** 123

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-04-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: 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.)

VAERS ID: [2252151](#) ([history](#))**Vaccinated:** 2021-10-29**Form:** Version 2.0**Onset:** 2021-11-08**Age:** 92.0**Days after vaccination:** 10**Sex:** Male**Submitted:** 0000-00-00**Location:** Illinois**Entered:** 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/combatative 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	EWO182 / 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:** Atorvastin, 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

VAERS ID: [2252337](#) ([history](#))**Vaccinated:** 2021-01-27**Form:** Version 2.0**Onset:** 2021-08-18**Age:** 86.0**Days after vaccination:** 203**Sex:** Female**Submitted:** 0000-00-00**Location:** South Dakota**Entered:** 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 teh 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).

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.

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 intersitial 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 ws place 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

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0198 / 2	LA / IM
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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.

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

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
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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-hyposponsive 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 EJECFRACECHO 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, procalcitonin 0.48 ng/mL on admission 9.3, legionella/strep pneumo negative patient started on Rocephin and 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/m² 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 jiroveci 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 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

VAERS ID:	2254711 (history)	Vaccinated:	2021-03-17
Form:	Version 2.0	Onset:	2021-09-21
Age:	69.0	Days after vaccination:	188
Sex:	Female	Submitted:	0000-00-00
Location:	South Dakota	Entered:	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 Zaxio injections (chemotherapy). Covid test negative. Admit sepsis neutropenic fever. WBC-0.7, Zaxio injection ordered. CT head w/o 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 lightheadedness 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 w/o 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- Epistaxis 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. Sitting 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**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**VAERS ID:** [2254826](#) ([history](#)) **Vaccinated:** 2021-05-05**Form:** Version 2.0 **Onset:** 2022-01-26**Age:** 88.0 **Days after vaccination:** 266**Sex:** Female **Submitted:** 0000-00-00**Location:** Tennessee **Entered:** 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

VAERS ID: 2254838 (history)	Vaccinated: 2021-04-24
Form: Version 2.0	Onset: 2021-09-21
Age: 59.0	Days after vaccination: 150
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
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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

VAERS ID: [2256833](#) ([history](#))**Vaccinated:** 2021-03-10**Form:** Version 2.0**Onset:** 2021-05-29**Age:** 28.0**Days after vaccination:** 80**Sex:** Male**Submitted:** 0000-00-00**Location:** Texas**Entered:** 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.

VAERS ID: [2257470](#) ([history](#)) **Vaccinated:** 2021-02-15

Form: Version 2.0 **Onset:** 2021-09-10

Age: 83.0 **Days after vaccination:** 207

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 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.

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.

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.

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.

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

VAERS ID: [2258299](#) ([history](#)) **Vaccinated:** 2021-10-23

Form: Version 2.0 **Onset:** 2022-01-11

Age: 85.0 **Days after vaccination:** 80

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 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,

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-hyposponsive 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.

VAERS ID:	2258312 (history)	Vaccinated:	2021-05-28
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Form:	Version 2.0	Onset:	2022-01-25
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Age:	75.0	Days after vaccination:	242
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Sex:	Female	Submitted:	0000-00-00
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Location:	Tennessee	Entered:	2022-04-29
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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 COVIDo 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 rnMsuros were put in place. The patient died subsequently. Patient died on 02/15/2022 with cardiopulmonary cessation d/t Covid-19.

VAERS ID:	2258330 (history)	Vaccinated:	2021-12-03
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Form:	Version 2.0	Onset:	2022-04-26
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Age:	66.0	Days after vaccination:	144
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Sex:	Male	Submitted:	0000-00-00
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Location:	Tennessee	Entered:	2022-04-29
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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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COVID19: 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.

VAERS ID: [2258441](#) ([history](#)) **Vaccinated:** 2021-02-01

Form: Version 2.0 **Onset:** 2021-03-01

Age: 73.0 **Days after vaccination:** 28

Sex: Female **Submitted:** 0000-00-00

Location: Missouri **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011M20A / 1	LA / -
COVID19: 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**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.

VAERS ID: [2258616](#) ([history](#))**Vaccinated:** 2022-04-28**Form:** Version 2.0**Onset:** 2022-04-29**Age:** 83.0**Days after vaccination:** 1**Sex:** Male**Submitted:** 0000-00-00**Location:** Massachusetts**Entered:** 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.

VAERS ID: [2258621](#) ([history](#)) **Vaccinated:** 2021-04-30

Form: Version 2.0 **Onset:** 2021-11-04

Age: 64.0 **Days after vaccination:** 188

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 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 an 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 to 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, but 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 tolerate discontinuation just long enough to take a little bit of fluid and food by mouth. Patient was transitioned to comfort care.

VAERS ID: [2258673](#) ([history](#)) **Vaccinated:** 2021-02-22

Form: Version 2.0 **Onset:** 2021-08-18

Age: 98.0 **Days after vaccination:** 177

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 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](#), [Gastroesophageal 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),

Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Gastrointestinal nonspecific dysfunction (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypothyroidism (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (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: 2021-08-26

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: 12 LEAD EKG: Right bundle branch block, rate 76 Chest x-ray on 08/20: Slight interval increase in bilateral opacities. CT thorax PE protocol on 08/18: Overall limited as above no PE visualized to the lobar pulmonary arteries. Negative for thoracic aortic dissection or thoracic aortic aneurysm. Bilateral ground-glass opacities consistent with given history of COVID-1

CDC Split Type:

Write-up: 1. Acute hypoxic respiratory failure secondary to COVID-19 pneumonia in a vaccinated patient, known exposure through sister- respiratory droplet precautions, O2 to keep sats greater than 92%, dexamethasone. Lovenox daily, remdesivir, vitamin-D, vitamin-C, zinc, albuterol MDI 2.

Elevated troponin-serial troponins 3. Hypothyroidism-continue levothyroxine 4. History of prostate disease-continue to tamsulosin 5. Gastroesophageal Reflux Disease-continue pantoprazole CODE: Resuscitate. ER staff discussed code status with a family member. That family member supposed to consult other family members about considering a DNR order.

VAERS ID: 2258941 (history)	Vaccinated: 2021-02-18
Form: Version 2.0	Onset: 2021-09-23
Age: 88.0	Days after vaccination: 217
Sex: Female	Submitted: 0000-00-00
Location: South Dakota	Entered: 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041L20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 2	LA / SYR

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

Symptoms: [Atrial fibrillation](#), [COVID-19](#), [Cardiac telemetry abnormal](#), [Condition aggravated](#), [Death](#), [SARS-CoV-2 test positive](#), [Tachycardia](#), [Urinary retention](#), [Vaccine breakthrough infection](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow),

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-30

Days after onset: 7

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: History of A-Fib; Type II Diabetes (with neurological complications); aphasia due to recent cerebrovascular accident, urine retention, superficial spreading melanoma The individual was a resident of the nursing home indicated in the address portion of this form.

Allergies: Simvastatin (reaction: other) Abbreviations not explained but "MISC NAT HMG REDUC INHIB" is also listed with a reaction of "unknown"

Diagnostic Lab Data: Positive COVID-19 antigen test on 09/23/2021 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 01/21/2021 and 02/18/2021. They tested positive for COVID-19 via antigen test on 09/23/2021 at the nursing home at which they were a resident. They presented to emergency department on 09/23/2021 for purposes of receiving BAM-E treatment for the COVID-19 infection and were admitted same-day. Tachycardia was noted upon admission. The individual received the BAM-E treatment seemingly without complications. It was noted the individual was retaining urine and telemetry showed A-Fib. They were discharged back to nursing home on 09/27/2021. The individual died on 09/30/2021.

VAERS ID: [2258953](#) ([history](#)) **Vaccinated:** 2021-02-19

Form: Version 2.0 **Onset:** 2021-10-23

Age: 90.0 **Days after vaccination:** 246

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041L20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 2	LA / SYR

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

Symptoms: [Arthropathy](#), [COVID-19](#), [Death](#), [Fall](#), [Femur fracture](#), [Hypotension](#), [Ligament sprain](#), [Pyrexia](#), [Respiratory acidosis](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#), [X-ray limb abnormal](#)

SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression

(narrow), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Osteoporosis/osteopenia (broad), Osteonecrosis (broad), Hypersensitivity (broad), Arthritis (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-26

Days after onset: 3

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Chronically oxygen dependent, history of A-Fib, Hypertension, Myelodysplastic Syndrome, Congestive Heart Failure The individual was a resident of the retirement community indicated in the address portion of this form.

Allergies: Ace Inhibitors (reaction: cough) Morphine (reaction: nausea, vomiting) Propoxyphene (reaction: nausea and vomiting) Predisone (reaction: vomiting) Hydrochlorothiazide (reaction: "low NA") Clavuanic Acid (reaction: nausea) Ciprofloxacin (reaction: "hospitalization for diarrhea") Amoxicillin (reaction: nausea) Meperidine (reaction: nausea and vomiting)

Diagnostic Lab Data: Positive COVID-19 test on 10/23/2021 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 01/12/2021 and 02/09/2021. They presented to emergency dept on 10/23/2021 via ambulance with primary complaint of assessment after a fall during which the individual's "right knee gave out and landed on the knee with the knee kind of twisted under [them]" There was concern for broken bone(s). Upon admission, they were noted to have a low-grade fever of 100 degrees F and low blood pressure. They were admitted and tested positive for COVID-19 on 10/23/2021. The individual was found to be in hypoxic respiratory failure and respiratory acidosis, and X-ray showed a femur fracture. The individual expressed wish to not be intubated. This wish was honored and the individual was transitioned to switch to end of life comfort care after discussion with family. The broken femur was not attempted to be corrected surgically. The individual remained hospitalized until their death on 10/26/2021.

VAERS ID: [2258960](#) ([history](#))

Vaccinated: 2021-03-17

Form: Version 2.0

Onset: 2021-09-29

Age: 83.0

Days after vaccination: 196

Sex: Male

Submitted: 0000-00-00

Location: South Dakota

Entered: 2022-04-29

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

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

Symptoms: [Acute respiratory failure](#), [Atrial fibrillation](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [General physical health deterioration](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs:, Anaphylactic reaction (broad), Supraventricular tachyarrhythmias (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), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-11-01**Days after onset:** 33**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 28 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:**

Preexisting Conditions: Non Invasive low Grade papillary Urothelial Carcinoma, Diabetes Type 2, COPD, Hypertension, Chronic Kidney Disease Stage III, Obstructive Sleep Apnea, history of paroxysmal A-Fib, History of Coronary Artery Disease with coronary artery bypass graft surgery, Dyslipidemia, Peripheral Artery Disease, hypogammaglobulinemia

Allergies: Imiquimod (reaction: unknown)

Diagnostic Lab Data: Positive COVID-19 antigen test x2 on 09/29/2021 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 02/17/2021 and 03/17/2021. They tested positive for COVID-19 on 09/29/2021, and were admitted to hospital on 09/29/2021. They were hospitalized and discharged several times over course of the next 5 weeks after the positive test. They were hospitalized 09/29/2021-10/03/2021, then at a different hospital 10/09/2021-10/14/2021, and again at a third hospital 10/14/2021 until their death on 11/01/2021 (although one clinical note states date of death is 11/02/2021, the death certificate has 11/01/2021). The individual had several underlying medical conditions, and this made medical management of the situation difficult. They were found to have acute hypoxic respiratory failure, COVID-19 pneumonia, and to be in A-fib. The individual was transitioned to comfort care after lack of improvement in condition. They died on 11/01/2021.

VAERS ID: [2258972](#) ([history](#))**Vaccinated:**

2021-03-01

Form: Version 2.0**Onset:**

2021-08-30

Age: 79.0**Days after vaccination:** 182**Sex:** Female**Submitted:**

0000-00-00

Location: South Dakota**Entered:**

2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / 1	UN / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	UN / SYR

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

Symptoms: [Asthenia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac failure congestive](#), [Confusional state](#), [Death](#), [Dyspnoea](#), [Encephalopathy](#), [Haematochezia](#), [Haematuria](#), [Hypertension](#), [Hypoxia](#), [Inappropriate schedule of product administration](#), [Oropharyngeal pain](#), [Posture abnormal](#), [SARS-CoV-2 test positive](#), [Shock haemorrhagic](#), [Troponin increased](#), [Vaccine breakthrough infection](#)

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Hypovolaemic shock conditions (narrow), Dementia (broad), Dystonia (broad), Gastrointestinal haemorrhage (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Ischaemic colitis (broad), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tubulointerstitial diseases (broad), Respiratory failure (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (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: 2021-09-25

Days after onset: 26

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 10 days

Extended hospital stay? No

Previous Vaccinations: The individual has listed allergies to the Influenza Virus Vaccine and Pneumococcal Vaccine but the reaction or effect of these

Other Medications:

Current Illness:

Preexisting Conditions: Congestive Heart Failure, Liver Cirrhosis (non-alcoholic), Steatohepatitis (non-alcoholic), Senile Osteoporosis, Hypothyroidism, Dysphagia The individual was a resident of the facility noted in the address portion of this form.

Allergies: Cefdinir (reaction: unknown) Trimcinolone Acetonide (reaction: anaphylaxis) Codeine (reaction: anaphylaxis) Influenza Virus Vaccines, Specific (reaction: unknown) Pneumococcal Vaccine (reaction: unknown) Sulfa/Sulfonamide Antibiotics (reaction: unknown) Steroids: reaction: throat [sic] closes

Diagnostic Lab Data: Positive COVID-19 tests x2 on 08/30/2021 and an additional one on 09/25/2021 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 Pfizer product on 02/08/2021 and 03/10/2021. They first presented to Emergency Department on 08/30/2021 for sore throat, where they first tested positive for COVID-19. The primary reason for presenting to Emergency Department was to get a COVID-19 test. They were not admitted to hospital at that time. They were brought to hospital on 09/03/2021 for weakness, after

staff at the facility noticed the individual was "sliding out of their chair." They were admitted at that time, and were discharged on 09/06/2021. During this hospital stay, they were diagnosed with COVID-19 pneumonia. They were then brought to Emergency Department on 09/11/2021 with primary concern of hematuria. They were not admitted to hospital at that time. They were then brought to emergency department again on 09/20/2021 via ambulance with a primary concern of shortness of breath; staff noted confusion and hypoxia. They were admitted to hospital at this time. They were found to be having complications of hematochezia, hypertension, mild troponin elevation, encephalopathy, congestive heart failure, COVID-19 pneumonia, and hemorrhagic shock. They died on 09/25/2021. An additional COVID-19 test was positive on a specimen collected on the day of death but was not resulted until 09/27/2021 after the individual had died.

VAERS ID: [2258995](#) ([history](#)) **Vaccinated:** 2021-03-30
Form: Version 2.0 **Onset:** 2021-12-05
Age: 81.0 **Days after vaccination:** 250
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-04-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038K20A / 2	- / IM

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

Symptoms: [Asthenia](#), [Atelectasis](#), [COVID-19](#), [Chest X-ray abnormal](#), [Cough](#), [Death](#), [Decreased appetite](#), [Diet refusal](#), [Hypoxia](#), [Lung disorder](#), [Mental status changes](#), [Pain](#), [Pleural effusion](#), [Respiratory tract congestion](#), [Urinary incontinence](#), [Weight decreased](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Systemic lupus erythematosus (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-24

Days after onset: 19

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 11 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol (PROAIR HFA) 108 (90 BASE) MCG/ACT HFA inhaler aspirin EC (ECOTRIN) 325 MG tablet butalbital-acetaminophen-caffeine (ESGIC) 50-325-40 MG tablet dextromethorphan-guaifenesin (MUCINEX DM) 30-600 MG SR tablets diltiazem (DILACOR-

Current Illness:

Preexisting Conditions: 2-10-2020 Atrial fibrillation 12/30/2019 Bilateral dry eyes 8/12/19 Presence of Watchman left atrial appendage closure device 3/2001 Stroke Date Unknown Anxiety and depression Date Unknown Arthritis Date Unknown Asthma Date Unknown Balance disorder Date

Unknown Blood transfusion Date Unknown DOE (dyspnea on exertion) Date Unknown Dysphagia Date Unknown GERD (gastroesophageal reflux disease) Date Unknown HTN (hypertension) Date Unknown Irritable bowel disease Date Unknown Migraine Date Unknown Panic attacks Date Unknown PONV (postoperative nausea and vomiting) Date Unknown Poor short term memory Date Unknown Prophylactic antibiotic Date Unknown Pseudophakia Date Unknown Squamous blepharitis left eye, upper and lower eyelids Date Unknown Squamous blepharitis of both upper and lower eyelid of right eye Date Unknown Vitreous degeneration and detachment of right eye Surgical History 31 items 02/10/2020 Echo transesoph 08/12/2019 Echo transesoph 02/21/2019 Watchman 10/30/2018 Echo transesoph 03/13/2018 Hchg myelogram lumbar 10/26/2017 Ablation 6/1/2016 Laminectomy lumbar spine w/ fusion 4/15/15 Hchg egd with dilation 9/22/2014 Ablation 9/12/14 Echo transesoph 9/12/14 Cardioversion 08-05-11 Ablation 5/3/2011 Esophagogastroduodenoscopy with biopsy 4/15/2011 Esophagogastroduodenoscopy (orderset) 05/04/09 Procedure 03/2008 Hx pacemaker placement 2005 Hx heart catheterization age 11 yr Appendectomy last one 1/2008 Cardioversion Date Unknown Cholecystectomy laparoscopic Date Unknown Hx cataract removal (Bilateral) 1999 and 2000 Hx craniotomy ~1960's Hx hemorrhoidectomy 2004, 2006 Hx knee replacement (Bilateral) ~1970's & 1980's Hx lumbar fusion Date Unknown Hx lumbar laminectomy ~1980's Hx tmj arthotomy as child Hx tonsil and adenoidectomy ~1970's Hx vein stripping Date Unknown Hysterectomy abdominal total w/ bilateral salpingo oophorectomy Date Unknown Pr total knee arthroplasty (Bilateral)

Allergies: Latex, Demerol, lubricating jelly, morphine, sulfa, Penicillin.

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt presented to the ER 12/5/2021 complaining of altered mentation, decreased appetite, weight loss of 20 lb over 1 month. Patient also having urinary incontinence. Patient had been refusing to eat. Patient's husband present at bedside. Husband and patient's son who both live with the patient are both positive for COVID-19. He stated that patient has been getting worse over the last month complaining of generalized pain all the time. He was unable to care for the patient so he called ER. Patient also had a cough that been going on "for a while", at least 4 months. Patient had been having increasing weakness. On 12/11 Overnight patient developed hypoxia and needed 5 liters supplemental oxygen. CXR showed right perihilar and basilar atelectasis and increasing left lower lobe airspace disease with small left pleural effusion. She received decadron, Patient was having congestion, which is slowly getting better, which I hope will continue to get better as she recovers from COVID-19. She is on Mucinex DM and Claritin. Her oxygenation issues is resolved and now she is off supplemental oxygen and saturating in 90s on RA. Due to complication from other chronic illnesses, pt passed away on 12/24/21

VAERS ID: [2259003](#) ([history](#)) **Vaccinated:** 0000-00-00

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

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

Sex: Unknown **Entered:** 2022-04-29

Location: Ohio

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822811 / 1	- / -

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

Symptoms: [Death](#)

SMQs:

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-04-03

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** Death**CDC Split Type:****Write-up:** My mother passed away after getting this treatment**VAERS ID:** [2260088](#) ([history](#)) **Vaccinated:** 2021-02-04**Form:** Version 2.0 **Onset:** 2021-09-29**Age:** 86.0 **Days after vaccination:** 237**Sex:** Male **Submitted:** 0000-00-00**Location:** Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010M20A / 2	- / SYR

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

Symptoms: [Angiogram pulmonary abnormal](#), [Atrial fibrillation](#), [COVID-19](#), [Chest discomfort](#), [Death](#), [Device intolerance](#), [Diaphragmatic disorder](#), [Dyspnoea](#), [Fibrin D dimer](#), [Muscular weakness](#), [Pneumonia viral](#), [Positive airway pressure therapy](#), [Prohormone brain natriuretic peptide increased](#), [SARS-CoV-2 test positive](#), [Troponin increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Myocardial infarction (narrow), Supraventricular tachyarrhythmias (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (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:** 2021-10-02**Days after onset:** 3**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:**

Diagnostic Lab Data: Initial troponin 1.86, ProBNP 3510, D-dimer 0.66. CTA chest, pulmonary vessels showed viral PNA.

CDC Split Type:

Write-up: Patient reported to ED, and stated tested positive for COVID earlier the day, he reported that he had been having SOB, worsening over the last couple of days. Reported weakness in his legs and chest discomfort across his diaphragm. EMS reported he was 60% on room air. He was noted to be in atrial fibrillation. He was admitted to Hospitalist team, requiring Vapotherm, alone with nonrebreather at max setting. Was placed on Remdesivir, Baricitinib, and Dexamethasone. Transitioned to DNR/DNI, and patient was transitioned to BiPAP, was having difficulty tolerating BiPAP. Patient was transitioned to comfort care and expired on 10/02/2021

VAERS ID: 2260097 (history)	Vaccinated: 2021-12-03
Form: Version 2.0	Onset: 2021-12-05
Age: 88.0	Days after vaccination: 2
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-05-02

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

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

Symptoms: [Anticoagulant therapy](#), [Asthenia](#), [Atrioventricular block first degree](#), [Bradycardia](#), [COVID-19](#), [Chest X-ray abnormal](#), [Chills](#), [Computerised tomogram head normal](#), [Death](#), [Defect conduction intraventricular](#), [Dyspnoea](#), [Electrocardiogram ST-T change](#), [Electrocardiogram abnormal](#), [Fall](#), [Fibrin D dimer](#), [Hypoxia](#), [Ileus](#), [Lung infiltration](#), [Pain](#), [Pneumonia bacterial](#), [Productive cough](#), [Prohormone brain natriuretic peptide increased](#), [Pulmonary oedema](#), [Pyrexia](#), [Respiratory tract congestion](#), [SARS-CoV-2 test positive](#), [Sinus rhythm](#), [Superinfection](#), [Troponin increased](#), [Urogram](#), [Ventricular extrasystoles](#)

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Ventricular tachyarrhythmias (narrow), Gastrointestinal obstruction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Other ischaemic heart disease (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-08

Days after onset: 3

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:**Preexisting Conditions:****Allergies:**

Diagnostic Lab Data: Troponin 93, proBNP 19926, D-dimer 1.81. EKG sinus rhythm with first degree AVB, PVC's, IVCD with nonspecific STTW changes. Cxray shows interstitial edema/infiltrate's. CT of head negative for acute changes. KUB showed ileus.

CDC Split Type:

Write-up: Presenting to ED on 12/06/2021 with falls, productive cough, congestion, dyspnea, subjective fevers, chills, body aches, weakness. In ED patient hypoxic, and placed on 2LNC, COVID positive. Patient admitted to floor and placed on heparin, dexamethasone, azithromycin, and Rocephin for superimposed bacterial PNA. Patient was a DNR/DNI and developed bradycardia and expired.

VAERS ID: [2260104](#) ([history](#)) **Vaccinated:** 2021-07-27

Form: Version 2.0 **Onset:** 2022-01-27

Age: 82.0 **Days after vaccination:** 184

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939893 / 2	- / SYR

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [General physical health deterioration](#), [Pneumonia aspiration](#)

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: 2022-02-18

Days after onset: 22

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 21 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Admitted to Hospital for acute hypoxic respiratory failure secondary to Covid19 and aspiration PNA. Patient progressively declined and was made comfort care. Patient was discharged

home on hospice.

VAERS ID:	2260117 (history)	Vaccinated:	2021-02-23
Form:	Version 2.0	Onset:	2021-08-21
Age:	89.0	Days after vaccination:	179
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / SYR

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

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

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), 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), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-25

Days after onset: 4

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 is resident of a facility, tested positive for Covid 19 on 08/21/2021, and started on isolation at facility. On 08/296/2021, nurse entered room and patient was found laying on his back and non responsive, with no pulse or respiration. CPR was initiated, and CODE blue called overhead. Patient expired.

VAERS ID: [2260157](#) ([history](#)) **Vaccinated:** 2021-12-01
Form: Version 2.0 **Onset:** 2022-01-29
Age: 63.0 **Days after vaccination:** 59
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	330308D / 3	- / SYR

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Computerised tomogram abdomen](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Dyspnoea](#), [Fatigue](#), [Hypokinesia](#), [Hypoxia](#), [Immunoglobulin therapy](#), [Immunosuppression](#), [Intensive care](#), [Lung infiltration](#), [Lymphocyte count decreased](#), [Mobility decreased](#), [Oxygen saturation decreased](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Interstitial lung disease (narrow), Systemic lupus erythematosus (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hypoResponsive episode (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (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: 2022-02-17

Days after onset: 19

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 19 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CT of abdomen, pelvis and chest found to have infiltrate c/w COVID PNA, tested positive for COVID PCR in Ed.

CDC Split Type:

Write-up: Admitted to hospital for fatigue and SOB for 2 weeks, and found to be very hypoxic. Placed on BiPAP. She was placed on remdesivir and Decadron, was not a candidate for baricitinib because of low absolute lymphocyte count. She was transferred to hospital. She was given IVIG d/t her immune suppressed status. Patient made herself DNR on 02/08/2022 after discussion with pulmonary. Patient finished dexamethasone and remdesivir course. Patient continued to require high amounts of oxygen and was noted to be desaturating with minimal mobility and movement. Patient was consulted by palliative care and moved to ICU for closer monitoring. Patient expired on 02/17/2022.

VAERS ID: [2260189](#) ([history](#)) **Vaccinated:** 2021-02-01
Form: Version 2.0 **Onset:** 2021-12-30
Age: 71.0 **Days after vaccination:** 332
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041L20A / 2	- / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Dyspnoea](#), [Imaging procedure abnormal](#), [Interstitial lung disease](#), [Pneumonia](#), [Pulmonary hilum mass](#), [SARS-CoV-2 test positive](#)

SMQs: Anaphylactic reaction (broad), Interstitial lung disease (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (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: 2022-02-28

Days after onset: 60

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 48 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Chest one view: interstitial and patchy PNA is seen in both lungs with relative sparing of the right apex, right hilar mass.

CDC Split Type:

Write-up: Patient tested positive for COVID 19 on 12/30/2021, admitted to hospital on 01/11/2022 for SOB. Patient expired on 02/28/2022

VAERS ID: [2260197](#) ([history](#)) **Vaccinated:** 2021-03-12
Form: Version 2.0 **Onset:** 2021-08-10
Age: 95.0 **Days after vaccination:** 151
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016M20A / 2	- / SYR

Administered by: Pharmacy**Purchased by:** ?**Symptoms:** [Decreased appetite](#), [Dyspnoea](#), [Faeces discoloured](#), [Melaena](#)**SMQs:** Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Noninfectious diarrhoea (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-08-11**Days after onset:** 1**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 1 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Presented to ED with SOB and decreased appetite with oxygen saturation in 70's on RA. Patient was DNR/DNI, per daughter who confirmed this status, wanted to proceed with comfort focused care. In the ED was noted to have black tarry stool. Admitted to hospitalist team COVID unit. Therapy was not initiated, and was discharged to Hospice 1 day after admission.

VAERS ID: [2260220](#) ([history](#))**Vaccinated:** 2021-04-29**Form:** Version 2.0**Onset:** 2021-10-03**Age:** 59.0**Days after vaccination:** 157**Sex:** Male**Submitted:** 0000-00-00**Location:** Tennessee**Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007B21A / 2	- / SYR

Administered by: Pharmacy**Purchased by:** ?**Symptoms:** [Acute respiratory failure](#), [Anosmia](#), [Anticoagulant therapy](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Death](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Hypoxia](#), [Lung infiltration](#), [Pyrexia](#), [Respiratory tract congestion](#), [SARS-CoV-2 test positive](#), [Sneezing](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), 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: 2021-10-24

Days after onset: 21

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 18 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: 10/06/2021 XR chest 1 View: multifocal infiltrate"s.

CDC Split Type:

Write-up: Patient said he started having symptoms beginning of October, including sneezing, congestion, fever, and loss of smell. Tested positive for Covid 19 on 10/03/2021. Patient was getting antibody infusion at outside facility when he was noted to be hypoxic and brought to ED. In ED revealed Covid PNA and placed on 4 LNC. Developed acute hypoxic respiratory failure secondary to Covid PNA, intubated on 10/17/21. Started on Lovenox, delivered decadron and remdesivir, and baricitinib. Patient continued to decline despite full treatment. Patient was too unstable to be transferred for CRRT. He was made DNR and patient expired on 10/24/2021

VAERS ID: [2260229](#) ([history](#)) **Vaccinated:** 2021-06-03

Form: Version 2.0 **Onset:** 2022-02-02

Age: 80.0 **Days after vaccination:** 244

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-02

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

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

Symptoms: [Acidosis](#), [Acute kidney injury](#), [Blood alkaline phosphatase increased](#), [Blood ketone body increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac failure acute](#), [Cardiac failure congestive](#), [Cardiomegaly](#), [Cellulitis](#), [Chest X-ray abnormal](#), [Chronic kidney disease](#), [Death](#), [Dyspnoea](#), [Dyspnoea exertional](#), [Electrocardiogram normal](#), [Erythema](#), [Hyperglycaemia](#), [Hypertension](#), [Hypertransaminasaemia](#), [Hyponatraemia](#), [Hypoxia](#), [Laboratory test abnormal](#), [Leukocytosis](#), [Metabolic acidosis](#), [Nausea](#), [Oedema peripheral](#), [Orthopnoea](#), [Pain](#), [Pleural effusion](#), [Productive cough](#), [SARS-CoV-2 test positive](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Asthma/bronchospasm (broad), Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad),

Systemic lupus erythematosus (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), 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: 13

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 9 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Labs in ED significant for leukocytosis, acidemia, mild hyponatremia, HAGMA, AKI on CKD, hyperglycemia, Transamnitis, mildly elevated alk phos, and elevated beta-hydroxybutyrate. CXRAY cardiomegaly with small bilateral pleural effusion. EKG overall non-acute.

CDC Split Type:

Write-up: Presented to ED with SOB and hyperglycemia, tested positive for Covid 19 on 02/02/2022. Patient reports orthopnea and states her SOB get worse with exertion, also reports nausea, cough, productive. In ED patient was hypertensive. Admitted with acute on chronic CHF, hyperglycemia, CKD, bilateral lower extremity edema and pain as well as erythema. Placed on IV insulin and later changed to subcu insulin. Placed on IV abx for mild cellulitis. Did not require dexamethasone or remdesivir. On 2/7/22, patient became hypoxic was started on dexamethasone, patient made comfort care. Immediate cause of death: Covid PNA.

VAERS ID: [2260234](#) ([history](#)) **Vaccinated:** 2021-08-20

Form: Version 2.0 **Onset:** 2022-01-01

Age: 62.0 **Days after vaccination:** 134

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	020B21A / 3	- / -

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

Symptoms: [Angiogram pulmonary abnormal](#), [COVID-19](#), [Death](#), [Dyspnoea](#), [Electrocardiogram](#)

[abnormal](#), [Lung neoplasm](#), [Pulmonary mass](#), [SARS-CoV-2 test positive](#), [Sinus tachycardia](#)

SMQs: Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Non-haematological tumours of unspecified malignancy (narrow), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-04

Days after onset: 34

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: COPD on O2 at home

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 1/20/22 pt presents to ED with c/o SOB worsening over past 2 wks; on 3 LNC O2 at home, but has needed more lately; found to be positive for COVID; admitted; chest CTA suggests neoplastic process in lung; EKG shows sinus tachycardia; pt given ABX, dexamethasone; pt doesn't want treatment for lung mass; requests hospice and to be sent home; pt dc'd to home with Hospice on 1/24/22; pt died at home

VAERS ID: [2260295](#) ([history](#)) **Vaccinated:** 2021-10-18

Form: Version 2.0 **Onset:** 2021-10-28

Age: 81.0 **Days after vaccination:** 10

Sex: Female **Submitted:** 0000-00-00

Location: Iowa **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	301308A / 3	- / IM

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

Symptoms: [Anaemia](#), [Asthenia](#), [Blast cells](#), [COVID-19](#), [Chills](#), [Computerised tomogram thorax abnormal](#), [Condition aggravated](#), [Death](#), [Decreased appetite](#), [Dyspnoea](#), [Dysstasia](#), [Full blood count abnormal](#), [Haemoglobin decreased](#), [International normalised ratio increased](#), [Mental status changes](#), [Peripheral swelling](#), [Pneumonia](#), [Pyrexia](#), [Red blood cell transfusion](#), [SARS-CoV-2 test positive](#), [Urinary tract infection](#), [Vaccine breakthrough infection](#), [White blood cell count increased](#)

SMQs: Cardiac failure (broad), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (broad), Angioedema (broad), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis

(broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-12

Days after onset: 15

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 14 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: aspirin 81 mg PO QD vitamin D 1000 units PO TID clopidogrel 75 mg PO QD vitamin B12 1000 mcg PO QD fenofibrate 160 mg PO QD folic acid 1 mg PO QD HCTZ-lisinopril 12.5-10 mg PO BID hydroxyurea 1000 mg PO QD ibuprofen 400 mg PO QID PRN Iuspat

Current Illness: HTN HLD PAD DM GERD Breast CA multiple myeloma anemia

Preexisting Conditions: HTN HLD PAD DM GERD Breast CA multiple myeloma anemia

Allergies: frozen vegetables - diarrhea

Diagnostic Lab Data:

CDC Split Type:

Write-up: COVID Vaccine Breakthrough Case Pfizer Dose 1 2/12/21 (en6201) Pfizer Dose 2 3/8/21 (EN6199) Pfizer Dose 3 10/18/21 (301308A) COVID Negative 10/30/21 COVID Negative 10/30/21 COVID Positive 11/11/21 10/30/21: Patient is a 81 year old female with past history of multiple myeloma, breast cancer status post right partial mastectomy, JAK2 positive myeloproliferative disorder requiring frequent transfusions, and peripheral arterial disease who was admitted with increased weakness and fever. History is obtained from chart review as well as discussion with the patient, her husband at bedside, and the ED provider. Patient has a history of breast cancer in 2011 which required a partial right mastectomy. She then was diagnosed with multiple myeloma approximately 5 years ago per she completed a course of chemotherapy and had good results without evidence of monoclonal protein on follow-up 24 urine in 2020. She developed essential thrombocytosis and was diagnosed with a right lower extremity arterial occlusion in 2018 requiring right superficial femoral thrombectomy. Her platelet count at that time was greater than 1 million and has been on hydroxyurea since that time. She is also on Plavix at baby aspirin daily. She has had frequent blood transfusions for ongoing anemia. She did develop hemochromatosis secondary to the frequent transfusions and was placed on a chelating agent in the last couple of months. She states she has been having quite a bit of diarrhea after starting that medication. Also had increasing weakness along with shortness of breath. Her last transfusion of PRBCs was on the 15th. She was seen in urgent care earlier this week and diagnosed with a UTI given nitrofurantoin. Continued to have increasing weakness and really unable to even stand at this time. At baseline she does not require any assistive device to walk. In the ER she was found to have a continued urinary tract infection along with fever. Hemoglobin also less than 7 and receiving 1 unit PRBCs. She does admit to having fevers and chills along with decreased appetite. Not having abdominal pain. She has noticed increasing lower extremity swelling which is unusual for her. 11/12/21: Patient is an 81-year-old female with past medical history of multiple myeloma, breast cancer status post right partial mastectomy, JAK2 positive myeloproliferative disorder requiring frequent transfusions, essential thrombocytosis, hemochromatosis secondary to multiple transfusions, diabetes, GERD, hypertension, hyperlipidemia, and peripheral artery disease who presented on 10/29/2021 with chief complaint of weakness and fever. She had been diagnosed with the UTI at the urgent care prior to presenting to the ER. Patient was placed on Rocephin. She was also anemic and was transfused 1 unit of PRBCs

and administered vitamin K as her INR was 2.0. The cause of her elevated INR was unknown. Patient was placed on broad-spectrum antibiotics with Rocephin and Zosyn. Patient's CBC was also notable for blasts concerning for new onset of acute leukemia. Oncology was consulted. Patient continued to worsen and her WBC continued to rise. Patient's fever continued and her mentation became altered. She later tested positive for COVID-19 and had evidence of pneumonia on her chest CT. The case was once again discussed with Oncology. Oncology met with the family on 11/12/2021 in the decision was made to transition towards hospice care given her frail state and multiple comorbidities . The patient passed away in the hospital this morning at 10:52 a.m..

VAERS ID: [2260310](#) ([history](#)) **Vaccinated:** 2021-11-16

Form: Version 2.0 **Onset:** 2022-04-24

Age: 86.0 **Days after vaccination:** 159

Sex: Male **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013F21A / 3	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0 / UNK	- / -

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 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: OSC: acute on chronic CHF; CKD Stage 3; CAD; a-fib; hypertensive heart disease; HTN; Crohn's disease with immunosuppressive therapy Positive for Covid-19 and hospitalized on 1/26/2022

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: DOD 04/24/2022

VAERS ID: [2260313](#) ([history](#)) **Vaccinated:** 2021-11-18

Form: Version 2.0 **Onset:** 2022-03-11

Age: 86.0 **Days after vaccination:** 113

Sex: Female **Submitted:** 0000-00-00

Location: Ohio **Entered:** 2022-05-02

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

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

Symptoms: [Blood test abnormal](#), [Cardiac failure](#), [Cerebrovascular accident](#), [Computerised tomogram head abnormal](#), [Death](#), [Echocardiogram abnormal](#), [Electrocardiogram T wave abnormal](#), [Myocarditis](#), [Respiratory failure](#), [Troponin increased](#)

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Myocardial infarction (narrow), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (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), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Other ischaemic heart disease (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypokalaemia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-16

Days after onset: 4

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: alendronate atorvastatin bumetanide eliquis hydrocodone levothyroxine paxil venlafaxine vitamin d

Current Illness:

Preexisting Conditions: cardiomyopathy lumbar degenerative disc disease osteoporosis atrial fibrillation chronic kidney disease mild major depressive disorder

Allergies: none

Diagnostic Lab Data: CT scan showed stroke on March 11th, during hospital stay of March 11th to 16th Her troponin blood test was elevated (it was 85, with normal being below 14) and her EKG did show t wave changes (her t axis degrees changed from 75 to 153, which anything more than a 60 degree change being considered significant). Her ECHO also showed worsened conditions.

CDC Split Type:

Write-up: on March 11th, patient suffered a stroke resulting in respiratory failure and worsening heart failure that ultimately led to her clinically meeting the criteria for myocarditis. Her troponin blood test was elevated (it was 85, with normal being below 14) and her EKG did show t wave changes (her t axis degrees changed from 75 to 153, which anything more than a 60 degree change being considered significant). She passed away from complications on March 16th, 2022

VAERS ID: [2260316](#) ([history](#)) **Vaccinated:** 2021-08-30

Form: Version 2.0 **Onset:** 2022-01-06

Age: 69.0 **Days after vaccination:** 129

Sex: Female **Submitted:** 0000-00-00

Location: Maryland **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	206A21A / 1	RA / IM

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

Symptoms: [Brain injury](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [Fatigue](#), [Intensive care](#), [Neurological examination abnormal](#)

SMQs: Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-04

Days after onset: 29

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:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presents to the ED with complaints of worsening shortness of breath and fatigue. She was subsequently admitted for further management of COVID-19 pneumonia. She was admitted to the ICU with suspected bibasilar pneumonia. Neurologic exam showed patient was no meaningful brain activity and she subsequently passed away 4 days after ED presentation.

VAERS ID: [2260351](#) ([history](#)) **Vaccinated:** 2021-09-15

Form: Version 2.0 **Onset:** 2022-02-08

Age: 61.0 **Days after vaccination:** 146

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2587 / 2	- / SYR

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

Symptoms: [Angiogram pulmonary abnormal](#), [Biopsy lung](#), [Death](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Lung infiltration](#), [Organising pneumonia](#), [Pyrexia](#), [Respiratory disorder](#)

SMQs: Angioedema (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary

hypertension (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-15

Days after onset: 7

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 27 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CTA on 2/14/22 showing PE and progression of his infiltrates.

CDC Split Type:

Write-up: Presented with ongoing fever, seen by pulmonologist on admission and open lung biopsy was performed by CT surgery, ID saw patient and performed extensive ID workup. Initially placed on broad spectrum abx. Pathology concerning for organizing PNA. Thought to be secondary to rituxan use. He was placed on high dose steroids, respiratory status did not improve and required intubation on 01/31/2022. Cellcept was started in attempt to more aggressively treat his organizing PNA. He continued to decline. Patient expired on 2/15/2022

VAERS ID: [2260400](#) ([history](#)) **Vaccinated:** 2021-12-13

Form: Version 2.0 **Onset:** 2022-04-14

Age: 64.0 **Days after vaccination:** 122

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD0810 / 3	- / IM

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

Symptoms: [Acute kidney injury](#), [Acute respiratory failure](#), [Agitation](#), [Alanine aminotransferase increased](#), [Ammonia increased](#), [Angiogram pulmonary abnormal](#), [Angiogram pulmonary normal](#), [Anticoagulant therapy](#), [Ascites](#), [Aspartate aminotransferase increased](#), [Atelectasis](#), [Atrial fibrillation](#), [Azotaemia](#), [Bacterial test negative](#), [Blood gases normal](#), [Blood glucose increased](#), [Blood pressure decreased](#), [Blood thyroid stimulating hormone decreased](#), [Blood urea increased](#), [Bronchoscopy normal](#), [Bundle branch block left](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac failure](#), [Cardiorespiratory arrest](#), [Cardiomyopathy acute](#), [Cerebral disorder](#), [Chest X-ray abnormal](#), [Computerised tomogram head normal](#), [Computerised tomogram thorax normal](#), [Condition aggravated](#), [Critical illness](#), [Death](#), [Delirium](#), [Device malfunction](#), [Diarrhoea](#), [Disorientation](#), [Dyspnoea](#), [Echocardiogram abnormal](#), [Electroencephalogram abnormal](#), [Endotracheal intubation](#), [Fibrin D dimer increased](#), [Haemodialysis](#), [Hallucination visual](#), [Hepatic cirrhosis](#), [Hepatic encephalopathy](#), [Hyperphosphataemia](#), [Hypophagia](#), [Hyporesponsive to stimuli](#), [Hypotension](#), [Illiteracy](#), [Incentive](#)

[spirometry](#), [Intensive care](#), [Ischaemic cardiomyopathy](#), [Ischaemic hepatitis](#), [Left ventricular dysfunction](#), [Leukocytosis](#), [Liver function test increased](#), [Lung disorder](#), [Lung infiltration](#), [Mechanical ventilation](#), [Mental status changes](#), [Non-24-hour sleep-wake disorder](#), [Patient restraint](#), [Physical deconditioning](#), [Pneumonia](#), [Pneumonia bacterial](#), [Procalcitonin increased](#), [Rales](#), [Renal tubular necrosis](#), [Respiratory distress](#), [Right ventricular dysfunction](#), [SARS-CoV-2 test positive](#), [Shock](#), [Somnolence](#), [Tachypnoea](#), [Toxic encephalopathy](#), [Troponin increased](#), [Ultrasound Doppler normal](#), [Ultrasound abdomen abnormal](#), [Urinary retention](#), [Vitamin B12 normal](#), [White blood cell count increased](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Hepatitis, non-infectious (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), 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 (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Dementia (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (narrow), Pulmonary hypertension (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Hypothyroidism (broad), Hyperthyroidism (broad), Other ischaemic heart disease (narrow), Renovascular disorders (broad), Hypotonic-hypo responsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (narrow), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Medication errors (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-30

Days after onset: 16

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 16 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Aspirin 81 mg Oral Daily Carvedilol 25 mg Oral 2 times daily Melatonin 10 mg Oral Nightly metFORMIN HCl 500 MG TAKE 1 TABLET BY MOUTH TWICE DAILY. INCREASE TO 2 TABLETS BY MOUTH TWICE DAILY BY WEEK 2 Omega-3 Fatty Acids 1 g 2 times daily Si

Current Illness:

Preexisting Conditions: Past Medical History: Diagnosis Date ? Acute hepatitis 2009 ? Acute MI ? Acute respiratory failure 2009 ? Alcohol abuse ? Arthritis ? Atrial fibrillation ? Cardiomyopathy low EF, ETOH in past, now 55% in 2019 ? Diabetes mellitus type 2 in obese ? DVT (deep venous

thrombosis), bilateral 2009 ? HIT (heparin-induced thrombocytopenia) ? Hyperlipidemia LDL goal <100 statins made him achy ? Pneumonia 2009 ? Presence of Watchman left atrial appendage closure device ? Renal insufficiency r/t heparin reaction

Allergies: heparin - HIT penicillins - not specified

Diagnostic Lab Data:

CDC Split Type:

Write-up: Deceased (4.30.22); Hospitalized (4.14.22); COVID-19 positive (4.11.22-home test); Fully vaccinated plus booster - pfizer x3 4/15/22 pulm H&P: HPI: History obtained from the chart since patient was intubated in the ED. He presented with worsening shortness of breath in the setting of testing positive for COVID about 4 days prior. He was initially 89% on RA but HR was in the 160s, afib. He progressed to having more tachypnea and more respiratory distress so was eventually intubated. Upon arrival to the MICU patient's heart rate persisted in the 160s with evidence of LBBB. Blood pressure progressively dropped. ROS: unable to obtain due to mechanical ventilation and sedation FIO₂ (%): 90 % Type of Mechanical Vent: Hamilton Mechanical Rate: 32 breaths/min Set/Target Tidal Volume: 500 PEEP (cm H₂O): 14 cm H₂O EPAP: 5 IPAP: 16 cmH₂O Inspiratory Time Set: 0 second(s) Intubated, sedated No scleral icterus Moving air well anteriorly Abd soft No pitting LE edema Synchronous on the vent A/P: Acute hypoxic resp failure COVID pneumonia - Decadron 6mg daily - Supportive care with mechanical ventilation - Low tidal volume ventilation with goal Tv 4-6mL/kg. Target Dp <14 and Pplat <30 - Check D-dimer and CRP - Tocilizumab still on shortage - Needs bronch with BAL to guide de-escalation of antibiotics - Okay to continue empiric coverage for now Shock - Unclear etiology - Has known ischemic cardiomyopathy, last EF 55% from 2018 - Repeat echo - Stress dose steroids (hydrocortisone added in addition to Decadron for more mineralocorticoid effect) - Trial of IVF bolus, though no more than 1L due to resp failure - Check central venous O₂ sat Afib with RVR Left bundle branch block History of ischemic cardiomyopathy - Discussed with Cardiology given concern for new LBBB. Appears to be rate dependent with improvement once rate controlled - Started on amio drip, will continue - aspiri - hold statin due to rising AST and ALT AKI - Likely due to shock/hypotension - Trend, avoid nephrotoxins, renally dose meds Elevated AST and ALT - Possibly due to hypotension - Trend - No statin History of HIT - no heparin products - Fondaparinux for DVT prophylaxis FEN/GI - fluid boluses as needed - potassium hemolyzed, repeat labs - NPO but assess with daytime team - Fondaparinux for DVT proph - PPI for GI proph FULL CODE This patient is critically ill and is requiring active support and intensive surveillance to prevent life threatening clinical deterioration. I spent a total of 80 minutes in the evaluation and management of this patient excluding all procedures 4/29/22 General Med Progress note:CHIEF COMPLAINT: Pneumonia due to COVID-19 virus ASSESSMENT / PLAN: 65-year-old man with a complex past medical history, including atrial fibrillation status post Watchman, heart failure with preserved ejection fraction, coronary artery disease, hypertension, type 2 diabetes, cirrhosis, history of HIT, as well as hyperlipidemia and alcohol use disorder. He presented with respiratory failure secondary to COVID-19 pneumonia; intubated from 04/15 through 4/19. Patient also had shock requiring pressors and stress dose steroids. Completed methylprednisolone through 04/24/2022. Remdesivir not completed secondary to elevated LFTs. Hospital course now complicated by toxic metabolic encephalopathy and delirium. Psychiatry following along. Likely multifactorial related to post intensive care unit stay, COVID-19, altered sleep-wake cycle, hepatic encephalopathy in setting of cirrhosis. Receiving Zyprexa. Patient also with acute kidney injury requiring hemodialysis and worsening respiratory distress/leukocytosis now being treated for possible secondary bacterial pneumonia. # Acute Hypoxemic Respiratory Failure Secondary to COVID-19 Pneumonia: # Leukocytosis and Possible secondary Bacterial Pneumonia (4/25) Patient vaccinated for COVID. Tested positive 4/11/2022. Intubated 4/15 through 4/19, but had been able to wean to room air. CT angiogram thorax 04/15/2022 extensive airspace disease bilaterally, no central, lobar proximal pulmonary embolism. Chest x-ray 04/19/2022, shallow inspiration concerning for congestive heart failure. Independently reviewed chest x-ray from 04/24/2022, clearing of the right lung base, limited his ability to the retrocardiac space, no definite infiltrates. Bronchoscopy completed 04/15/2022, cultures negative. Film array positive for COVID-19. Patient received dexamethasone 6 mg 04/15/2022, then received stress dose steroids changed to methylprednisolone 60 mg daily from 04/17 to 4/24 to complete a 10 day course. Received remdesivir for single dose, but then held given

elevated LFTs. Covid infection also complicated by AKI as discussed below Patient with worsening respiratory distress, rising WBC and elevated Procal (1.0) on 4/25. (Although prior procal 4.79 on 4/15). Started on IV cefepime and vancomycin (Renally dosed) due to concern for secondary bacterial PNA. -Procal down trending to 0.55 on 4/27 and although increased resp distress and requiring 4-5L O₂ via NC on 4/27, CXR with improvement. Resp status stable on 4/28, but no improvement/change overall from day prior. -Started on vanc and cefepime for a 5 day course (EOT 4/29). - Continue incentive spirometry, prone positioning if able - Wean supplemental oxygen as able - DVT prophylaxis with Eliquis 2.5 mg twice daily given HIT history. Mobilize as able. # AKI: Currently hemodialysis dependent MWF. # Worsening Uremia with Dialysis catheter malfunction Nephrology consulted and following, appreciate their recs AKI suspected to be a ischemic acute tubular necrosis in the setting of shock. COVID-19 can also cause renal injury such as FSGS and thrombotic microangiopathy. Patient currently requiring intermittent hemodialysis for renal function and volume control. However, neph reporting they are having problems with his dialysis catheter. They attempted TPA his last 2 sessions without resolution. Was not able to attempt HD today. BUN elevated 138-\$g162 on 4/29 PM. Pt becoming more altered. IR consulted to replace line with plan for HD session on 4/30 AM. Will continue to monitor renal function, electrolytes, and mental status closely. May need more urgent HD if any clinical worsening. (Was called to the bedside by RN this afternoon since pt much more somnolent. Reportedly only minimally responsive to pain/sternal rub. When I arrived, patient able to alert more to loud noises/slapping of the door. He was spontaneously making eye contact, but remained non-verbal and quickly falling back asleep.) Avoid nephrotoxic agents. Continue PhosLo with meals # AMS, Agitation - Suspect multifactorial related to Toxic Metabolic Encephalopathy (COVID 19/AKI)/Hepatic Encephalopathy, Post ICU Delirium, Steroid Use: Workup thus far includes CT head with no acute intracranial process, ammonia level elevated at 70, but lower since. TSH 1.2. Vitamin B12 normal. Vitamin B1 pending. VBG with no CO₂ retention on multiple checks. EEG revealed mild-to-moderate background slowing, bitemporal slow waves, GRDA slow posterior dominant rhythm consistent with mild-to-moderate cerebral dysfunction and encephalopathy. No seizures were identified. Exam remains Nonfocal. No nuchal rigidity or headache reported. -Psychiatry consulted. Appreciate their recs - Pt with continued waxing/waning mental status - Continue with Zyprexa 5 mg daily and p.r.n. (Psych initially recommended increasing dose to BID, but given not taking PO meds consistently on 4/27 so continue current dose for now. Added PRN IM Zyprexa as alternative) - Continue Bilateral soft wrist restraints as needed (currently in place). - Continue IV thiamine 100mg daily given alcohol use history. Will continue lactulose 3 times a day and rifaximin 2 times a day (encouraged nursing staff to keep offering PO meds once mental status showing signs of improvement). Titrate lactulose to 3 loose stools per day. (If pt too agitated, would give lactulose rectal as needed) - AMS worsening 4/28-4/29 in setting of rising BUN and ineffective HD sessions as noted above #Decreased Responsiveness Episode Following HD (x2 episodes): Patient had some hypotension during hemodialysis 4/25 and again 4/27. Following that, patient had an episode of decreased responsiveness. By the time the team arrived at the bedside, patient was awake, interactive (happened both times). This does not appear consistent with acute CVA; however, stat head CT was ordered with initial episode and negative. Neurology was contacted. -Still plan to attempt MRI brain once patient less agitated and respiratory status improved. (Wife states pt with anxiety/claustrophobia at baseline to unlikely to tolerate MRI without some sedation.) - Repeated infectious work-up 4/25 with complete blood count (rising WBC), BMP, ammonia level (stable), lactic acid (neg), chest x-ray ordered to evaluate for alternative etiology of transient decreased responsiveness. CXR with worsening atelectasis vs infiltrate. Started on IV cefepime and vancomycin and treatment for secondary bacterial PNA and HAP as discussed above # New LBBB: Noted troponin elevation 39, repeating to 52. Appreciate cardiology input, prior to discharge ischemic cardiac workup is planned. # Transaminitis: Patient with significant elevation in AST 3571 and ALT 2029. LFTs have been trending down. Right upper quadrant ultrasound with Doppler reveals surface nodularity and hepatocellular disease. Small amount of ascites, portal venous hypertension. Gallbladder wall thickening and hepatic waveform in the liver can be seen with heart failure. Clinical trajectory seems most consistent with shock liver. Liver toxicity related to amiodarone also should be considered, though given the trajectory of the LFT elevation well amiodarone is being continued make this less likely. # Chronic HFpEF now with Acute Cardiomyopathy - Echo 4.22.22 EF 25% with

global LV dysfunction with moderate to severe RV dysfunction. Pt was on BID IV Lasix 80 mg for volume control in addition to hemodialysis. Lasix held 4/27. 2 g sodium and 2 L fluid restriction. Appreciate cardiology input. # RV Dysfunction: Echocardiogram 4/22/22 revealed moderate to severe RV dysfunction. May need to consider PAH workup as well, with comprehensive ECHO. CTA showed no Pulmonary Embolism. Discussed with Cardiology and at this point, we are holding off on further cardiac evaluation until patient is approaching discharge. # Shock: resolved. Etiology was not clear, pan cultures negative. Patient received stress dose steroids, and vasopressin and norepinephrine have been discontinued since 04/19/2021. Shock has resolved. # Liver Cirrhosis: MELD 26. Currently decompensated. Right upper quadrant ultrasound completed as outlined above, revealing cirrhosis. Continue lactulose for hepatic encephalopathy with rifaximine. Small amount of ascites, likely too small to pursue safe paracentesis, no abdominal pain. Monitor INR, LFTs daily. Spironolactone on hold # Afib with RVR: Chads Vasc is 3. Patient status post Watchman. Given amiodarone load and now on amiodarone 200 mg daily. Rate control currently acceptable. Continue metoprolol at 50 mg 3 times a day. (If patient remains altered and unable to tolerate PO meds, will transition back to IV) Will defer resuming digoxin to the cardiology team. # Elevated D-Dimer: Significant elevation to 12,000 on admission. CT angiogram revealed no evidence of pulmonary embolism. Upper and lower extremity ultrasounds were obtained which did not reveal DVT. Patient was empirically on a agatroban, this has been discontinued by the critical care team. Initiated on Eliquis 2.5 mg twice daily for DVT prophylaxis given the patient is unable to receive fondaparinux given renal function. # Previous HIT: Avoid all heparin products. # Visual Hallucinations: Seem resolved # DM2: Goal blood sugar 140-180. Patient remains above goal with variable oral intake in the setting of AMS. Glu up to 500s on 4/28 PM, now improving to 200s. Management per the endocrinology team. # HTN: Continue metoprolol 50 mg every 8 hours. If pt consistently altered/refusing PO meds, will transition to IV metoprolol. # HLD/CAD: Aspirin, holding statin given elevated LFTs. Non-invasive ischemic workup closer to DC # Urinary Retention: improved Straight cath PRN #Limited oral intake #Deconditioning: Oral intake remains poor. Started on calorie count 4/28 Wife considering enteral nutrition/ corpak placement if needed. However, will continue to monitor oral intake. Continue PT and OT, consider acute rehab as he approaches discharge. # Hyperphosphatemia: Continue Phoslo. Continue daily creatinine, complete blood count with differential, and liver function lab monitoring while on IV antibiotic (vancomycin and cefepime) to monitor for renal, myelotoxicity, and hepatotoxicity.

SUBJECTIVE/Interval History: Patient remains much more somnolent and altered than days prior. Discussed with Nephrology this morning. Patient has been having problems with his dialysis catheter this entire week. They attempted to tPA the line the last 2 dialysis sessions; however, they continued to have problems. Patient's labs remain concerning, with rising BUN level. Concerned that this is likely contributing to his altered mental status. Patient was not able to complete any of his HD session this morning. IR was consulted for line replacement, but due to emergent cases, this may not be completed until tomorrow morning. Son at the bedside was very concerned regarding patient's mental status. I discussed patient's abnormal lab results and how this was not too unexpected. We reviewed patient's previous chest x-rays, CT chest, and earlier hospital imaging at the bedside. Noted overall improvement in patient's imaging. Answered son's additional questions and reassured him of plans of care. OBJECTIVE: BP 149/91 | Pulse 84 | Temp 36.9 °C (Axillary) | Resp 26 | Ht 1.88 m | Wt 107 kg | SpO2 100% | BMI 30.29 kg/m² | FIO2 (%): 25 % Physical Exam Constitutional: General: He is in acute distress. Appearance: He is ill-appearing. He is not toxic-appearing.

Comments: Somnolent HENT: Head: Normocephalic. Nose: No congestion or rhinorrhea. Mouth/Throat: Mouth: Mucous membranes are dry. Comments: Resting primarily with mild gaping open, mucous membranes dry Eyes: General: No scleral icterus. Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Neck: Comments: R IJ catheter place Cardiovascular: Rate and Rhythm: Regular rhythm. Tachycardia present. Pulses: Normal pulses. Heart sounds: No murmur heard. Pulmonary: Effort: Respiratory distress present. Breath sounds: Rales present. No wheezing. Comments: Diminished at b/l bases with a few faint crackles (L\$gR), mild tachypnea with increased subcostal retractions compared to day prior, intermittent stertorous breath sounds, protecting airway in maintaining saturations on 5 L O₂ via nasal cannula Abdominal: General: Bowel sounds are normal. There is no distension. Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. Musculoskeletal: General: No tenderness.

Cervical back: Neck supple. Comments: 1 to 2+ proximal hip edema, trace bilateral leg edema Skin: General: Skin is warm and dry. Capillary Refill: Capillary refill takes less than 2 seconds. Neurological: Mental Status: He is disoriented. Comments: Somnolent but did spontaneously open eyes and track intermittently, nonverbal today, quickly falls back asleep

VAERS ID: [2260407](#) ([history](#)) **Vaccinated:** 2021-08-26
Form: Version 2.0 **Onset:** 2022-04-20
Age: 74.0 **Days after vaccination:** 237
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029A21A / 2	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	059E / 3	LA / IM

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

Symptoms: [Acute respiratory failure](#), [Acute sinusitis](#), [Asthenia](#), [Atrial fibrillation](#), [Blood calcium decreased](#), [Blood glucose normal](#), [Blood lactic acid](#), [Blood potassium decreased](#), [Blood sodium decreased](#), [COVID-19](#), [Confusional state](#), [Death](#), [Decreased appetite](#), [Diarrhoea](#), [Dyspnoea](#), [Glucose urine present](#), [Imaging procedure abnormal](#), [Inappropriate schedule of product administration](#), [International normalised ratio increased](#), [Multiple organ dysfunction syndrome](#), [Pneumonia](#), [Procalcitonin](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Urine analysis abnormal](#), [Urine ketone body present](#), [Ventricular tachycardia](#), [White blood cell count increased](#)

SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (narrow), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Pseudomembranous colitis (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (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), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Respiratory failure (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Hypokalaemia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-20

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes**Hospitalized?** Yes, 4 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** tylenol, azelastine, budesonide/formoterol, ceterizine, vitamin d3, ibrutinib, methylprednisolone, montelukast, oxymetazoline, pravastatin, pseudophredrine, triamcinolone**Current Illness:****Preexisting Conditions:** chronic lymphoid leukemia, HLD, Liver mass, depression, Resp status continued to decline despite aggressive tx, maxed out HFNC; sats 70s-80s. Transitioned to DNR/DNI and moved to hospice. Tx'd with dexamethasone, doxycycline, zosyn, fluconazole, and vancomycin. Pt expired 4/20/22.**Allergies:** Penicillins, Carbocaine, Epinephrine, Lactose**Diagnostic Lab Data:** 4/16/22- This sample was analyzed using the Biofire Torch system using PCR or equivalent Nucleic Acid Amplification (NAA) technology.**CDC Split Type:****Write-up:** Moderna COVID Vaccine EUA: COVID-19 case resulting in Hospitalization / Death. Patient received Pfizer Vaccine on 2/01/21, 03/05/21 and 08/26/21. Presented to ED 04/16/22 c/o diarrhea, dyspnea, generalized weakness, poor appetite, and confusion x7 days, Covid +. Recently tx'd for acute sinusitis with omnicef in early April. Pt stated she was dx'd with COVID19 03/18/22 after attending a family member's wedding. Initial labs: Glucose 106, Na +132, K +3.3, calcium 7.8, lactic acid 2.7, procalcitonin 0.9, INR 1.4, WBCs 17.8. UA positive for glucose and ketones. Imaging showed multi lobar PNA. Hospital course c/b NSVT and afib RVR. Admitted for sepsis w/o acute organ dysfx c/b acute resp failure w/hypoxia 2/2 Covid-19.**VAERS ID:** [2260426](#) ([history](#)) **Vaccinated:** 2022-04-27**Form:** Version 2.0 **Onset:** 2022-04-30**Age:** 87.0 **Days after vaccination:** 3**Sex:** Female **Submitted:** 0000-00-00**Location:** Minnesota **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9895 / 4	RA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#), [Pupillary light reflex tests abnormal](#), [Unresponsive to stimuli](#)**SMQs:** Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Glaucoma (narrow), Retinal disorders (narrow), Hypotonic-hyposponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-30**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No

Previous Vaccinations:

Other Medications: Tylenol, amlodipine, clonidine, culturelle, Eliquis, fentanyl, ferrous sulfate, Imodium, levothyroxine, lidocaine, questran, tums

Current Illness: UTI, c-diff

Preexisting Conditions: osteoarthritis, hemiplegia, cerebral infarction, atrial fibrillation, hypertension, pain, hypothyroidism, hyperlipidemia, peripheral vascular disease, chronic kidney disease,

Allergies: penicillin

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

Write-up: non-responsive, pupils non reactive. Resident passed away at 1600 on 4/30/2022

VAERS ID: [2260493](#) ([history](#)) **Vaccinated:** 2021-07-24

Form: Version 2.0 **Onset:** 2022-01-30

Age: 77.0 **Days after vaccination:** 190

Sex: Male **Submitted:** 0000-00-00

Location: Missouri **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	048C21A / 2	AR / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-30

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: COPD, CAD, OSA, peripheral neuropathy

Allergies: No known allergies

Diagnostic Lab Data: Positive PCR test for COVID-19 on 1/24/2022

CDC Split Type:

Write-up: Patient fully vaccinated for COVID 19 and tested positive for COVID on 1/24/2022. Client was hospitalized and died on 1/30/2022, contributing COD was COVID-19

VAERS ID: [2260515](#) ([history](#)) **Vaccinated:** 2021-01-27

Form: Version 2.0 **Onset:** 2021-08-26

Age: 86.0 **Days after vaccination:** 211

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025L20A / 1	AR / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	RA / SYR

Administered by: Senior Living **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:** 2021-09-08**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: Osteoarthritis, Chronic Obstructive Pulmonary Disease, Alzheimer's Dementia, Rheumatoid Arthritis The individual was a resident of the nursing home indicated in the Address portion of this form.

Allergies: Ipratropium (reaction: unknown) Venlafaxine (reaction: nausea)

Diagnostic Lab Data: Positive COVID-19 tests x3 on 08/26/2021 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 01/01/2021 and 01/27/2021. They first tested positive on 08/26/2021 at the nursing home at which they were a resident. Two additional tests collected on 08/26/2021 were also positive. A repeat test on 08/30/2021 was negative, however. The individual died on 09/08/2021. COVID-19 is listed in Part II of the death certificate. I see no evidence that the individual was hospitalized related to this illness.

VAERS ID: [2260574](#) ([history](#)) **Vaccinated:** 2021-01-27

Form: Version 2.0 **Onset:** 2021-09-13

Age: 66.0 **Days after vaccination:** 229

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0142 / 2	LA / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Asymptomatic 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:** 2021-10-09**Days after onset:** 26**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: Type I Diabetes, Hypertension, Mixed Hyperlipidemia, Severe Dementia, Osteoporosis with past falls The individual was a resident of the in-patient behavioral health facility (indicated in the Address portion of this form) at the time of the adverse event.

Allergies: No known allergies**Diagnostic Lab Data:** Positive COVID-19 test on 09/13/2021 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 Pfizer product on 01/06/2021 and 01/27/2021. They tested positive for COVID-19 on 09/13/2021 at the behavioral health facility at which they were a resident. They were described as asymptomatic at the time of the test, and were released without incident on 09/24/2021. They were seen in a clinic on 10/07/2021 for purposes of assessing diabetes status and checking in on how blood sugar regulation was going. These clinic notes do not make any mention of COVID-19 or respiratory symptoms or complications related to them. The individual died on 10/09/2021. I see no evidence that they were hospitalized at the time of their death. COVID-19 is listed in Part I of the death certificate.

VAERS ID: [2260584](#) ([history](#)) **Vaccinated:** 2021-02-24

Form: Version 2.0 **Onset:** 2021-11-02

Age: 93.0 **Days after vaccination:** 251

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007M20A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 2	LA / SYR

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

Symptoms: [Acute kidney injury](#), [Aspiration](#), [Blood culture positive](#), [COVID-19](#), [Cardiac failure acute](#), [Cough](#), [Death](#), [Dizziness](#), [Dyspnoea](#), [General physical health deterioration](#), [Illness](#), [Nasal congestion](#), [Oxygen saturation decreased](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Streptococcus test positive](#), [Unresponsive to stimuli](#), [Vaccine breakthrough infection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (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 (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-12

Days after onset: 10

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 10 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Atherosclerotic Heart Disease, Chronic Kidney Disease (Stage III); Non-Rheumatic Aortic Valve Stenosis, Presence of Coronary Angioplasty Implant and Graft,

Allergies: No Known Allergies

Diagnostic Lab Data: Positive COVID-19 antigen tests x2 on 11/02/2021 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 01/27/2021 and 02/24/2021. They presented to Emergency Dept on 11/02/2021 after about a week's worth of illness with symptoms of shortness of breath, low O2 stats, dizziness, cough, and nasal congestion. They were admitted to hospital and tested positive for COVID-19 via antigen test upon admission. They were found to be experiencing complications of hypoxic respiratory failure, Strep pneumoniae positive blood culture, acute on chronic kidney failure, acute on chronic heart failure, episodes of non-responsiveness, possibly a seizure (not confirmed), a probable aspiration event, and increasing oxygen demand. Their condition continued to deteriorate and aggressive symptom management was ended. The individual remained hospitalized until their death on 11/12/2021.

VAERS ID: 2260591 (history)	Vaccinated: 2021-02-25
Form: Version 2.0	Onset: 2021-10-29
Age: 74.0	Days after vaccination: 246
Sex: Female	Submitted: 0000-00-00
Location: South Dakota	Entered: 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9265 / 1	UN / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	UN / SYR

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

Symptoms: [Bradycardia](#), [COVID-19](#), [Death](#), [Decubitus ulcer](#), [Dysarthria](#), [Hypotension](#), [Hypothermia](#), [Hypoxia](#), [Pneumonia](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Staphylococcal infection](#), [Unresponsive to](#)

[stimuli](#), [Urinary tract infection](#), [Vaccine breakthrough infection](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Eosinophilic pneumonia (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-31

Days after onset: 2

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: Metastatic Breast Cancer to Bone; A-Fib; Obstructive Sleep Apnea, Chronic Kidney Disease, Hypotension; Hypothyroidism,

Allergies: Penicillin (reaction: hives)

Diagnostic Lab Data: Positive COVID-19 test on 10/29/2021 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 02/04/2021 and 02/25/2021. They were brought to Emergency Department via ambulance after experiencing "garbled speech" which was concerning. Paramedics determined the individual was hypoxia (O₂ at 69%), hypothermic, bradycardic, and hypotensive. They were unresponsive upon arrival to Emergency Department. They were admitted and tested positive for COVID-19 upon admission. They were found to be experiencing multiple complications and conditions in addition to the chronic conditions listed earlier in this form. They were found to have pneumonia, multiple decubiti, hypothermia (body temperature 36 C), an MRSA Urinary Tract Infection, and be septic. The individual's condition did not improve and they were transitioned to comfort cares only on 10/30/2021. They remained hospitalized until their death on 10/31/2021.

VAERS ID: [2260621](#) ([history](#)) **Vaccinated:** 2022-02-18

Form: Version 2.0 **Onset:** 2022-03-03

Age: 58.0 **Days after vaccination:** 13

Sex: Male **Submitted:** 0000-00-00

Location: Alabama **Entered:** 2022-05-02

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

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Fatigue](#), [Feeling abnormal](#), [Myocardial infarction](#), [Nausea](#), [Sudden death](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-30**Days after onset:** 26**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** Mild COPD**Preexisting Conditions:** Mild COPD**Allergies:** None**Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Patient had felt different since the vaccine. Tired and occasional nausea. He died suddenly March 30th, 2022 from a heart attack. He had never had blood pressure issues or heart problems.

VAERS ID:	2260633 (history)	Vaccinated:	2022-02-23
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Form:	Version 2.0	Onset:	2022-02-25
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Age:	42.0	Days after vaccination:	2
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Sex:	Male	Submitted:	0000-00-00
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Location:	Indiana	Entered:	2022-05-02
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9895 / 3	LA / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Arteriosclerosis](#), [Asthenia](#), [Blood test](#), [Chest discomfort](#), [Death](#), [Fatigue](#), [Fear](#), [Laboratory test abnormal](#), [Musculoskeletal discomfort](#), [Myocardial infarction](#), [Tension](#)**SMQs:** Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Guillain-Barre syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-19**Days after onset:** 21**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Fish oil, vitamin c, zinc, and multivitamin**Current Illness:** Patient had no diagnosis illnesses at this time he had concerns with not being able to mow the lawn completely without experiencing tension in his chest and he would sit down until he felt better before going back to mowing**Preexisting Conditions:****Allergies:** Na**Diagnostic Lab Data:** Pt was in the process of testing and getting his blood work done. When the coroner called, he said Pt had plaque build up around his heart. His results from his test at hospital came back abnormal and he was still in the process of getting test done and waiting for the results from those test**CDC Split Type:****Write-up:** A day later patient had reported to me that he was feeling tension on both sides of his chest, shoulder and back. Patient said he was not experiencing any pain but commented that he felt completely different than he has ever felt after receiving his third dose covid booster. He discuss with me that he was scared that this shot did something to him. He discussed his concerns and then we started making appointments for him to get in to see the doctor for the tension he was having in his chest, back and shoulders. Patient also said he was feeling more tired and weak after receiving that third booster shot. Patient passed away March 19th, he suffered a heart attack at home.**VAERS ID:** [2261803](#) ([history](#)) **Vaccinated:** 2022-04-27**Form:** Version 2.0 **Onset:** 2022-04-29**Age:** 105.0 **Days after vaccination:** 2**Sex:** Female **Submitted:** 0000-00-00**Location:** New Jersey **Entered:** 2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	9992 / 4	LA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Discoloured vomit](#), [Tachycardia](#), [Tachypnoea](#)**SMQs:**, Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (broad), Dehydration (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: 1. dilTIAZem CD Capsule Extended Release 24 Hour 120 MG (dilTIAZem HCl ER Coated Beads)-1 capsule 2. Polyethylene Glycol 1450 Powder Give 17 gram by mouth one time a day for constipation (DISSOLVE IN 4OZ OF WATER) 3.Lactulose Solution 20 GM

Current Illness: Episode of constipation , sluggish bowel movement Decreased appetite

Preexisting Conditions: Alzheimer Hypertension Atrial Fibrillation Age related Osteoarthritis without current pathological fracture Vitamin D deficiency Hyperlipidemia , Presence of pacemaker Macular degeneration Abnormality of gait and mobility

Allergies: No known Allergies

Diagnostic Lab Data: NA

CDC Split Type:

Write-up: Reported dark colored emesis x2 episodes Tachycardia Tachypnea, SPO2 <89% on room air- Started on Oxygen Recently was being treated for constipation with episodes of emesis prior to vaccination

VAERS ID:	2261830 (history)	Vaccinated:	2022-04-27
Form:	Version 2.0	Onset:	2022-04-28
Age:	94.0	Days after vaccination:	1
Sex:	Female	Submitted:	0000-00-00
Location:	New Jersey	Entered:	2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	9992 / 4	LA / IM

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

Symptoms: [Lethargy](#), [Respiratory distress](#), [Tachypnoea](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-29

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: 1. Vitamin B12 Tablet 500 MCG (Cyanocobalamin)-Give 1 tablet by mouth one time a day for supplement 2. Oyster Shell Calcium Tablet 500 MG (Oyster Shell)- Give 1 tablet by mouth one time a day for supplement With breakfast. 3. Ensure Plus 1

Current Illness:

Preexisting Conditions: Alzheimer's Disease Allergic Rhinitis Abnormality of gait and mobility Non-thrombocytopenic purpura Age-related osteoporosis without recurrent pathological fracture Vit D deficiency Major depression Presence of cardiac pacemaker

Allergies: Tetracycline

Diagnostic Lab Data:**CDC Split Type:****Write-up:** Change in status- lethargy Tachypnea in respiratory distress

VAERS ID: [2261850](#) ([history](#)) **Vaccinated:** 2021-06-23
Form: Version 2.0 **Onset:** 2022-03-10
Age: 77.0 **Days after vaccination:** 260
Sex: Male **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2022-05-03

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

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19, SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-12**Days after onset:** 32**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 3 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: ASPIRIN 81 MG DAILY BACLOFEN 5 MG 3 TIMES PER DAY AS NEEDED FOR HICCUPS CHLORPROMAZINE 25 MG 3 TIMES PER DAY AS NEEDED FOR HICCUPS FINASTERIDE 5 MG DAILY GLUCOSAMINE CHONDROITIN LEVOTHYROXINE DAILY LISINOPRIL DAILY METFORMIN 500 MG TWICE DA

Current Illness: NONE KNOWN

Preexisting Conditions: HYPOTHYROIDISM DIABETES MELITUS TYPE 2 ECZEMA HEART MURMUR HICCUPS HODGKIN DISEASE

Allergies: PENICILLIN

Diagnostic Lab Data: COVID-19 VIRUS MOLECULAR TEST POSITIVE 2/28/22, HOSPITALIZED ON 3/10/22

CDC Split Type:

Write-up: HOSPITALIZATION RELATED TO COVID-19 FOLLOWING COMPLETION OF PRIMARY VACCINE SERIES

VAERS ID: [2262311](#) ([history](#)) **Vaccinated:** 2021-02-03
Form: Version 2.0 **Onset:** 2021-04-20
Age: 72.0 **Days after vaccination:** 76
Sex: Male **Submitted:** 0000-00-00
Location: Ohio **Entered:** 2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	AR / SC
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	AR / SC

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Blood creatinine increased](#), [Blood test](#), [Coeliac artery stenosis](#), [Death](#), [Portal vein thrombosis](#)**SMQs:** Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, venous (narrow), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** Yes**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-06**Days after onset:** 139**Permanent Disability?** Yes**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 30 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** prednisone, tacrolimus, azithromycin, clopidogrel, folic acid, itraconazole, lopressor, cellcept, pantoprazole, pravastatin, bactrim DS, valcyte, vitamin D2, multivitamin, calcium D3, aspirin; NOTE that creatinine levels spiked immediately**Current Illness:** none NOTE that portal vein thrombosis was immediately diagnosed in ER on 4/20/21; NOTE that celiac artery stenosis was diagnosed on 4/25/21.**Preexisting Conditions:** Post lung transplant (9 years; fibrosis), coronary artery disease, eczema, essential hypertension, GERD, HDL deficiency; NOTE that patient passed away 09/06/2021**Allergies:** heparin**Diagnostic Lab Data:** See above. Medical records are available from wife (as obtained from Clinic).**CDC Split Type:****Write-up:** Creatinine levels spiked immediately after (blood tests on 2/18 and 3/01). Portal vein thrombosis was immediately diagnosed in ER on 4/20/2021. Celiac artery stenosis was diagnosed on 4/25/2021. Patient passed away 09/06/2021.**VAERS ID:** [2262332](#) ([history](#)) **Vaccinated:** 2021-02-03**Form:** Version 2.0 **Onset:** 2021-08-31**Age:** 92.0 **Days after vaccination:** 209**Sex:** Female **Submitted:** 0000-00-00**Location:** South Dakota **Entered:** 2022-05-03

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	LA / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Hepatic enzyme increased](#), [Illness](#), [Ischaemic hepatitis](#), [Liver disorder](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Liver related investigations, signs and symptoms (narrow), Hepatitis, non-infectious (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (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: 2021-09-12

Days after onset: 12

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: About 2 weeks prior to the adverse event, the individual was hospitalized for about 2 days for Ischemic Hepatopathy with elevated liver enzymes

Preexisting Conditions: Atrial fibrillation, History of bilateral Deep Vein Thrombosis, Chronic kidney disease, Diabetes mellitus, Congestive heart failure, Aortic valve stenosis, Hypertension, Rheumatoid Arthritis The individual was a resident of the assisted living facility indicated in the address portion of this form.

Allergies: Hydrocodone (Reaction: Unknown) Clarithromycin (reaction: GI Upset) Sulfamethoxazole (reaction: GI Upset, nausea, vomiting) Tramadol (reaction: GI Upset, Nausea, Vomiting) Trimethoprim (reaction: GI Upset) Acetaminophen (reaction: not known)

Diagnostic Lab Data: Positive COVID-19 test on 08/31/2021 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 01/13/2021 and 02/03/2021. They tested positive for COVID-19 on 08/31/2021 at the assisted living facility at which they were a resident. The individual died on 09/12/2021. I see no indication of hospitalization related to this illness. However, the individual was hospitalized for liver issues about 2 weeks prior to the positive test.

VAERS ID: [2262347](#) ([history](#)) **Vaccinated:** 2021-03-12

Form: Version 2.0 **Onset:** 2021-09-17

Age: 74.0 **Days after vaccination:** 189

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	210212-003 / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	210312-004 / 2	UN / SYR

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Hypoxia](#), [Pulmonary embolism](#), [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), Embolic and thrombotic events, venous (narrow), Acute central respiratory

depression (narrow), Pulmonary hypertension (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-02

Days after onset: 15

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: Hyperlipidemia, Hypertension, Type II Diabetes (non-insulin dependent), Coronary Artery Disease, History of non-melanoma skin cancer, pulmonary fibrosis, Sleep Apnea

Allergies: No known allergies

Diagnostic Lab Data: Positive COVID-19 tests x2 on 09/17/2021 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 02/12/2021 and 03/12/2021. The individual had presented to emergency department on 09/13/2021 and a COVID-19 test at that time was negative; they were discharged to home. They then presented to a clinic on 09/17/2021, where they tested positive for COVID-19 was positive. They also presented to emergency department on 09/17/2021, where they tested positive for COVID-19 again. They were not admitted to hospital at that time. They presented to emergency department again on 10/01/2021 but was discharged to home due to lack of hospital beds. They presented to emergency department again later on the same day and was admitted this time. They were found to be having complications of pulmonary embolism, acute respiratory failure, acute hypoxia, COVID-19 pneumonia. The individual had stated upon admission they did not want to be intubated. The individual died on 10/02/2021.

VAERS ID: [2262357](#) ([history](#)) **Vaccinated:** 2021-02-01

Form: Version 2.0 **Onset:** 2021-10-27

Age: 89.0 **Days after vaccination:** 268

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1686 / 2	RA / SYR

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

Symptoms: [Anxiety](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Respiratory failure](#), [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), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow), Hypoglycaemia (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-02

Days after onset: 6

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Chronic anticoagulation with Coumadin (for prosthetic mitral valve and atrial fib coronary artery disease)

Current Illness:

Preexisting Conditions: Hypertensive Chronic Kidney Disease, Type II Diabetes (described as "uncontrolled"), A-Fib, Congestive Heart Failure, Valvular Heart Disease, Hypertension, Obstructive Sleep Apnea, Hypothyroidism, history of mitral heart valve replacement, prior history of stroke The individual was a resident of the assisted living facility indicated in the address portion of this form.

Allergies: Metformin (Reaction: unknown) Atorvastatin (reaction: myalgia)

Diagnostic Lab Data: Positive COVID-19 test on 10/27/2021 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 01/11/2021 and 02/01/2021. They tested positive for COVID-19 on 10/27/2021 via antigen test at the assisted living facility at which they were a resident. They were admitted to hospital on 10/27/2021 with a primary complaint of anxiety. They experienced complications of COVID-19 pneumonia and respiratory failure. Due to lack of improvement, they were transitioned to comfort care only. They remained hospitalized until their death on 11/02/2021 (Some clinical notes say 11/03/2021).

VAERS ID: 2262692 (history)	Vaccinated: 2021-03-26
Form: Version 2.0	Onset: 2021-04-01
Age: 67.0	Days after vaccination: 6
Sex: Male	Submitted: 0000-00-00
Location: Ohio	Entered: 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 2	UN / SC

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

Symptoms: [Basal ganglia stroke](#), [Death](#), [Decreased appetite](#), [Dizziness](#), [Dyspepsia](#), [Ejection fraction decreased](#), [Fatigue](#), [Hemiparesis](#), [Magnetic resonance imaging head abnormal](#)

SMQs: Cardiac failure (narrow), Anticholinergic syndrome (broad), Ischaemic central nervous

system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Noninfectious encephalitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Cardiomyopathy (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Vestibular disorders (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-30

Days after onset: 182

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Metropolo Humalog Lantus Finastride Aspirin Zoloft Simvastatin Vitamin D Tru Niagen Vitamin C Seroquel Vitamin K2 Lasix Sulfazaline Plavix Ramipril Tamsulosin

Current Illness: Diabetes type 1 Vascular dementia Sleep apnea Hx of stroke and heart attack in 2003 Had stents CAD Ejection fraction prior to vaccine 70% after vaccine 35%

Preexisting Conditions: Vascular dementia from stroke Diabetic type 1 CAD Hx of stroke and heart attack in 2003

Allergies: Nka

Diagnostic Lab Data: Ejection fraction low MRI showed small stroke

CDC Split Type:

Write-up: Prior to the major events my dad was having heart burn. Weakness on one side which subsided. Felt dizzy at times, fatigued and reduced appetite. Ejection fraction went from 70% to 35%. Had small stroke in basal ganglia . My father died 8 days after being discharged from hospital. Father passed over on 9/30/21.

VAERS ID: [2262699](#) ([history](#)) **Vaccinated:** 2021-02-03

Form: Version 2.0 **Onset:** 2021-02-04

Age: 81.0 **Days after vaccination:** 1

Sex: Male **Submitted:** 0000-00-00

Location: California **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013MZO / 1	AR / -

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

Symptoms: [Confusional state](#), [Death](#), [Dizziness](#), [Fall](#), [Intensive care](#), [Mechanical ventilation](#), [Pulmonary oedema](#)

SMQs: Cardiac failure (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Vestibular disorders (broad), Respiratory failure (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes**Date died:** 2021-05-18**Days after onset:** 102**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 77 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** LASIK?s, blood pressure medicine**Current Illness:** Fluid retention in feet**Preexisting Conditions:** Fluid retention in feet**Allergies:** None**Diagnostic Lab Data:** Dr initially, hospital, (1 week) than ICU (10 weeks)**CDC Split Type:****Write-up:** Dizziness, confusion, falling, lungs filled with fluid, ventilator, death**VAERS ID:** [2262815](#) ([history](#)) **Vaccinated:** 0000-00-00**Form:** Version 2.0 **Onset:** 0000-00-00**Age:** 50.0 **Submitted:** 0000-00-00**Sex:** Male **Entered:** 2022-05-04**Location:** North Carolina

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Infection](#), [SARS-CoV-2 test](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (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?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** TACROLIMUS; MMF**Current Illness:****Preexisting Conditions:** Medical History/Concurrent Conditions: Liver transplantation (Time since liver transplantation was mentioned as \$10 years.); Mechanical ventilation**Allergies:****Diagnostic Lab Data:** Test Name: Laboratory confirmed COVID 19; Test Result: Positive ; Result Unstructured Data: Laboratory confirmed COVID 19.**CDC Split Type:** USMODERNATX, INC.MOD20225

Write-up: Breakthrough infection; COVID-19 infection; This literature-non-study case was reported in a literature article and describes the occurrence of INFECTION (Breakthrough infection) and COVID-19 (COVID-19 infection) in a 6-decade-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Liver transplantation (Time since liver transplantation was mentioned as \$g10 years.) and Mechanical ventilation. Concomitant products included TACROLIMUS and MYCOPHENOLATE MOFETIL (MMF) for Immunosuppression. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, the patient experienced INFECTION (Breakthrough infection) (seriousness criteria death and hospitalization). an unknown date, the patient experienced COVID-19 (COVID-19 infection) (seriousness criterion hospitalization). The patient died on an unknown date. The reported cause of death was breakthrough infection. It is unknown if an autopsy was performed. At the time of death, COVID-19 (COVID-19 infection) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, SARS-CoV-2 test: confirmed covid-19 (Positive) Laboratory confirmed COVID 19.. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered INFECTION (Breakthrough infection) and COVID-19 (COVID-19 infection) to be related. No treatment medications were reported. Patient age was mentioned as 50-59 years. This fatal regulatory case concerns an 6 decades-year-old male patient with medical history of Liver transplantation (Time since liver transplantation was mentioned as \$g10 years) and Mechanical ventilation, concomitant products included TACROLIMUS and MYCOPHENOLATE MOFETIL (MMF) for Immunosuppression who experienced the serious unexpected events of INFECTION and COVID-19 (AESI). SARS-CoV-2 test Laboratory confirmed covid-19 (Positive) The events occurred unknown days after 1st dose of mRNA-1273 vaccine The patient death on unknown date, reported cause of death was breakthrough infection. It is Unknown if Autopsy was performed The medical history and concomitant medications remains as confounders. The benefit-risk relationship of drug is not affected by this report Terms and onset dates were captured as provided The case was assessed as serious by the Regulatory Authority's report due to Death This case was linked to MOD-2022-551365, MOD-2022-551368, MOD-2022-551369, MOD-2022-553577. Most recent FOLLOW-UP information incorporated above includes: On 28-Apr-2022: Live significant follow up received by safety on 28-April-2022 included an Email with Agency received from team contains significant information includes author address details, citation details, concomitants medications, onset latency, hospitalization details.; Sender's Comments: This fatal regulatory case concerns an 6 decades-year-old male patient with medical history of Liver transplantation (Time since liver transplantation was mentioned as \$g10 years) and Mechanical ventilation, concomitant products included TACROLIMUS and MYCOPHENOLATE MOFETIL (MMF) for Immunosuppression who experienced the serious unexpected events of INFECTION and COVID-19 (AESI). SARS-CoV-2 test Laboratory confirmed covid-19 (Positive) The events occurred unknown days after 1st dose of mRNA-1273 vaccine The patient death on unknown date, reported cause of death was breakthrough infection. It is Unknown if Autopsy was performed The medical history and concomitant medications remains as confounders. The benefit-risk relationship of drug is not affected by this report Terms and onset dates were captured as provided The case was assessed as serious by the Regulatory Authority's report due to Death; Reported Cause(s) of Death: Breakthrough infection

VAERS ID: [2263003](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-05-04
Location: New York

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -
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Administered by: Unknown **Purchased by:** ?

Symptoms: [Myocarditis](#)

SMQs:, Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (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 INC202200649706

Write-up: This is a spontaneous report received from a contactable reporter(s) (Nurse). A male patient received BNT162b2 (BNT162B2), as dose number unknown, single (Batch/Lot number: unknown) for Covid-19 immunisation. Private number of COVID-19 Vaccine: Unknown, Reason for no lot number: of COVID-19 Vaccine: Other: Does not have this information to provide. Expiry Date of COVID-19 Vaccine: Unknown. Other Products: Not Provided. The patient's relevant medical history and concomitant medications were not reported. The following information was reported:

MYOCARDITIS (death, medically significant), outcome "fatal", described as "Heart Inflammation manifested". The patient date of death was unknown. Reported cause of death: "Heart Inflammation manifested". It was not reported if an autopsy was performed. Term highlighted by the reporter: Yes, Highlighted by the reporter, serious. Results in death: True. Outcome of reaction/event at the time of last observation: Fatal. Additional Context: Product: COVID-19 Vaccines. Is a Registered Nurse with a doctorate from (withheld). She is a faculty member. Stated in 1951 when she first learned to give injections she was taught to draw back to make sure she didn't get into a blood vessel. Even when she went in to get the COVID-19 Vaccine, she found a nurse in the practice who draws back. Has not seen one person on TV who draws back and there have been people getting those injections left and right. Millions of people are getting them. Very few nurses are taught to draw back. Found out by the Supervisor of the Health dept. that the syringe company tells them not to draw back. Caller asked what right the syringe company has to tell them this. Stated people draw back when they fill the syringe. Stated you don't know if you are in a blood vessel if you don't draw back. Asked this agent if she draws back when she gives an intramuscular injection. Article in the PRIVATE was reported about a research study by the PRIVATE Archives written in the magazine for that group of people. Called to see if she could talk to that article writer. No where did she see on the manifestation of myocarditis. Didn't see any discussion or reaction to how it was given. She looked it up on the internet and COVID-19 Vaccine may not be given intravenously because you'll get myocarditis.

Looking at the numbers of death, there are two little boys. The article was titled "Heart Inflammation manifested unusually in two little boys" and nobody is finding if the COVID-19 Vaccines were given in a blood vessel or not. Drawing back, or aspirating, is not being taught. Something stopped it. There are still nurses being taught that, but doctors are rarely taught. Doctor in Unknown complaining about people aren't aspirating anymore. Stated she is a researcher and doesn't let things die. She was

going to find out about this. (withheld), the person who wrote the article, is going to call her. Stated the article was poorly written and didn't reference who wrote the research, just references a study. All research studies about the disease and how did the poor guy get it. Nobody thinks about the injection going into a blood vessel. Already got on the computer and it said not to give COVID-19 Vaccine that way. Caller asked doesn't anyone realize that no one is drawing back when giving injections. People are giving the COVID-19 Vaccines intravenously and that is serious. The labs didn't want it given that way because it causes myocarditis and inflammation of the heart. Thinks Pfizer should find out and find these people who died to determine if there injections were given by people who didn't draw back. Wants this to be written. Stated maybe she will write an article herself to let the public know that people should aspirate. Doesn't know what to do about it. In the meantime, a lot of people figure that it happens so seldom, it's not worth it. As far as caller was sure, 57 people could have lived. Caller has no patient identifiers to provide and declined report. She was a nurse educator. Stated people need to look at what route the COVID-19 Vaccine should be given. Pfizer needs to make a change and put in big print that when giving the COVID-19 Vaccine injections, it needs to be drawn back. Wants Pfizer to emphasize drawing back and put it in large print on the box. Says she thinks COVID-19 Vaccines come in little dosage bottles. She understood this problem is with local medina and Pfizer COVID-19 Vaccines. Attempted to clarify other manufacturer, but caller provides it as Medina. Stated this could be true of any vaccine because vaccines create an inflammation in your body to create the antibodies. Reporter Type: Confirmed she has a doctorate in nursing, she was not a physician. She was a Registered Nurse. Wanted Pfizer to follow up with her immediately. States the article isn't scholarly. Keeps talking about a study then reported by local Laboratory Medicine. Knows Pfizer knows COVID-19 Vaccines causes myocarditis but doesn't know that the myocarditis is because it's being giving intravenously to some people. Confirmed caller has no patient information or NDC/LOT/EXP for any COVID-19 Vaccines. In order to correct this, the material Pfizer reads, writes on the box should say to draw back and aspirate to ensure the injection is not being given into a vein. Regarding her previous statement about how the syringe company advised to stop aspirating, confirmed she does not have a specific manufacturer of a syringe or an NDC/LOT/EXP. She needed to get a Flu shot and the supervisor or public health didn't draw back. When caller asked why, the administrator said they are advised not to draw back during injections anymore per the syringe company. Syringe company wrote do not draw back. States this was when syringes moved from glass to plastic. Asked what time does the labs close. She was going to try and call Medina. Wanted to blame it on the Pharmaceuticals because they made the myocarditis a side effect but it could be prevented if nurses and doctors would bring back aspirating during injections. The information on the batch/lot number for [BNT162B2] has been requested and will be submitted if and when received. Sender's Comments: As there is limited information in the case provided, the causal association between the event Myocarditis and the suspect drug cannot be excluded. The case will be reassessed once new information is available. Linked Report(s): US-PFIZER INC-202200649738 similar report from same reporter; Reported Cause(s) of Death: Heart Inflammation manifested.

VAERS ID: [2263004](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-05-04
Location: New York

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

Administered by: Unknown **Purchased by:** ?
Symptoms: [Myocarditis](#)

SMQs: Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (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 INC202200649738

Write-up: heart inflammation; This is a spontaneous report received from a contactable reporter(s) (Other HCP). A male patient received BNT162b2 (BNT162B2), as dose number unknown, single (Batch/Lot number: unknown), in arm for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: MYOCARDITIS (death, medically significant), outcome "fatal", described as "heart inflammation". The patient date of death was unknown. Reported cause of death: "heart inflammation". It was not reported if an autopsy was performed. Clinical notes: Is a Registered Nurse with a doctorate from (name) University. She is a faculty member States in 1951 when she first learned to give injections she was taught to draw back to make sure she didn't get into a blood vessel. Even when she went in to get the COVID-19 Vaccine, she found a nurse in the practice who draws back. as not seen one person on TV who draws back and there have been people getting those injections left and right. Millions of people are getting them. Very few nurses are taught to draw back. Found out by the Supervisor of the Department of Health that the syringe company tells them not to draw back. Caller asks what right does the syringe company have to tell them this? States people draw back when they fill the syringe. States you don't know if you are in a blood vessel if you don't draw back. Asks this agent if she draws back when she gives an intramuscular injection. Article was reported about a research study by the Archives written for that group of people. Called to see if she could talk to that article writer. No where did she see on the manifestation of myocarditis. Didn't see any discussion or reaction to how it was given. She looked it up on the internet and COVID-19 Vaccine may not be given intravenously because you'll get myocarditis. Looking at the numbers of death, there are two little boys. The article was titled and nobody is finding if the COVID-19 Vaccines were given in a blood vessel or not. Drawing back, or aspirating, is not being taught. Something stopped it. There are still nurses being taught that, but doctors are rarely taught. Doctor complaining about people aren't aspirating anymore. States she is a researcher and doesn't let things die. She is going to find out about this. (name), the person who wrote the article, is going to call her. States the article was poorly written and didn't reference who wrote the research, just references a study. All research studies about the disease and how did the poor guy get it. Nobody thinks about the injection going into a blood vessel. Already got on the computer and it says not to give COVID-19 Vaccine that way. Caller asks doesn't anyone realize that no one is drawing back when giving injections. People are giving the COVID-19 Vaccines intravenously and that is serious. The labs don't want it given that way because it causes myocarditis and inflammation of the heart. Thinks Pfizer should find out and find these people who died to determine if there injections were given by people who didn't draw back. Wants this to be written. States maybe she will write an article herself to let the public know that people should aspirate. Doesn't know what to do about it. In the meantime, a lot of people figure that it

happens so seldom, it's not worth it. As far as caller is sure, 57 people could have lived. Caller has no patient identifiers to provide and declines report. She is a nurse educator. States people need to look at what route the COVID-19 Vaccine should be given. Pfizer needs to make a change and put in big print that when giving the COVID-19 Vaccine injections, it needs to be drawn back. Wants Pfizer to emphasize drawing back and put it in large print on the box. Says she thinks COVID-19 Vaccines come in little dosage bottles. She understands this problem is with Medina and Pfizer COVID-19 Vaccines. Attempted to clarify other manufacturer, but caller provides it as Medina. States this could be true of any vaccine because vaccines create an inflammation in your body to create the antibodies Email: unknown. Reporter Type: Confirmed she has a doctorate in nursing, she is not a physician. She is a Registered Nurse. Wants Pfizer to follow up with her immediately. States the article isn't scholarly. Keeps talking about a study then reported by Pathology and Laboratory Medicine. Knows Pfizer knows COVID-19 Vaccines causes myocarditis but doesn't know that the myocarditis is because it's being giving intravenously to some people. Confirmed caller has no patient information or NDC/LOT/EXP for any COVID-19 Vaccines. In order to correct this, the material Pfizer reads, writes on the box should say to draw back and aspirate to ensure the injection is not being given into a vein. Regarding her previous statement about how the syringe company advised to stop aspirating, confirmed she does not have a specific manufacturer of a syringe or an NDC/LOT/EXP. She needed to get a Flu shot and the supervisor or public health didn't draw back. When caller asked why, the administrator said they are advised not to draw back during injections anymore per the syringe company. Syringe company wrote do not draw back. States this was when syringes moved from glass to plastic. Pfizer is welcome to call her. Asked what time does the labs close. She is going to try and call (name). Wants to blame it on the Pharmaceuticals because they made the myocarditis a side effect but it could be prevented if nurses and doctors would bring back aspirating during injections. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Sender's Comments: Based on limited information in the case , a possible causal association between all the reported event Myocarditis and the suspect drug BNT162B2 cannot be excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate, Linked Report(s) : US-PFIZER INC-202200649706 similar report from same reporter; Reported Cause(s) of Death: heart inflammation

VAERS ID:	2263168 (history)	Vaccinated:	2021-02-17
Form:	Version 2.0	Onset:	2021-08-11
Age:	74.0	Days after vaccination:	175
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-04

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

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

Symptoms: [Abdominal pain](#), [COVID-19](#), [Computerised tomogram abdomen abnormal](#), [Death](#), [SARS-CoV-2 test positive](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-24

Days after onset: 13**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 15 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 complaints of abdominal pain for Several days duration. He denied any hemoptysis, hematemesis or hematochezia thus presented to the ED for further evaluation. When he arrived to the ED a CT scan of the abdomen obtained was concerning for acute ruptured appendicitis. General surgery was consulted with plans for surgical Intervention. He received IV Zosyn therapy and admitted under hospitalist service for further management. While in hospital, patient tested positive for Covid 19 and expired on 8/24/2021.

VAERS ID: 2263175 (history)	Vaccinated: 2021-09-09
Form: Version 2.0	Onset: 2022-02-15
Age: 61.0	Days after vaccination: 159
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2588 / 2	- / SYR

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

Symptoms: [Blood lactate dehydrogenase increased](#), [Blood potassium increased](#), [Blood sodium decreased](#), [Bradycardia](#), [Bronchial obstruction](#), [Bronchoscopy](#), [C-reactive protein increased](#), [COVID-19](#), [Cardiac arrest](#), [Cardiac failure](#), [Cardioversion](#), [Chest X-ray abnormal](#), [Computerised tomogram thorax abnormal](#), [Cytoreductive surgery](#), [Death](#), [Endotracheal intubation](#), [Extubation](#), [Fibrin D dimer](#), [Haematocrit decreased](#), [Hyperkalaemia](#), [Hypotension](#), [Intensive care](#), [Laryngeal mask airway insertion](#), [Lung consolidation](#), [Lung disorder](#), [Pleural mass](#), [Positive airway pressure therapy](#), [Pulmonary mass](#), [Pulse absent](#), [Respiratory distress](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Tachycardia](#), [Unresponsive to stimuli](#), [White blood cell count increased](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), 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), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hypo responsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-17

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: COVID positive. CT of the chest shows dense LLL consolidation along with know LUL mass invading chest wall and smaller right pleural based mass. Labs notable for WBC 22.9, Hct 23, Na 130, K 5.1, CRP 175, Ddimer 3.92, LDH 394.

CDC Split Type:

Write-up: This is a 62-year-old man with a past medical history of metastatic spindle cell cancer status post recent bronchoscopy for tumor debulking on 2/2/2022 with known left-sided malignant bronchial obstruction, recent new heart failure with reduced ejection fraction who presents via EMS from home for respiratory distress. EMS reports he started out with oxygen saturations in the 70s and talking to them he progressed to unresponsiveness and unable to obtain a stat. They tried treating him with albuterol followed by CPAP followed by bag-valve-mask ventilations which they were doing on arrival. On arrival he was undergoing bag-valve-mask ventilations, on transfer over to our stretcher he became pulseless after briefly becoming bradycardic. CPR was immediately started. An LMA was placed. Epinephrine was given x3. A right humeral 10 was placed. Intubation was performed. Shortly after intubation and return of spontaneous circulation he had a wide tachycardic rhythm. He was synchronized cardioverted at 200 J with no change in rhythm. He was started on epinephrine drip. He was given calcium and bicarb during the rest as well. Chest x-ray shows good positioning of the endotracheal tube, his end-tidal CO₂ was coming down from 100 to the 60s. Chest x-ray does also show significant white out of the left lung. He will be given broad-spectrum antibiotics. On arrival to MICU he became hypotensive and once again had wide complex tachycardia so amiodarone was given and his HR improved to 90 bpm. Changed from epinephrine drip to norepinephrine drip.

Treated with Vancomycin and Zosyn for broad spectrum ABX. Continued IV amiodarone load without oral maintenance dose. Notably, he was able to follow simple commands and seemed neurologically intact after his cardiac arrest. He was extubated to BiPAP on 02/16. He had hyperkalemia that was managed with loquelma and IV insulin. Our team and palliative care facilitated ongoing GOC discussion with patient and his family, and ultimately it was decided to pursue comfort care. Patient passed away with his family at bedside

VAERS ID: [2263186](#) ([history](#)) **Vaccinated:** 2021-04-01

Form: Version 2.0 **Onset:** 2022-01-31

Age: 40.0 **Days after vaccination:** 305

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	041A21A / 1	- / SYR

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

Symptoms: [Agonal respiration](#), [Anal incontinence](#), [Aphasia](#), [Arterial catheterisation](#), [Bedridden](#), [COVID-19](#), [Cardiogenic shock](#), [Central venous catheterisation](#), [Cerebrovascular accident](#), [Chest X-ray abnormal](#), [Death](#), [Endotracheal intubation](#), [Hemiparesis](#), [Hypotension](#), [Hypoxia](#), [Infection](#), [Lung infiltration](#), [Lung opacity](#), [Mechanical ventilation](#), [Mental status changes](#), [Oxygen saturation decreased](#), [Pneumonia bacterial](#), [Pyrexia](#), [Respiratory failure](#), [SARS-CoV-2 test negative](#), [SARS-CoV-2 test positive](#), [Septic shock](#), [Unresponsive to stimuli](#), [Urinary incontinence](#)

SMQs:, Cardiac failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), 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 (narrow), 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), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Noninfectious diarrhoea (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-21

Days after onset: 21

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: Patient transferred from long-term care at department of correction Medical Center Emergency Room with altered mental status and hypoxic respiratory failure. Patient was unresponsive on arrival to the ED with agonal breathing on non-rebreather, BP was immediately intubated for airway protection with improvement in oxygenation. Chest x-ray with significant bilateral ground-glass opacities and infiltrates. Rapid COVID was negative, started on antibiotics and received 3 L normal saline bolus by the ED. Of note patient had a recent multifocal CVA (01/25/2022) involving the cerebellum, frontal, and parietal lobes. He has residual expressive aphasia and right hemiparesis.

Per documentation from Department of Corrections the patient has been running a fever since 1/25 /22 when he was admitted to their long term care area. The patient was much more altered today prompting transfer to ER. At baseline patient is alert and oriented x3, bed ridden, urinary/bowel incontinence, expressive aphasia, right hemiparesis. In ER, patient was hypoxic with a sat of 60 and hypotensive with a systolic blood pressure of 70, immediately placed art line and started vasopressors, quickly escalated to max pressers. Central line was placed. He required neo synephrine sticks to get is blood pressure up. COVID PCR came back positive after initial rapid was negative. Starting Decadron and RDV. Continue broad-spectrum antibiotics for suspected secondary bacterial pneumonia and what appears to be septic shock with an added component of cardiogenic shock. Patient's oxygenation continued to worsen despite max ventilator support. Family at bedside. Patient passed away at 12:41 pm 2/21/22

VAERS ID:	2263201 (history)	Vaccinated:	2021-11-09
Form:	Version 2.0	Onset:	2022-01-09
Age:	81.0	Days after vaccination:	61
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C21A / 3	- / -

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

Symptoms: [Aortic dilatation](#), [Arthralgia](#), [Bladder dilatation](#), [Bladder hypertrophy](#), [Blood chloride increased](#), [Blood creatinine normal](#), [Bronchiectasis](#), [COVID-19](#), [Computerised tomogram abdomen abnormal](#), [Computerised tomogram thorax abnormal](#), [Cystitis](#), [Death](#), [Emphysema](#), [Exposure to SARS-CoV-2](#), [Fall](#), [Full blood count abnormal](#), [Hypernatraemia](#), [Hyponatraemia](#), [Increased upper airway secretion](#), [Lung opacity](#)

SMQs: Haematopoietic leukopenia (broad), Interstitial lung disease (narrow), Retroperitoneal fibrosis (broad), Accidents and injuries (narrow), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Arthritis (broad), Tubulointerstitial diseases (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-05

Days after onset: 27

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: IMPRESSION: 1. No fracture convincingly appreciated by CT. However, please note that given the degree of demineralization subtle nondisplaced fractures (especially pelvic fractures) may be occult on CT. Recommend correlation with previous reported outside imaging

demonstrating hip fracture. If there is ongoing clinical concern for an occult pelvic fracture, MRI would be a more sensitive. 2. Groundglass opacities in the peripheral LEFT lung, may represent contusion versus infectious/inflammatory process. 3. Anterior abdominal wall subcutaneous stranding, may represent contusion versus edema. 4. Though the urinary bladder is incompletely distended, the wall appears thickened as can be seen in the setting of cystitis. Correlation with urinalysis recommended. 5. Additional findings as described. Mildly dilated ascending aorta. Small amount of fluid in the esophagus may place the patient at risk of aspiration. Emphysema and bibasilar bronchiectasis.

CDC Split Type:

Write-up: 82 yo man pmh of dementia (minimally verbal at baseline), prior stroke, gout presents with hip pain and hyponatremia. The EMS offload say the patient fell 2 to 3 days ago in his facility and has had right hip pain since then. Emergency room department called facility who denies the patient ever fell. However he was diagnosed with COVID-19 on January 6, 2022 after an outbreak in the facility. On my interaction with the patient he was nonverbal they would not let me move his right hip. In the emergency department he was afebrile, pulse 84, blood pressure 118/79. Chemistry of hyponatremia 156, chloride 122 creatinine 0.79. CBC with mild cytosis 12.4. CT of the hip showed no visible fracture though occult still possible. Also noted groundglass opacities in left lung. Patient was discharged back to Skilled Nursing facility on 01/17/2022. Skilled Nursing Facility: for Rehab and Healing. Patient expired on 02/05/2022.

VAERS ID:	2263211 (history)	Vaccinated:	2022-01-03
Form:	Version 2.0	Onset:	2022-01-11
Age:	75.0	Days after vaccination:	8
Sex:	Female	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD0809 / 3	- / -

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

Symptoms: [Acute myocardial infarction](#), [Asthenia](#), [Atrial fibrillation](#), [COVID-19](#), [Death](#), [Diarrhoea](#), [Intensive care](#), [Loss of consciousness](#), [Malnutrition](#), [SARS-CoV-2 test positive](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Pseudomembranous colitis (broad), Embolic and thrombotic events, arterial (narrow), 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), Generalised convulsive seizures following immunisation (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-17

Days after onset: 37

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes**Hospitalized?** Yes, 31 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Multiple strokes/TIA; HTN, OA**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pfizer vaccine #1 given 5/15/21, lot # EW0185; Pfizer vaccine #2, lot # EW0178; pt was admitted to the medical center from 1/11/22 - 2/11/22 after LOC while transferring to toilet; c/o diarrhea; found to be positive for COVID; pt has malnutrition and debility; A Fib with RVR; NSTEMI; transferred to PCU; comfort focused; DNR/DNI; pt never required O2; was given remdesivir; transferred to hospice facility where she passed away

VAERS ID: [2263218](#) ([history](#)) **Vaccinated:** 2021-02-26

Form: Version 2.0 **Onset:** 2021-08-20

Age: 81.0 **Days after vaccination:** 175

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / SYR

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

Symptoms: [Anticoagulant therapy](#), [Atrial fibrillation](#), [COVID-19](#), [Cardiac arrest](#), [Confusional state](#), [Death](#), [Dysarthria](#), [Imaging procedure abnormal](#), [Intensive care](#), [Magnetic resonance imaging normal](#), [Mental status changes](#), [Pneumonia](#), [Respiratory failure](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-15**Days after onset:** 26**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: Patient admitted to hospital, from her rehab facility for AMS and slurred speech after a recent hospitalization for COVID. She had an MRI which was negative for new CVAs. Initially her mental status started to improve with supportive measures and IV fluids. Her hospital course was complicated by A.fib /with RVR which EP was consulted, she was resumed carefully on systemic anticoagulation with Eliquis and fortunately did not show any s/s of recurrent GIB. EP was debating whether or not she was stable enough for TEE/DCCV; however she developed worsening confusion and hypoxic respiratory failure. Repeat chest imaging showed signs of multifocal PNA. Admitted to hospital, and respiratory status continued to decline. Patient was made DNR/DNI. She went into asystolic arrest and expired on 09/15/2022.

VAERS ID: [2263247](#) ([history](#)) **Vaccinated:** 2021-11-01

Form: Version 2.0 **Onset:** 2021-11-12

Age: 46.0 **Days after vaccination:** 11

Sex: Male **Submitted:** 0000-00-00

Location: North Dakota **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051F21A / 2	RA / SYR

Administered by: Work **Purchased by:** ?

Symptoms: [Autopsy](#), [Cardiomegaly](#), [Death](#), [Dyspnoea](#), [Feeling abnormal](#), [Hepatic steatosis](#), [Hepatomegaly](#), [Pulmonary congestion](#), [Pulmonary embolism](#), [Pulmonary oedema](#), [Splenomegaly](#), [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-11-18**Days after onset:** 6**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No

ER or Doctor Visit? Yes**Hospitalized? No****Previous Vaccinations:****Other Medications:** Naproxen**Current Illness:** Unknown**Preexisting Conditions:** Obesity**Allergies:** Unknown

Diagnostic Lab Data: Autopsy findings: Saqddle pulmonary embolism Obesity (BMI 37 kg/m²) Cardiomegaly (595 gms) with scattered hypertrophic myocytes Hepatmegaly (2470 gms) with micro and macro steatosis Splenomegaly (395 gms) Pulmonary congestion and edma with intraalveolar macrophages and one focus of intralveolar neutrophils

CDC Split Type:

Write-up: Reportedly complained of shortness of breath and "not feeling right" to work supervisor on 11/12/2021 Collapsed in front of sister on 11/18/2021, transported to hospital by EMS, pronounced dead at hospital on 11/18/2021

VAERS ID: [2263262](#) ([history](#)) **Vaccinated:** 2021-03-26

Form: Version 2.0 **Onset:** 2022-01-16

Age: 71.0 **Days after vaccination:** 296

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP6955 / 2	- / -

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

Symptoms: [Acute respiratory failure](#), [Aortic aneurysm](#), [Arteriogram abnormal](#), [Asthenia](#), [Blood lactic acid](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cerebral atrophy](#), [Computerised tomogram abdomen abnormal](#), [Computerised tomogram head abnormal](#), [Death](#), [Debridement](#), [Iliac artery occlusion](#), [Mental status changes](#), [Metabolic encephalopathy](#), [Mobility decreased](#), [Peripheral arterial occlusive disease](#), [Poor peripheral circulation](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Ultrasound Doppler abnormal](#), [Urinary tract infection](#), [Urine analysis abnormal](#), [Walking aid user](#), [Wheelchair user](#), [White blood cell count increased](#), [Wound](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Parkinson-like events (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Accidents and injuries (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-29

Days after onset: 13**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 13 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient admitted on 1/16/22 with acute metabolic encephalopathy secondary to UTI and COVID-19 pneumonia with associated acute hypoxic respiratory failure after she presented to the Emergency Department with altered mental status and generalized weakness. Her weakness was growing progressively worse so that she could no longer get out of her wheelchair and use a walker as she had been able to do a month prior. In the Emergency Department, her urine showed evidence of infection, so she was given IV Rocephin. CT head showed severe atrophy without acute findings. CT abdomen/pelvis was negative for acute abdomen, but did show evidence of COVID-19 in her lungs. It also showed that her abdominal aortic aneurysm had grown to 4.9 cm. The patient was febrile, WBC was 11,200, and lactic acid 2.7. COVID-19 test was positive. The patient developed hypoxia, and so received supplemental oxygen, JV dexamethasone, Rocephin, and azithromycin. The patient was noted to have a wound on her right foot. It was unclear how long it had been present. After the wound therapist debrided the wound, she found exposed bone. An arterial ultrasound was ordered to evaluate how well the wound could heal. She was noted to have significant peripheral arterial disease on the right lower extremity ultrasound. Vascular Surgery was consulted and performed an arteriogram on 1/28/22. Per the Vascular Surgeon, findings showed "Occlusion of the left common iliac artery with no flow seen distal to it. Her family was updated on her condition, and decided to make her DNR/comfort cares. The patient died on 1/29/22 at 1044 with family by her side.

VAERS ID: [2263305](#) ([history](#)) **Vaccinated:** 2021-03-22

Form: Version 2.0 **Onset:** 2021-09-27

Age: 75.0 **Days after vaccination:** 189

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 2	- / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Acute respiratory failure](#), [Agonal respiration](#), [COVID-19](#), [Death](#), [Shock](#), [Terminal state](#)

SMQs: Anaphylactic reaction (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Acute central respiratory depression (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Respiratory failure (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-28**Days after onset:** 1**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: 75-year-old male with history of PE, multiple chronic medical problems who presents with acute respiratory failure. On initial examination, heart rate in the 60s, patient is in shock, agonal breathing, unable to ascertain oxygen saturation. Death imminent which was discussed with the wife at bedside. Wife confirmed DNR status and advanced directives. Per EMS, Patient reportedly from COVID-19 unit at nursing home, currently infected with COVID-19. Patient was not Intubated, CPR not initiated per discussion with the wife. Patient appeared comfortable with non-rebreather.

Answered questions. Time of death 9/28/21 @1655.

VAERS ID: [2263352](#) ([history](#)) **Vaccinated:** 2021-03-31

Form: Version 2.0 **Onset:** 2022-01-25

Age: 83.0 **Days after vaccination:** 300

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027B21A / 2	- / SYR

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

Symptoms: [Anticoagulant therapy](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Electrocardiogram normal](#), [Encephalopathy](#), [Gastrointestinal haemorrhage](#), [General physical health deterioration](#), [Hypoxia](#), [Inappropriate schedule of product administration](#), [Lung infiltration](#), [Troponin increased](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Interstitial lung disease (narrow), Myocardial infarction (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Ischaemic colitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Respiratory failure (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-07

Days after onset: 13**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 5 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient presented to ED with increasing hypoxia and dyspnea. Presented on 2LNC, and titrated up to 4LNC. Chest xray revealed extensive bilateral infiltrates. Started on IV antibiotics. Troponin elevated, and EKG without ischemic changes. She continued to require Oxygen, up to 15 L, and troponin continued to rise. Cardiology and Pulmonology both consulted, started on Heparin qtt until PE could be ruled out. Discounted d/t no DVT or PE. Patient continued to decline and developed encephalopathy and GIB. Family /decided to make patient comfort measures. Patient expired on 02/07/2022.

VAERS ID: [2263396](#) ([history](#))**Vaccinated:** 2021-04-13**Form:** Version 2.0**Onset:** 2021-09-14**Age:** 57.0**Days after vaccination:** 154**Sex:** Female**Submitted:** 0000-00-00**Location:** Texas**Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 2	OT / IM

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

Symptoms: [Acute respiratory distress syndrome](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest tube insertion](#), [Cough](#), [Death](#), [Diarrhoea](#), [Dyspnoea](#), [Endotracheal intubation](#), [Fraction of inspired oxygen](#), [Inappropriate schedule of product administration](#), [Intensive care](#), [Mechanical ventilation](#), [Pain](#), [Pneumothorax](#), [Positive airway pressure therapy](#), [Positive end-expiratory pressure](#), [SARS-CoV-2 test positive](#), [Withdrawal of life support](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Interstitial lung disease (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (narrow), Respiratory failure (narrow), Medication errors (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:** 2021-10-02**Days after onset:** 18

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 19 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Presented with cough, dyspnes, body aches, diarrhea x1 week; Covid + ED: Admit on 9/14 with Covid PNA; supplemental O2, steroids, Zinc, Vitamin C, Remdesivir, actemra, singulair, and LMWH. O2 requirements increased from 3 lpm to 6 lpm to 7 lpm to 8 lpm to 15 lpm by 9/21. 9/24 ICU on BiPAP 100%; 9/25 intubated; bilateral pneumothorax and bilateral chest tubes 9/26 placement of larger chest tubes bilaterally. started on Veletri. She met criteria for ARDS and continued on lung protective ventilation. She had large AL's bilaterally and required high PEEP and FiO2. An additional L chest tube was placed on 10/1. Her vasopressor requirements worsened to needing Levophed, vasopressin and epinephrine gtt. family opted for comfort care and cessation of artificial support. died at 03:45pm on 10/2/2021 with her family at bedside.

VAERS ID: [2263410](#) ([history](#)) **Vaccinated:** 2021-03-06

Form: Version 2.0 **Onset:** 2021-09-09

Age: 76.0 **Days after vaccination:** 187

Sex: Male **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6202 / 2	LA / IM

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

Symptoms: [Bradycardia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Gastrointestinal haemorrhage](#), [Hypotension](#), [Hypoxia](#), [Intensive care](#), [Oxygen saturation decreased](#), [SARS-CoV-2 test positive](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Ischaemic colitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-25

Days after onset: 16**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 17 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Presented with SOB x 6 days: + covid PTA 6 days; Admitted to tele with Covid PNA; tx with maxipime, steroids, remdesivir, vanc, Vit D, doxycycline, singulair, zinc, clindamycin; initially LF O2; HF O2; 9/15 increasing O2 needs to HF O2; + GI bleed 9/16; 9/20 tx to PCU due to increasing hypoxia and need for further HF O2 and possible intubation; 9/22 back to tele; 9/23 back to HF O2; 9/24 pt desired DNR order then changed back to full resuscitation status; 9/25 pt on HF o2; desat with repositioning; emergency intubation; after intubation, pt became bradycardic/hypotensive; multiple Cardiac arrests with ultimately asystole and death

VAERS ID: [2263414](#) ([history](#)) **Vaccinated:** 2021-02-09

Form: Version 2.0 **Onset:** 2021-09-08

Age: 71.0 **Days after vaccination:** 211

Sex: Female **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 2	LA / IM

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Cough](#), [Critical illness](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Immunoglobulin therapy](#), [Intensive care](#), [Renal impairment](#), [SARS-CoV-2 test positive](#), [Therapy cessation](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Tumour lysis syndrome (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:** 2021-09-29**Days after onset:** 21**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: Presented with SOB, cough x 1 week; Covid + ED; admitted to ICU with Covid PNA; tx with zithromax, rocephin, steroids, remdesivir, singulair, zinc, maxipime, supplemental O2; intubated 9/11; IgG infusion; currently remains intubated with worsening renal function; on pressors; critically ill; After discussions with the husband, he expressed that she would not have wanted dialysis. Palliative care assisted in family meetings and the family elected to transition to comfort measures. She was made DNR and therapy was discontinued. She was declared deceased on 9/29/21 at 11:09.

VAERS ID: [2263419](#) ([history](#)) **Vaccinated:** 2021-03-30

Form: Version 2.0 **Onset:** 2021-09-07

Age: 69.0 **Days after vaccination:** 161

Sex: Male **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-05-04

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

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19 pneumonia](#), [Death](#), [Liver function test increased](#), [Sepsis](#), [Unresponsive to stimuli](#)

SMQs: Liver related investigations, signs and symptoms (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-11**Days after onset:** 4**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:**

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

Write-up: Admitted for sepsis due to covid pneumonia. Fully vaccinated. Treated with cefepime, steroids, singulari, zinc, remdesivir (stopped mid-treatment due to elevated LFTs). Initially looked to be stabilizing but was found unresponsive 9/11 with oxygen removed. Pt had expired.

VAERS ID: 2263420 (history)	Vaccinated: 2021-03-01
Form: Version 2.0	Onset: 2021-09-06
Age: 74.0	Days after vaccination: 189
Sex: Male	Submitted: 0000-00-00
Location: Texas	Entered: 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6202 / 2	LA / IM

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

Symptoms: [Ankle fracture](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Inappropriate schedule of product administration](#), [SARS-CoV-2 test positive](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-15

Days after onset: 9

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: Originally admitted with ankle fx, found to be COVID+ into stay, during routine testing for DC to SNF. Fully vaccinated in June. Dx with COVID pna 9/9. Treated with steroids, zinc, remdesivir, monoclonal antibodies, O2. Oxygen requirements increased, pt was placed on comfort care and expired in hospital 9/15.

VAERS ID: 2263440 (history)	Vaccinated: 2021-02-26
Form: Version 2.0	Onset: 2021-09-15
Age: 52.0	Days after vaccination: 201
Sex: Male	Submitted: 0000-00-00
Location: Texas	Entered: 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	OT / IM

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

Symptoms: [Acute respiratory distress syndrome](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Hypoxia](#), [Intensive care](#), [Mechanical ventilation](#), [Multiple organ dysfunction syndrome](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (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 (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), 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)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-30

Days after onset: 15

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:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Presented with SOB x 4 days, hypoxic in ED; SpO2 39% improved with NRB mask ; Covid + in ED; Admit 9/15 to ICU with Covid PNA; tx with 9/15 Baricitinib, maxipime, remdesivir, steroids, doxycycline, LMWH, singulair, zinc started 9/16 Vanc started; O2: initially on HF O2 via NRB and Bipap; intubated 9/16 100% FiO2; pt progressed to ARDS and Multiorgan failure with inability to wean from vent; Comfort Care on 9/30; Died @ 14:50 9/30

VAERS ID: 2263442 (history)	Vaccinated: 2022-04-25
Form: Version 2.0	Onset: 2022-04-26
Age: 83.0	Days after vaccination: 1
Sex: Female	Submitted: 0000-00-00
Location: New Jersey	Entered: 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 4	RA / IM
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Administered by: Senior Living **Purchased by:** ?

Symptoms: [Dyspnoea](#), [Respiratory distress](#)

SMQs:, Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-30

Days after onset: 4

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations: sore, red arm

Other Medications: Tylenol, Aspirin, Lipotor, Eliquis, Lexapro, Flonase, Lasix, Claritin, Cozaar, Multivitamin, Protonix, K-Dur, Restasis, Senna/DSS, Trazadone , Xanax, Milk f Magnesia,

Current Illness: N/A

Preexisting Conditions: CHF, GERD, Hypertension, Depression, Afib

Allergies: Avocado

Diagnostic Lab Data: N/A resident was sent out to Facility via 911

CDC Split Type:

Write-up: Shortness of breath, respiratory distress

VAERS ID: 2263523 (history)	Vaccinated: 2021-03-12
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Form: Version 2.0	Onset: 2022-01-21
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Age: 83.0	Days after vaccination: 315
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Sex: Male	Submitted: 0000-00-00
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Location: Tennessee	Entered: 2022-05-04
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	- / SYR

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

Symptoms: [COVID-19](#), [Cardio-respiratory arrest](#), [Cough](#), [Death](#), [Dyspnoea](#), [Inappropriate schedule of product administration](#), [Pyrexia](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Respiratory failure (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-31**Days after onset:** 10**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 25 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient arrived to ED with c/o breathing difficulty and SOB. Symptoms also include coughing and fever. Patient expired on 01/31/2022 d/t Respiratory Cardia cessation secondary to Covid.

VAERS ID: [2263555](#) ([history](#))**Vaccinated:** 2021-03-25**Form:** Version 2.0**Onset:** 2022-01-18**Age:** 71.0**Days after vaccination:** 299**Sex:** Male**Submitted:** 0000-00-00**Location:** Wisconsin**Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6202 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8730 / 2	LA / IM

Administered by: Other **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:** 2022-01-18**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: Atherosclerotic cardiovascular disease OSC: COPD, Infection with novel coronavirus(COVID-19), Renal failure

Allergies:**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Death COVID-19 as secondary condition

VAERS ID: 2263559 (history)	Vaccinated: 2021-02-16
Form: Version 2.0	Onset: 2021-03-01
Age: 19.0	Days after vaccination: 13
Sex: Female	Submitted: 0000-00-00
Location: Pennsylvania	Entered: 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL8982 / 1	- / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / UNK	- / -

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

Symptoms: [Antineutrophil cytoplasmic antibody positive](#), [Autopsy](#), [Bronchoscopy abnormal](#), [Chest X-ray abnormal](#), [Computerised tomogram thorax abnormal](#), [Cough](#), [Death](#), [Fatigue](#), [Granulomatosis with polyangiitis](#), [Nasal congestion](#), [Pulmonary mass](#), [Sinus pain](#)

SMQs: Anaphylactic reaction (broad), Interstitial lung disease (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes**Birth Defect?** No**Died?** Yes**Date died:** 2021-10-12**Days after onset:** 224**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 as above**Allergies:** season, cats, dogs, pollen, dust mites

Diagnostic Lab Data: She was seen at urgent care on Saturday 10/9/21 and then hospitalized. CT and CXR showed cavitary lesions. Her pANCA was positive. Her autopsy confirmed Wegener's GPA.

CDC Split Type:

Write-up: In the spring after her vaccination, patient developed increased nasal congestion and sinus pain. She was seen in the summer of 2021 by both an Allergist and an ENT for what was thought to be worsening allergies. They all missed that she had Wegener's GPA. She was treated by multiple providers with antibiotics and allergy medication, but she did not have a sinus infection. She developed a cough and fatigue in September 2021. She was treated with steroids along with a 2nd course of antibiotics, and then a 3rd antibiotic without any lab testing. She died on October 12, 2021

at hospital after having a bronchoscopy. She was not diagnosed with Wegener's GPA until after she passed.

VAERS ID: [2263750](#) ([history](#)) **Vaccinated:** 2021-04-03
Form: Version 2.0 **Onset:** 2021-11-25
Age: 62.0 **Days after vaccination:** 236
Sex: Male **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-05-04

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

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

Symptoms: [Autopsy](#), [Bipolar disorder](#), [Completed suicide](#), [Malaise](#), [Marital problem](#), [Schizophrenia](#), [Stress](#)

SMQs: Suicide/self-injury (narrow), Psychosis and psychotic disorders (narrow), Hostility/aggression (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-01

Days after onset: 24

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: Wife reports he was diagnosed with SARS-CoV-2 infection January 2021; bipolar disorder and schizophrenia in June 2021 "nothing they gave him helped"

Preexisting Conditions: Wife reports autopsy was ordered and the medical examiner said "everything was negative". Wife reports manner of death was a "suicide because he couldn't take the side effects after being sick with COVID anymore". Wife declined to submit a VAERS report because he had experienced multiple stressors since the illness and the medical examiner gave his final ruling already.

Allergies: Unknown

Diagnostic Lab Data: Medical examiner performed autopsy.

CDC Split Type:

Write-up: Client diagnosed with COVID Jan 2021 Vaccinated with Jannsen 4/3/2021 Lost his mother May 2021 Diagnosed with bipolar depression and schizophrenia June 2021 Separated from wife of 42 years September 2021 72 hour hold at a psychiatric facility in November 2021 Suicide by hanging November 2021 - wife believes he sustained organic changes to the brain after the COVID infection in January that ultimately resulted in his demise.

VAERS ID: [2263945](#) ([history](#)) **Vaccinated:** 2021-02-26
Form: Version 2.0 **Onset:** 2021-08-20
Age: 55.0 **Days after vaccination:** 175
Sex: Female **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	LA / SYR

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

Symptoms: [Acute kidney injury](#), [COVID-19](#), [COVID-19 pneumonia](#), [Condition aggravated](#), [Death](#), [Dyspnoea](#), [General physical health deterioration](#), [Hypotension](#), [Hypoxia](#), [Pathogen resistance](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Shock](#), [Urinary tract infection](#), [Vaccine breakthrough infection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hypo responsive episode (broad), Hypersensitivity (narrow), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-17

Days after onset: 28

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 25 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Cerebral Palsy, Hypotension, Heart Disease, Heart Failure with Reduced Ejection Fraction, Obstructive Sleep Apnea, Type II Diabetes, Intellectual Disability, Chronic Pneumonia, Hypersensitivity Pneumonitis The individual was a resident of the facility indicated in the Address portion of this form, which provides services and support for adults with disabilities.

Allergies: Clonazepam (reaction: "disinhibition") Carbamazepine (reaction: rash) Nitrofurantoin (reaction: not listed) Tramadol (reaction: seizures) Corn (reaction: GI Upset, Stomach Pain) Rice (reaction: stomach pain) Molds (reaction: not listed) Perfumes, Fragrances (reaction: not listed)

Diagnostic Lab Data: Positive COVID-19 tests x3 on 08/20/2021 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 02/05/2021 and 02/26/2021. They tested positive for COVID-19 on 08/20/2021 at the facility at which they were a resident. They also presented to emergency department via ambulance on 08/20/2021 with primary complaints of shortness of breath and hypoxia. They were admitted to hospital same-day and repeat COVID-19 testing x2 were also positive. They were found to be experiencing several complications and co-occurring conditions,

including: acute renal failure, urinary tract infection with ESBL (also sepsis from the ESBL), hypotension, hypoxia, shock, COVID-19 pneumonia, respiratory failure. Due to declining condition, they were discharged to a hospice facility on 09/14/2021. They remained in this hospice facility until their death on 09/17/2021.

VAERS ID: [2264479](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-05-05
Location: North Carolina

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	- / OT

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

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

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

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: SIROLIMUS; MYCOPHENOLATE MOFETIL

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Liver transplant (Time since liver transplant was reported less than one year)

Allergies:

Diagnostic Lab Data: Test Name: COVID-19; Test Result: Positive ; Result Unstructured Data: laboratory confirmed COVID-19

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: Severe COVID-19; This literature-non-study case was reported in a literature article and describes the occurrence of COVID-19 (Severe COVID-19) in a male patient of an unknown age who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Liver transplant (Time since liver transplant was reported less than one year). Concomitant products included SIROLIMUS and MYCOPHENOLATE MOFETIL for Immunosuppression. On an unknown date, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On an unknown date, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced COVID-19 (Severe COVID-19) (seriousness criteria death and hospitalization). The patient was treated with Surgery (Invasive ventilation) for COVID-19. The cause of death was not reported. It is unknown if an autopsy was performed.

DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, SARS-CoV-2 test: positive (Positive) laboratory confirmed COVID-19. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered COVID-19 (Severe COVID-19) to be related. Patient age was 60-69 years old. No treatment medication were reported. Company comment. This is

a fatal literature non-study case concerning a male patient in the range of 60 to 69 years of age, with medical history of liver transplant, who experienced the unexpected, serious AESI of COVID - 19. The event occurred approximately one to two weeks after the administration of a dose of mRNA-1273 vaccine, reported as first dose of his COVID ? 19 immunization schedules. The report stated that the patient was in immunosuppression treatment with sirolimus and mycophenolate mofetil. The patient was admitted to an intensive care unit and required mechanical ventilation but died on an unspecified date. Patient?s cause of death was not further detailed, and it is unknown if autopsy was performed. Patient?s age and the medical history of liver transplant under concurrent immunosuppression treatment, could be a confounding factor for serious illness from COVID-19. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-551355, MOD-2022-551368, MOD-2022-551369, MOD-2022-553577. Most recent FOLLOW-UP information incorporated above includes: On 28-Apr-2022: Follow up received by safety on 28-Apr-2022 has email with abstract received from team and contains significant information: Literature information, author details, reporter address, medical history and concomitant drug were updated.; Sender"s Comments: This is a fatal literature non-study case concerning a male patient in the range of 60 to 69 years of age, with medical history of liver transplant, who experienced the unexpected, serious AESI of COVID - 19. The event occurred approximately one to two weeks after the administration of a dose of mRNA-1273 vaccine, reported as first dose of his COVID ? 19 immunization schedules. The report stated that the patient was in immunosuppression treatment with sirolimus and mycophenolate mofetil. The patient was admitted to an intensive care unit and required mechanical ventilation but died on an unspecified date. Patient?s cause of death was not further detailed, and it is unknown if autopsy was performed. Patient?s age and the medical history of liver transplant under concurrent immunosuppression treatment, could be a confounding factor for serious illness from COVID-19. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: Unknown cause of death

VAERS ID: 2264526 (history)	Vaccinated: 2021-04-01
Form: Version 2.0	Onset: 2022-03-01
Age: 75.0	Days after vaccination: 334
Sex: Female	Submitted: 0000-00-00
Location: Ohio	Entered: 2022-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0170 / 2	LA / IM

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cough](#), [Hypoxia](#), [SARS-CoV-2 test positive](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-01

Days after onset: 0

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:** apap, amlodipine, asa, lipitor, dulcolax, bumex, calcium/vit d3, coreg, plavix, restasis, gabapentin, semglee, humalog, imdur, synthroid, lisinopril, reglan, zofran, protonix, miralax.**Current Illness:****Preexisting Conditions:** DM1, HF, DKa, back pain, PAD, hypothyroid, GERD, HLD, HTN , NSTEMI**Allergies:** Fentanyl, codeine, dilaudid, latex, morphine, percocete, vicodin**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt. presented with hypoxia and cough and was tested positive for Covid. During hospital stay pt was diagnosed with Covid PNA and acute hypoxic respiratory failure. She was given supplemental oxygen, rocephin and azythromycin for CAP.

VAERS ID: [2264533](#) ([history](#)) **Vaccinated:** 2021-10-01

Form: Version 2.0 **Onset:** 2022-03-01

Age: 67.0 **Days after vaccination:** 151

Sex: Male **Submitted:** 0000-00-00

Location: Ohio **Entered:** 2022-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939906 / 3	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Death](#), [Decreased appetite](#), [Diarrhoea](#), [Dyspnoea](#), [Fatigue](#), [Hypoxia](#), [Malaise](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (narrow), Respiratory failure (broad), Infective pneumonia (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-01**Days after onset:** 60**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:** Apap, amlodipine, lipitor, symbicort, zyrtec, proscar, flonase, prednisone, rituxan, xarelto,**Current Illness:****Preexisting Conditions:** Bladder cancer, HTN, HLD

Allergies: Mercury, shellfish**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt. presented to the hospital with; Fatigue, malaise, loss of appetite, diarrhea, shortness of breath, hypoxia. Pt required supplemental oxygen and steroids. The pt was discharged, but was readmitted shortly after and the pt expired.

VAERS ID: 2264784 (history)	Vaccinated: 2021-11-01
Form: Version 2.0	Onset: 2022-03-01
Age: 58.0	Days after vaccination: 120
Sex: Female	Submitted: 0000-00-00
Location: Ohio	Entered: 2022-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027H21B / 3	LA / IM

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

Symptoms: [Acute respiratory distress syndrome](#), [Acute respiratory failure](#), [Hypoxia](#), [Pneumonia](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Interstitial lung disease (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), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-01

Days after onset: 0

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: afib, depression, hypomagnesemia, COPD, gastritis, DM2, HTN, hypertriglyceridemia,

Allergies: albuterol inh, asa, wellbutrin, dexilant, duloxetine, jardiance, estrace, pepcid, toviaz, trelegy, lasix, neurontin, basaglar, victoza, lisinopril, magox, claritin, melatonin, metformin, naloxone, naproxen, nystatin, fish oil, promethazine, inderal, crestor, chantix

Diagnostic Lab Data:

CDC Split Type:

Write-up: Acute on chronic respiratory failure with hypoxia and PNA. Was given Rocephin, Remdesivir, Dexamethasone.

VAERS ID: [2265964](#) ([history](#)) **Vaccinated:** 2021-12-06
Form: Version 2.0 **Onset:** 2021-12-21
Age: 69.0 **Days after vaccination:** 15
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013F21A / 3	RA / IM

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

Symptoms: [Acute respiratory failure](#), [Asthenia](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Fatigue](#), [General physical health deterioration](#), [Intensive care](#), [Mechanical ventilation](#), [Pain](#), [Positive airway pressure therapy](#), [Pyrexia](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (broad), 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: 2022-01-04

Days after onset: 14

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: amiodarone, anastrozole, bumetanide, cinacalcet, folic acid, toprol, NovoLOG, pravastatin, rivaroxaban, Tresiba FlexTouch Solution Pen injector; hydroxychloroquine sulfate

Current Illness: unknown

Preexisting Conditions: CHF, cardiac arrhythmia, hyperlipidemia, morbid obesity, Paroxysmal atrial fib, malignant tumor or the breast, arthritis, hypertension, DM

Allergies: ASA, Lantus, latex, entex LA, iodine, influenza vaccine live, NSAIDS, iodinated diagnostic agents

Diagnostic Lab Data:

CDC Split Type:

Write-up: Presented to hospital ER on 12/21/2021 with 10 day history of shortness of breath. Upon arrival, diagnosed with acute COVID19 pneumonia with acute hypoxic respiratory failure, with O2 sat of 84% on room air. Also reported weakness, fatigue, fever. Was admitted to hospital and remdesivir and dexamethasone started. 12/22/2021 required increase from 2L O2 via NC to 8L mini-high flow O2. Placed on Baracitinib. 12/23/21 placed on high flow O2 35L/min with 100% FiO2. Patient refuses to prone as it is too painful. 12/24/21 placed on bipap 100% overnight with continued sat in 70s-80s. Only managed 2 hours prone. Transferred to ICU for monitoring and probable intubation. Rocephin and Azithromycin added for possible concomitant bacterial pneumonia. 12/25/21 placed on mechanical ventilation. Remdesivir 5 day treatment completed.. 12/27/21 patient

paralyzed and proned. 1/1/22 sedation stopped for weaning trial. 1/2/22 remains off sedation but no response yet. Now febrile with temp 100.9 Continued to decline and on 1/4/22 patients sister decided to withdraw care. Expired 1/4/22.

VAERS ID: [2266066](#) ([history](#)) **Vaccinated:** 2021-10-22
Form: Version 2.0 **Onset:** 2022-01-11
Age: 80.0 **Days after vaccination:** 81
Sex: Male **Submitted:** 0000-00-00
Location: Nevada **Entered:** 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	061E21A / 2	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047B21A / 1	RA / IM

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

Symptoms: [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Electrocardiogram abnormal](#), [Fatigue](#), [Malaise](#), [Myocardial infarction](#), [Pneumonia](#), [Urinary tract infection](#)

SMQs: Anaphylactic reaction (broad), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-06

Days after onset: 54

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: 1/3/22 Ciprofloxacin 500 mg one by mouth BID 1/11/22 Dexamethasone 4 mg two by mouth daily X 5 days 1/11/22 Levofloxacin 500 mg one by mouth X 7 days

Current Illness: UTI, Dyspnea, fatigue

Preexisting Conditions: Seizure disorder, Recurrent UTI, Urinary retention, Pleurisy HX Right leg DVT, dizziness, Neck injury Hx: Knee replacement last year

Allergies: NKDA

Diagnostic Lab Data: EKG, Chest X ray 1/11/22 at Health Facility.

CDC Split Type:

Write-up: Patient transported to Hospital via ambulance from his home on 3/6/2022 and died at the hospital same day from myocardial infarction. Had not felt well since 1/11/22 when he was seen in clinic at Health Facility by Dr. for UTI, dyspnea, fatigue. Treated for UTI and pneumonia. EKG was done at the time as well as a chest X ray. His wife believes that his death was due to side affects from the Covid-19 vaccine.

VAERS ID: [2266158](#) ([history](#)) **Vaccinated:** 2021-04-09
Form: Version 2.0 **Onset:** 2021-05-14
Age: 72.0 **Days after vaccination:** 35
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	043A21A / 1	UN / IM

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

Symptoms: [Cardioversion](#), [Chest pain](#), [Death](#), [Endotracheal intubation](#), [Myocardial infarction](#), [Neck pain](#), [Pain in extremity](#)

SMQs: Angioedema (broad), Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Arthritis (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-05-14

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: Levothyroxine Atenolol Losartan Hydrochlorothiazide

Current Illness:

Preexisting Conditions: HTN Bladder cancer

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Leg and neck pain 2 days before heart attack, chest pain 4 hours; died at home; EMS attempted defibrillator and intubation with no return of normal rhythm. Heart attack/Myocardial event and death no prior history of heart attack

VAERS ID: [2266177](#) ([history](#)) **Vaccinated:** 2021-04-04
Form: Version 2.0 **Onset:** 2021-04-05
Age: 56.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-05-06

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

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

Symptoms: [Cough](#), [Death](#), [Intracranial aneurysm](#), [Malaise](#), [Pyrexia](#), [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-04-09

Days after onset: 4

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Blood pressure meds

Current Illness: Not the first one but the second one she got sick

Preexisting Conditions: She passed away 6 days after getting the second dose.

Allergies: No

Diagnostic Lab Data:

CDC Split Type:

Write-up: She started getting fevered and coughs after the second dose. She seemed to get better until 2 days after the shot when she collapsed at work. We found out she had had a brain aneurysm. She then passed away about 3 days later on 4/9/2021

VAERS ID: [2266228](#) ([history](#)) **Vaccinated:** 2021-01-26

Form: Version 2.0 **Onset:** 2021-09-30

Age: 99.0 **Days after vaccination:** 247

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-06

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-11

Days after onset: 11

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:** Hypertension, Congestive Heart Failure**Allergies:** No known allergies**Diagnostic Lab Data:** Positive COVID-19 tests x2 on 09/30/2021, one antigen and one PCR, 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 12/30/2020 and 01/26/2021. They tested positive for COVID-19 on 09/30/2021. They were admitted to hospital on 10/01/2021. Primary complaint was assessment after a fall. The individual was a resident of an assisted living facility. The individual was described as being asymptomatic. However, the individual died on 10/11/2021. COVID-19 is listed on the death certificate.

VAERS ID: [2266513](#) ([history](#)) **Vaccinated:** 2021-02-18

Form: Version 2.0 **Onset:** 2021-09-16

Age: 74.0 **Days after vaccination:** 210

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	RA / SYR

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Dyspnoea](#), [Malaise](#), [SARS-CoV-2 test positive](#), [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:** 2021-09-21**Days after onset:** 5**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 13 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:**

Current Illness:

Preexisting Conditions: Systolic heart failure, ischemic heart disease, Type 2 Diabetes Mellitus (with insulin pump), Coronary Artery Disease, Obstructive Sleep Apnea, Hyperlipidemia, Chronic Kidney Disease (Stage III), Stented Coronary Artery, Hypothyroidism, Morbid Obesity, Acromegaly (history of partial pituitary adenectomy), Dementia, Bladder Cancer, Testosterone Deficiency, Depression, Chronic Back Pain, Peripheral Vascular Disease The individual a resident of the care center indicated in the Address portion since May 2021, a few months prior to the adverse event.

Allergies: Penicillin (reaction: severe wheezing)

Diagnostic Lab Data: Positive COVID-19 test on 09/16/2021 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 01/28/2021 and 02/18/2021. They became symptomatic on approx 09/11/2021 with shortness of breath. They tested positive for COVID-19 on 09/16/2021, at the hospital. They were in palliative care at a care facility since May 2021. They died on 09/21/2021. I see an admit/discharge for the hospital indicated below for 09/08/2021-09/21/2021 but clinical notes dated 09/21/2021 indicate the individual was receiving care at the care facility indicated in the address portion of this form on the day of their death (09/21/2021).

VAERS ID: [2266520](#) ([history](#)) **Vaccinated:** 2021-08-25

Form: Version 2.0 **Onset:** 2021-10-09

Age: 80.0 **Days after vaccination:** 45

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001C21A / 3	UN / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Dyspnoea](#), [General physical health deterioration](#), [SARS-CoV-2 test positive](#), [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: 2021-10-10

Days after onset: 1

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: Prednisone (40 mg total daily) valganciclovir HCl OLANZapine (ZyPREXA) atropine 1 % ophthalmic solution dorzolamide (TRUSOPT) 2 % ophthalmic solution timolol (TIMOPTIC) 0.5 % ophthalmic solution peg 400-propylene glycol (Systane GeL) 0.4-0

Current Illness:

Preexisting Conditions: Ulcerative Colitis, Adenoid Cystic Carcinoma of the Salivary Gland, Bilateral Tinnitus, Immunocompromised due to Medication Use (prednisone), Adrenal insufficiency,

Past bilateral pulmonary embolism, past Deep Vein Thrombosis, Hypotension, Dementia with agitation and hallucinations, Unspecified cardiac problems (past history of cardiac monitoring, past monitoring via Holter monitor, past nuclear stress test without finding a definitive diagnosis or cause), several past bouts of pneumonia, past subdermal hematoma caused by concussion, unspecified tremor, several episodes of falls in recent weeks

Allergies: Sulfonamide Antibiotics/Sulfa (reaction: not listed) Gabapentin (reaction: mild rash)

Diagnostic Lab Data: Positive COVID-19 on 10/09/2021 despite being vaccinated x3

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, 03/08/2021, and 08/25/2021. They had a symptom onset of approx 10/08/2021 with shortness of breath. They presented to emergency department on 10/09/2021. They were admitted to hospital from the emergency department and tested positive for COVID-19 upon admission. Their condition rapidly deteriorated and the individual was transitioned to comfort care only. They died on 10/10/2021.

VAERS ID: 2266523 (history)	Vaccinated: 2022-02-25
Form: Version 2.0	Onset: 2022-03-01
Age: 75.0	Days after vaccination: 4
Sex: Male	Submitted: 0000-00-00
Location: Arkansas	Entered: 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1614 / 2	AR / SYR

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-01

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Tums, Melatonin

Current Illness: 01-12-22 1st Covid shot 01-25-22 Fell & went to Hospital he tested Covid positive 01-28-22 Moved from Hospital to Rehab 02-09-22 Moved to assisted living

Preexisting Conditions: COPD

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Death

VAERS ID: [2266530](#) ([history](#)) **Vaccinated:** 2021-04-06
Form: Version 2.0 **Onset:** 2021-11-10
Age: 75.0 **Days after vaccination:** 218
Sex: Male **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029A21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003B21A / 2	RA / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Endotracheal intubation](#), [Inappropriate schedule of product administration](#), [Nasopharyngitis](#), [Oxygen saturation decreased](#), [Pulse absent](#), [Respiratory distress](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Hypersensitivity (broad), Respiratory failure (narrow), Medication errors (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: 2021-11-11

Days after onset: 1

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: Pulmonary Fibrosis, Unspecified Immunodeficiency

Allergies: Penicillin (reaction: hives) Tiotropium (reaction: throat swelling) Olodaterol (reaction: throat swelling)

Diagnostic Lab Data: Positive COVID-19 test on 11/10/2021.

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 09/03/2021 and 04/06/2021. They presented to emergency department on 11/10/2021 after about a week of "cold-like symptoms." Primary complaint was respiratory distress, with oxygen levels 80% or lower on their normal 4 L of oxygen. They were admitted to hospital and required intubation. Intubation did not raise oxygen level above 70%. The individual was re-intubated but this also did not raise oxygen level. Decision was made to transfer to a different hospital for higher level of care via air ambulance. Pulse was lost during flight. CPR initiated and continued for about an hour after arrival at the destination hospital. Pulse was recovered, but prognosis was poor to due length of time of low oxygen levels. Family opted to discontinue aggressive measures and the individual died on 11/11/2021.

VAERS ID: [2266791](#) ([history](#)) **Vaccinated:** 2021-03-05
Form: Version 2.0 **Onset:** 2021-04-08
Age: 50.0 **Days after vaccination:** 34
Sex: Female **Submitted:** 0000-00-00
Location: California **Entered:** 2022-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	0271A21A / 1	- / OT

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

Symptoms: [Myocardial infarction](#), [Pulmonary embolism](#), [Thrombosis](#)

SMQs: Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-04-08

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: Massive heart attack; blood clot; Pulmonary embolism; This spontaneous case was reported by a consumer and describes the occurrence of MYOCARDIAL INFARCTION (Massive heart attack), THROMBOSIS (blood clot) and PULMONARY EMBOLISM (Pulmonary embolism) in a 50-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 039a21a and 0271a21a) for COVID-19 vaccination. No Medical History information was reported. On 05-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 02-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 08-Apr-2021, the patient experienced MYOCARDIAL INFARCTION (Massive heart attack) (seriousness criteria death and medically significant), THROMBOSIS (blood clot) (seriousness criteria death and medically significant) and PULMONARY EMBOLISM (Pulmonary embolism) (seriousness criteria death and medically significant). The patient died on 08-Apr-2021. The reported cause of death was massive heart attack, Pulmonary embolism and blood clot. An autopsy was not performed. No concomitant medications were reported. 6 days after the second dose the patient had a massive heart attack a blood clot pulmonary embolism, and died in three hours. The patient did not have allergies. The patient never had COVID positive test or diagnosis. The patient did not experience any medical history relating to mentioned AE and both acute and chronic illnesses at the time of vaccination. The patient did not receive other vaccines within 1 month prior to Moderna COVID-19 vaccine. The patient did not experience a similar event in the past and no history heart disease. The symptoms were not improved or worsened. No treatment information was reported. Company Comment: This spontaneous case concerns a 50-year-old old female patient with no medical history reported who

experienced the fatal, unexpected, serious (medically significant) adverse events of special interest of Myocardial infarction, Thrombosis and Pulmonary embolism which occurred six days after receiving the second dose of mRNA-1273 vaccine. It was reported that patient had a massive heart attack a blood clot pulmonary embolism and died after three hours. Information about the clinical presentation, diagnostic evaluation and treatment details was not reported in this case. Death occurred six days after receiving the second dose of mRNA-1273 vaccine. The cause of death was reported as Myocardial infarction, Pulmonary embolism, and Thrombosis. Autopsy was not performed. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This spontaneous case concerns a 50-year-old old female patient, with no medical history reported who experienced the fatal, unexpected, serious (medically significant) adverse events of special interest of Myocardial infarction, Thrombosis and Pulmonary embolism which occurred six days after receiving the second dose of mRNA-1273 vaccine. It was reported that patient had a massive heart attack a blood clot pulmonary embolism and died after three hours. Information about the clinical presentation, diagnostic evaluation and treatment details was not reported in this case. Death occurred six days after receiving the second dose of mRNA-1273 vaccine. The cause of death was reported as Myocardial infarction, Pulmonary embolism, and Thrombosis. Autopsy was not performed. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: Massive heart attack; Pulmonary embolism; blood clot

VAERS ID: [2266869](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0 **Onset:** 2022-02-01

Age: 93.0 **Submitted:** 0000-00-00

Sex: Male **Entered:** 2022-05-07

Location: California

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

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

Symptoms: [Ascites](#), [Computerised tomogram](#), [Hepatic cirrhosis](#), [Peripheral swelling](#), [SARS-CoV-2 test](#)

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Acute pancreatitis (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-13

Days after onset: 70

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:**Allergies:**

Diagnostic Lab Data: Test Date: 202202; Test Name: CT scan; Result Unstructured Data: Test Result:liver cirrhosis; Comments: CT scan in Feb2022 showed liver cirrhosis; Test Date: 20220209; Test Name: PCR; Test Result: Positive ; Comments: covid test type post vaccination=Nasal Swab
CDC Split Type: USPFIZER INC202200655282

Write-up: Developed leg swelling; Had ascites; CT scan in Feb2022 showed liver cirrhosis; This is a spontaneous report received from a contactable reporter(s) (Other HCP). A 93-year-old male patient received BNT162b2 (BNT162B2), in 2021 as dose 3 (booster), single (Batch/Lot number: unknown) at the age of 93 years for covid-19 immunisation. The patient's relevant medical history was not reported. There were no concomitant medications. Vaccination history included: Bnt162b2 (previous dose product=COVID 19, brand=Pfizer, brand unknown=False, lot unknown=True, lot unknown reason=Not available/provided to reporter at the time of report completion, dose number=2), for COVID-19 immunization; Bnt162b2 (product=COVID 19, brand=Pfizer, brand unknown=False, lot unknown=True, lot unknown reason=Not available/provided to reporter at the time of report completion, dose number=1), administration date: 2020, for COVID-19 Immunization. The following information was reported: HEPATIC CIRRHOSIS (death) with onset Feb2022, outcome "fatal", described as "CT scan in Feb2022 showed liver cirrhosis"; PERIPHERAL SWELLING (death), outcome "fatal", described as "Developed leg swelling"; ASCITES (death), outcome "fatal", described as "Had ascites". The patient underwent the following laboratory tests and procedures: Computerised tomogram: (Feb2022) liver cirrhosis, notes: CT scan in Feb2022 showed liver cirrhosis; SARS-CoV-2 test: (09Feb2022) Positive, notes: covid test type post vaccination=Nasal Swab. Therapeutic measures were not taken as a result of hepatic cirrhosis, peripheral swelling, ascites. The patient date of death was 13Apr2022. Reported cause of death: "Liver cirrhosis". No 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: As there is limited information in the case provided, the causal association between the Reported events and the suspect drug cannot be excluded. The case will be reassessed once new information is available. The impact of this report on the benefit/risk profile of the Pfizer drug is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory Authorities, Ethics Committees, and Investigators, as appropriate. ,Linked Report(s) : US-PFIZER INC-202200655288 similar report from same reporter; Reported Cause(s) of Death: Liver cirrhosis

VAERS ID: [2266970](#) ([history](#)) **Vaccinated:** 2022-01-29

Form: Version 2.0 **Onset:** 2022-02-08

Age: 36.0 **Days after vaccination:** 10

Sex: Unknown **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A21B / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002C21A / 2	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032H21A / 3	- / -

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

Symptoms: [Caesarean section](#), [Dyspnoea](#), [Feeling abnormal](#), [Pain](#), [Premature baby death](#), [Respiratory arrest](#), [Resuscitation](#)

SMQs: Anaphylactic reaction (broad), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Pregnancy, labour and delivery complications and risk factors (excl abortions and stillbirth)

(narrow), Termination of pregnancy and risk of abortion (narrow), Hypersensitivity (broad), Respiratory failure (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None known

Current Illness: Asthma

Preexisting Conditions: Hepatitis C

Allergies: None known

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is a 36 yr/o female who is 34 weeks pregnant complained to her fianc?, that she wasn't feeling quite right after work, having difficulty breathing, and in a lot of pain but did not seek medical attention. The decedent woke husband around 0440 on 02/08 and stated she was having a very hard time breathing and needed to go to the ER. Emergency Services were contacted, while on Tx the decedent went into Respiratory Arrest, By-standard CPR initiated, resuscitate efforts attempted, the decedent was transported to ER, emergency bedside C-section performed, and the decedent was pronounced dead at 0542 by DR.

VAERS ID: [2267358](#) ([history](#)) **Vaccinated:** 2021-11-08

Form: Version 2.0 **Onset:** 2022-04-22

Age: 77.0 **Days after vaccination:** 165

Sex: Female **Submitted:** 0000-00-00

Location: Kentucky **Entered:** 2022-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	077C21B / 3	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047A21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022M20A / 1	RA / IM

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

Symptoms: [Abnormal behaviour](#), [Asthenia](#), [COVID-19](#), [Confusional state](#), [Dehydration](#), [Fall](#), [Hypernatraemia](#), [Hypersomnia](#), [Hypophagia](#), [Metabolic encephalopathy](#), [Muscular weakness](#), [Pneumonia](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Septic shock](#), [Tearfulness](#), [Urine output decreased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Toxic-septic shock conditions (narrow), Dementia (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hostility/aggression (broad), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-08**Days after onset:** 16**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** see attached**Current Illness:** Was sent out to the hospital on 4/22/22. Dx. with Covid, Pneumonia and sepsis during hospitalization.**Preexisting Conditions:** Alzheimer's (unspecified), Mixed hyperlipidemia, lower back pain, primary hypertension, gastritis without bleeding, pyogenic granuloma, Osteoporosis, anxiety, dementia with behavioral disturbances.**Allergies:** NKA**Diagnostic Lab Data:** Covid test completed by Hospital on 4/22/22 was positive.**CDC Split Type:**

Write-up: Resident had no po intake or urinary output on 4/21-22/2022. Resident unable to comprehend using a straw or chewing food. Slept for over 24 hours and unable to hold up her head. Resident was transported to hospital at that time where she was diagnosed with Covid, pneumonia and sepsis. Discharge noted septic shock, hyernatremia, dehydration, weakness & metabolic encphalopathy overlying advance dementia. Prior to be sent to hospital on 4/22/2022, resident was having increased confusion and tearfulness. Increased behaviors noted on 4/4/22, with increase in Depakote. Fall on 3/30/22.

VAERS ID: [2267364](#) ([history](#)) **Vaccinated:** 2021-02-02

Form: Version 2.0 **Onset:** 2021-02-10

Age: 77.0 **Days after vaccination:** 8

Sex: Male **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-05-09

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

Administered by: Private **Purchased by:** ?**Symptoms:** [Blood pressure immeasurable](#), [Cardiac arrest](#), [Cardiac pacemaker insertion](#), [Cardioversion](#), [Heart rate irregular](#), [Heart valve replacement](#), [Resuscitation](#), [Syncope](#), [Transcatheter aortic valve implantation](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), 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), Cardiomyopathy (broad), Cardiac

arrhythmia terms, nonspecific (narrow), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-02-18

Days after onset: 373

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 14 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Eliquis, metformin, blood pressure medicine

Current Illness: None

Preexisting Conditions: CAD, diabetes, high blood pressure

Allergies: None

Diagnostic Lab Data: CPR, defibrillation, and admission to hospital. Put in pacemaker but NOT defibrillator. Put in new heart valve with TAVR procedure. TAVR damaged bundle so pacemaker was then put in.

CDC Split Type:

Write-up: Collapse with sudden cardiac arrest- no heartbeat and no blood pressure detected.

VAERS ID: [2267419](#) ([history](#)) **Vaccinated:** 2021-01-19

Form: Version 2.0 **Onset:** 2021-07-28

Age: 82.0 **Days after vaccination:** 190

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 2	- / SYR

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

Symptoms: [Anticoagulant therapy](#), [COVID-19](#), [Chills](#), [Cough](#), [Death](#), [Decreased appetite](#), [Malaise](#), [Nausea](#), [SARS-CoV-2 test positive](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-17

Days after onset: 20

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: Coronary Artery Disease, Ischemic Cardiomyopathy, Dyslipidemia, HTN, Obstructive sleep apnea, Anemia, Osteoarthritis, GERD and Barrett's esophagus

Allergies: OxyCodone, Ranexa, Codeine, Tromethamine, TRamadol, Toradol, Ambien, Lrabit, Biaxin, Septra

Diagnostic Lab Data:

CDC Split Type:

Write-up: Presented with covid symptoms, having chills, dry cough and nausea, loss of appetite. Tested positive for Covid-19 on 7/28/2021. IV steroids was initiated, and Lovenox. Patient expired on 8/17/2021.

VAERS ID: 2267688 (history)	Vaccinated: 2021-09-13
Form: Version 2.0	Onset: 2022-05-08
Age: 78.0	Days after vaccination: 237
Sex: Male	Submitted: 0000-00-00
Location: Texas	Entered: 2022-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9265 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6203 / 2	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30135BA / 3	UN / IM

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

Symptoms: [Acute respiratory failure](#), [Angiogram pulmonary abnormal](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [General physical health deterioration](#), [Inappropriate schedule of product administration](#), [Pneumonia](#), [Positive airway pressure therapy](#), [Productive cough](#), [SARS-CoV-2 test positive](#)

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), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Medication errors (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: 2022-05-08

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol MDI, Cholecalciferol, Fluticasone MDI, Levothyroxine, Metoprolol XL, Ibrutinib, apixaban

Current Illness:

Preexisting Conditions: Chronic Lymphocytic Leukemia, Prostate Cancer, Reactive Ariway disease, Paroxysmal atrial fibrillation, hypothyroid

Allergies: NKDA

Diagnostic Lab Data: COVID-19 Posiitve on 5/1/2022 using the BioFIre RP2.1 platform using PCR or Equivalent Nucleic Acid Amplification technology.

CDC Split Type:

Write-up: Pfizer COVID Vaccine EUA: COVID-19 case resulting in Hospitalization / Death. Rec'd Pfizer Vaccines 1/26/2021, 2/20/2021 and 9/13/2021. Prior hospitalization for bilateral community-acquired PNA and acute hypoxic respiratory failure from 4/4/2022 - 4/11/2022 at same facility and was Covid neg. Presented to ED 5/1/2022 with c/o productive cough and SOB, and tested POSITIVE for COVID. Admitted w/acute on chronic hypoxemic resp failure due to Covid PNA, placed on BIPAP. Also found to have a RLL PE on CTA at presentation. Condition deteriorated despite tx w/vanc, dexamethasone, zinc sulfate, and ascorbic acid. Expired on 5/8/2022.

VAERS ID: [2267695](#) ([history](#)) **Vaccinated:** 2022-05-06

Form: Version 2.0 **Onset:** 2022-05-06

Age: 97.0 **Days after vaccination:** 0

Sex: Female **Submitted:** 0000-00-00

Location: California **Entered:** 2022-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005M21A / 4	LA / IM

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-06

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: Phenobarbital, cranberry, docusate sodium, donepezil, levetiracetam, Namenda XR, Valproic acid, Oyster Shell Calcium-Vit D3, alendronate, Synthroid (levothyroxine), pantoprazole

Current Illness: Encounter for attention to gastrostomy, dysphagia oropharyngeal phase, heart failure, dementia without behavioral disturbance, hemiparesis following cerebral infarction affection right dominant side, anemia, essential hypertension, seizures, Gastro-esophageal Reflux disease without esophagitis, Personal History of transient ischemic attack, cerebral infarction without residual deficits, stiffness of right ankle not elsewhere classified, stiffness of left ankle not elsewhere,

contracture, right hand, age-related osteoporosis without current pathological fracture, unspecified osteoarthritis

Preexisting Conditions: Chronic Obstructive pulmonary disease

Allergies: Penicillins

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident expired on 5/6/2022 @6:45pm

VAERS ID: 2268064 (history)	Vaccinated: 2021-03-29
Form: Version 2.0	Onset: 2022-03-04
Age: 55.0	Days after vaccination: 340
Sex: Female	Submitted: 0000-00-00
Location: Montana	Entered: 2022-05-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003B21A / 2	LA / IM

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

Symptoms: [COVID-19](#), [Cardiac arrest](#), [Condition aggravated](#), [Death](#), [Depressed level of consciousness](#), [Extubation](#), [Fraction of inspired oxygen](#), [Hypercapnia](#), [Influenza A virus test](#), [Influenza B virus test](#), [Infusion](#), [Mechanical ventilation](#), [Pneumonia](#), [Positive airway pressure therapy](#), [Positive end-expiratory pressure](#), [Respiratory failure](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Tracheostomy](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), 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), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: adult valved holding chamber (AEROCHAMBER) Inhale into the lungs 4 times daily. 6/1/20 albuterol-ipratropium 2.5-0.5 mg/3 mL SOLN INHALE 3MLS VIA NEBULIZER EVERY SIX HOURS AS NEEDED (MAX OF 4 DOSES IN 24 HOURS) 9/25/20 atorvastatin (L

Current Illness: Asthma Cellulitis Chronic back pain Chronic hypercapnic respiratory failure COPD

(chronic obstructive pulmonary disease) Hypertension Hypothyroidism Sleep apnea Type 2 diabetes mellitus with diabetic nephropathy

Preexisting Conditions: Asthma Cellulitis Chronic back pain Chronic hypercapnic respiratory failure COPD (chronic obstructive pulmonary disease) Hypertension Hypothyroidism Sleep apnea Type 2 diabetes mellitus with diabetic nephropathy

Allergies: Latex, Lisinopril, Metal (Nickel), Tramadol

Diagnostic Lab Data: Ordered Test: FLUABV + SARS-CoV-2 Resp NAA+probe Ordered Test Codes: (LN LOINC)/ Status: Final Accession Number: Specimen Source: SOFT TISSUE SAMPLE Specimen Site: ENTIRE NASOPHARYNX Specimen Collection Date/Time: 2022-02-04 21:43:00.0 * Resulted Test: SARS-CoV-2 RNA Resp QI NAA+probe Coded Result: DETECTED Numeric Result: Units: Text Result: Reference Range From: Not Detected Reference Range To: Performing Facility Details: Date/Time: 2022-02-04 22:39:03.0 Performing Facility: HOSPITAL Facility ID: Interpretation: Very abnormal Result Method: LAB DEVICE: SYSTEM Status: Final Test Code: (LN LOINC)/ Result Code:

CDC Split Type:

Write-up: Case completed 2 series of Moderna vaccine in March 2021, then was hospitalized in March of 2022. Hospitalized at: Hospital. She was admitted on the date noted above with hypercapnic respiratory failure requiring BiPAP. She had severe CO₂ narcosis and was very obtunded. When she started becoming more awake she removed her BiPAP and promptly went into cardiac arrest. She was resuscitated and placed on mechanical ventilation. Further evaluation found her to have a severe left-sided pneumonia, probably on the basis of an aspiration event. She required high levels of PEEP and FiO₂ for oxygenation. Discussions with the family ensued as she had failed multiple spontaneous breathing trials. Tracheostomy was suggested due to her body size and habitus. The family realized that she would never want to be placed on artificial life support for prolonged amount of time nor go to a nursing home. They opted for comfort care. She was given morphine infusion, extubated and then passed away with family at her side. WHILE CASE WAS HOSPITALIZED FOR COVID CARE, AND SUBSEQUENTLY DIED DURING THIS HOSPITALIZATION, COVID WAS NOT NOTED ON HER DEATH CERTIFICATE AS CONTRIBUTING TO HER DEATH. SHE HAD MULTIPLE COMORBIDITIES, AND COVID DID NOT MAKE THE LIST ON HER DEATH CERTIFICATE.

VAERS ID: [2268600](#) ([history](#)) **Vaccinated:** 0000-00-00

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

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

Sex: Female **Entered:** 2022-05-10

Location: Michigan

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No**ER or Doctor Visit? No****Hospitalized? No****Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC202200676166

Write-up: Their mother died days after the first shot; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team A 30-year-old female patient received BNT162b2 (BNT162B2), as dose 1, 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: DEATH (death, medically significant), outcome "fatal", described as "Their mother died days after the first shot". The date and cause of death for the patient were unknown. Subject: Patient Assistance. Customer Verbatim: Is it ok for our children to get the COVID shot now that results show a high risk of serious side effects on children getting the shot? Their mother died days after the first shot. She was 30 yrs of age, healthy, energetic, great mom and wife. Now she is dead and the kids are motherless. Will the kids die too if they get the pfizer shot?. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Reported Cause(s) of Death: Their mother died days after the first shot

VAERS ID: [2268699](#) ([history](#)) **Vaccinated:** 2021-11-02

Form: Version 2.0 **Onset:** 2021-12-20

Age: 71.0 **Days after vaccination:** 48

Sex: Male **Submitted:** 0000-00-00

Location: New York **Entered:** 2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012F21A / 3	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032M20A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 1	LA / IM

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

Symptoms: [Acute myeloid leukaemia](#), [Alanine aminotransferase increased](#), [Anaemia](#), [Aspartate aminotransferase increased](#), [Asthenia](#), [Biopsy bone](#), [C-reactive protein increased](#), [COVID-19 pneumonia](#), [Catheter site haemorrhage](#), [Cellulitis](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Diarrhoea](#), [Gastrointestinal tube insertion](#), [Haematocrit decreased](#), [Haemoglobin decreased](#), [Haemorrhage](#), [Hepatic function abnormal](#), [Intensive care](#), [Leukocytosis](#), [Liver injury](#), [Malaise](#), [Oropharyngeal pain](#), [PO2 decreased](#), [Platelet count decreased](#), [Platelet transfusion](#), [Pneumonia](#), [Pyrexia](#), [Red blood cell transfusion](#), [Sepsis](#), [Thrombocytopenia](#), [Unresponsive to stimuli](#), [White blood cell count increased](#)

SMQs: Liver related investigations, signs and symptoms (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Asthma/bronchospasm (broad), Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and

injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Noninfectious diarrhoea (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), Haematological malignant tumours (narrow), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-27

Days after onset: 7

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: HTN, BPH, h/o Melanoma, h/o malignant neoplasm, Hematuria, CKD III, SOB, Diabetes Insipidus, GERD

Allergies: Bacitracin, Neomycin, Heparinoids, Latex, Neomycin-bacitracinz -polymyxnb, Pentosan Polysulfate Sodium, Polymyxin B.

Diagnostic Lab Data:

CDC Split Type:

Write-up: 12/20/2021 - Came to ER with worsening Covid symptoms- c/o weakness/sore throat/diarrhea. Previous inpatient stay from 12/9 - 12/18, in with cellulitis and later became symptomatic with covid pneum - tested on 12/14 - treated with Remdesivir-5 days, antibiotics, and steroid. Still Thrombocytopenic and anemic with severe Leukocytosis. CRP 7. PaO2 of 70. Vitals WNL. On 2L O2 NC. New diagnosis of AML. Continuing Cefepimine and Doxy. 12/21 - WBC 65.4/Platelets 22. Received 2U platelets. Heparin held due to Thrombocytopenia. 12/22 - CT scan of lung concerning for consolidation. Still on 2LNC. Continuing antibiotic/steroid. Received 2 additional U platelets and 1 PRBC. 12/23 - Bone biopsy complete. Thrombocytopenia likely due to underlying Leukemia. Treatment pending result. Worsening hepatic dysfunction AST- from 138 on adm to 270, ALT from 76 to 200. 12/24 - One IV ripped and bled significantly. Patient unresponsive for 30 seconds trying to move from commode to bed. Rapid called. 2U PRBC and 2U platelets ordered HCT 26.2/HGB 7.8. Moved to CVICU. O2 at 98 on 4LNC. GI consult indicates liver injury likely due to Covid liver, underlying sepsis, and potential drug induced from antibiotics. Indicates there is no specific treatment at this point for liver injury. Antibiotics continued for sepsis/pneumonia. 12/25 - Liver functions stable. Conservative management and supportive care continued. Pulse 124, RR 29, all other vitals WNL. Transfusion support continued for AML. Biopsy report pending. 12/26 - NG tube attempted by nursing. Patient began to bleed and struggle. Attempted a 2nd time. Tip unable to be verified and left in place. Questionable blood aspiration. Developed fever overnight \$g104 - 103.2 - Tylenol given w/o relief. Transitioned to Palliative care for overall poor prognosis. 12/27 - Patient expired @2125

VAERS ID: [2268783](#) ([history](#)) **Vaccinated:** 2021-03-03
Form: Version 2.0 **Onset:** 2022-01-27
Age: 73.0 **Days after vaccination:** 330
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045A21A / 2	- / SYR

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

Symptoms: [Alanine aminotransferase increased](#), [Aspartate aminotransferase increased](#), [Atrial fibrillation](#), [Blood creatinine increased](#), [Blood gases](#), [Blood glucose increased](#), [Blood lactic acid increased](#), [Blood magnesium increased](#), [Blood urea increased](#), [COVID-19](#), [Carbon dioxide decreased](#), [Cardiac arrest](#), [Chest X-ray normal](#), [Dyspnoea](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Generalised tonic-clonic seizure](#), [Hypotension](#), [Influenza virus test positive](#), [Life support](#), [Pulseless electrical activity](#), [Respiratory failure](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Syncope](#), [Transcutaneous pacing](#), [Troponin](#), [Unresponsive to stimuli](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Lactic acidosis (narrow), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (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), Convulsions (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-27

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Workup in the emergency room showed ABG: 6.87/62.2/380/11.8. No leukocytosis, serum C02 7, BUN 40, creatinine 2.0, glucose 369, AST 86, ALT 44, magnesium 2.7,

lactic acid 19.4. High sensitivity troponin 46. Patient was positive for influenza a and COVID-19 antigen positive. Chest x-ray showed endotracheal tube in appropriate position. No evidence of infiltrates or acute cardiopulmonary process. Due to out-of-hospital cardiac arrest and respiratory failure, Statcare Pulmonary has been asked see the patient for admission further treatment.

CDC Split Type:

Write-up: She presents to the emergency room this evening via EMS with out-of-hospital cardiac arrest. Her husband tells me that for the last days she has had some shortness of breath. Tonight, shortness of breath got worse and he decided to bring her to the emergency room to be evaluated. He was assisting her to the car when she collapsed. He states at that time she would not respond to him and he called 911. He believes it took them 5-10 minutes to get there when they arrived they immediately started CPR. EMS reports that the patient was found to be PEA. She received 2 rounds of epinephrine and had return of spontaneous circulation. Unfortunately, once the patient was in the ambulance she again lost her pulse and ACLS protocol was initiated. She was intubated with 200 mg of ketamine and there was a question of tonic clonic seizure activity. Patient was initiated on transcutaneous pacing and brought into the emergency room. On the emergency room, patient was taking off pacing briefly and noted to be in AFib with RVR, but quickly deteriorated became hypotensive therefore norepinephrine was initiated. Patient did lose her pulse and was placed back on transcutaneous pacing.

VAERS ID:	2268808 (history)	Vaccinated:	2021-03-30
Form:	Version 2.0	Onset:	2021-09-20
Age:	74.0	Days after vaccination:	174
Sex:	Female	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	- / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-06

Days after onset: 228

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: Pfizer vaccine x 2. Tested positive for COVID 19 on 09/20/2021. Admitted to the Medical Center on 04/20/2022. Expired on 05/06/2022 while still hospitalized.

VAERS ID: [2268976](#) ([history](#)) **Vaccinated:** 2021-06-02
Form: Version 2.0 **Onset:** 2021-09-12
Age: 73.0 **Days after vaccination:** 102
Sex: Male **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038B21A / 1	RA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002C21A / 2	RA / SYR

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [General physical health deterioration](#), [Hypoxia](#), [Pneumonia bacterial](#), [SARS-CoV-2 test positive](#), [Urinary tract infection](#), [Vaccine breakthrough infection](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-23

Days after onset: 11

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Congestive Heart Failure, Atrial Fibrillation, Chronic Kidney Disease (Stage 4), Past Pulmonary Embolism, Benign Prostatic Hyperplasia, Type I Diabetes, past history of Deep Vein Thrombosis, Hypertension, above-the-knee amputation, COPD, hyperlipidemia, Gout, Aortic Valve Stenosis, Anemia (secondary to chronic kidney disease), Osteoarthritis, Loss of vision in one eye, polycythemia, recurrent pleural effusions

Allergies: Penicillin ("passes out, shakes") Propoxyphene ("shakes, passes out") Cephalexin ("tolerates cefrajaxone, shakes, passes out") Sulfamethoxazole (rash) Trimethoprim (rash) Daptomycin (cough, breathing difficulty) Tramadol (unknown) Amidarone ("pulmonary toxicity")

Diagnostic Lab Data: Positive COVID-19 test via antigen x2 on 09/12/2021 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 05/05/2021 and 06/02/2021. They tested positive for COVID-19 via antigen test x2 on 09/12/2021. They presented to emergency department via ambulance on 09/20/2021 and were admitted to hospital. The individual experienced complications of COVID-19 pneumonia, a secondary bacterial pneumonia, hypoxia, and a UTI. Their

condition continued to decline despite treatment. They remained hospitalized until their death on 09/23/2021.

VAERS ID: [2269002](#) ([history](#)) **Vaccinated:** 2021-02-23
Form: Version 2.0 **Onset:** 2021-09-16
Age: 63.0 **Days after vaccination:** 205
Sex: Male **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6203 / 2	RA / SYR

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

Symptoms: [COVID-19](#), [Cardiogenic shock](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Endotracheal intubation](#), [Gastrointestinal haemorrhage](#), [Hypoxia](#), [Mechanical ventilation](#), [Pleural effusion](#), [Pulseless electrical activity](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (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), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-24

Days after onset: 8

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: Peripheral Vascular Disease, Coronary artery Disease, Hypertension and End Stage Renal Disease (on hemodialysis), Type II Diabetes, history of GI Bleed (was hospitalized for this for about 2 weeks, they were discharged just a few days before the adverse event) The

individual was a resident of the nursing home/rehab facility indicated in the Address portion of this form. This seems to have been intended as a short-term stay.

Allergies: No known allergies

Diagnostic Lab Data: Positive COVID-19 tests x2, on 09/16/2021 and 09/24/2021 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 02/02/2021 and 02/23/2021. They tested positive for COVID-19 on 09/16/2021 at the nursing home/rehab facility at which they were a resident. They were admitted to hospital on 09/23/2021 with primary complaints of hypoxia and respiratory failure, after not tolerating non-invasive ventilation at the nursing home. They tested positive again for COVID-19 on 09/24/2021. They then had a Pulseless electrical activity arrest for about 15 minutes. They were intubated, and they experienced cardiogenic shock. Bilateral pleural effusions were also discovered on CT scan. The individual remained hospitalized until their death on 09/24/2021.

VAERS ID: 2269340 (history)	Vaccinated: 2021-09-14
Form: Version 2.0	Onset: 2021-11-01
Age: 95.0	Days after vaccination: 48
Sex: Female	Submitted: 0000-00-00
Location: Georgia	Entered: 2022-05-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3185 / 2	UN / SYR

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

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

SMQs:, Demyelination (narrow), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-08

Days after onset: 99

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: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Transverse myelitis. Contracted covid in January 2022. Passed away on February 08, 2022 from covid.

VAERS ID: [2270547](#) ([history](#)) **Vaccinated:** 2021-04-02
Form: Version 2.0 **Onset:** 2022-02-24
Age: **Days after vaccination:** 328
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-05-11

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-24

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: Comments: Unknown

Allergies:

Diagnostic Lab Data:

CDC Split Type: USJNJFOC20220513819

Write-up: PASSED AWAY; This spontaneous report received from a consumer via a company representative concerned a female of unspecified age, race and ethnicity. The patient's weight, height, and medical history were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin, and batch number were not reported, expiry: unknown) dose was not reported, 1 total was administered on 02-APR-2021 for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On 24-FEB-2022, the patient passed away from unknown cause of death. It was unknown if an autopsy was performed or not. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. This report was serious (Death).; Sender's Comments: V0: 20220513819 - Covid-19 vaccine ad26.cov2.s -Passed away. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). Therefore, this event(s) is considered unassessable.; Reported Cause(s) of Death: UNKNOWN CAUSE OF DEATH

VAERS ID: [2270701](#) ([history](#)) **Vaccinated:** 2022-04-09
Form: Version 2.0 **Onset:** 2022-05-06
Age: 75.0 **Days after vaccination:** 27
Sex: Male **Submitted:** 0000-00-00
Location: Maine **Entered:** 2022-05-11

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

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

Symptoms: [Anuria](#), [Arrhythmia](#), [Blood lactic acid](#), [Blood potassium increased](#), [Blood urea increased](#), [Cardiac failure](#), [Echocardiogram abnormal](#), [Electrocardiogram ST segment depression](#), [Electrocardiogram abnormal](#), [Electrolyte imbalance](#), [Fall](#), [Hypothermia](#), [Life support](#), [Mechanical ventilation](#), [Oliguria](#), [Pneumonia aspiration](#), [Pulse absent](#), [Renal failure](#), [Resuscitation](#), [Shock](#), [Sinus tachycardia](#), [Troponin](#), [Ventricular fibrillation](#), [Ventricular hypokinesia](#), [Ventricular tachycardia](#)

SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Ventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Acute central respiratory depression (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Other ischaemic heart disease (broad), Hypotonic-hypoResponsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (narrow), Tumour lysis syndrome (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Hypokalaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-10

Days after onset: 4

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: EKG 5/6: ventricular tachycardia with diffusely depressed ST segments EKG 5/7: sinus tachycardia, resolution of VT, continued but less severely depressed ST segments diffusely TTE 5/6: EF 35-40%, global hypokinesis, septal dyskinesis, RV apical hypokinesis TTE 5/9 EF 40-45% (while on 4 pressors + dobutamine), moderate global hypokinesis with septal dyskinesis lactate peak 5/7 at 14.2 creatinine peak 5/10: 5.25, BUN 73, K 6.8 troponin peak 5/7: 50.05

CDC Split Type:

Write-up: Patient with no known medical conditions on no home medications found down by his wife in the yard, pulseless. She initiated CPR and called EMS. He was found to be in VFib. He underwent an estimated total of 40 minutes of CPR/ACLS before obtaining ROSC. He was admitted to medical center and was found to be too unstable to proceed to cath lab. He was started on targeted temperature management to 36C for 24 hours before rewarming to normothermia. He suffered severe refractory shock, requiring norepinephrine, vasopressin, phenylephrine, and epinephrine at maximum doses of each plus stress-dose steroids as well as continued intermittent arrhythmia requiring amiodarone infusion. He suffered severe heart failure, requiring dobutamine infusion. He

was also treated with broad spectrum antibiotics empirically for suspected severe aspiration pneumonia, as he required high ventilator support including FiO2 100% and PEEP 12. He also suffered renal failure with progressive oliguria to anuria and electrolyte abnormalities. Despite maximum efforts, patient continued to require high levels of support. It was deemed that this was not a survivable injury and after 5 days family elected to withdraw life support.

VAERS ID: [2270999](#) ([history](#)) **Vaccinated:** 2021-07-19
Form: Version 2.0 **Onset:** 2022-01-01
Age: 75.0 **Days after vaccination:** 166
Sex: Male **Submitted:** 0000-00-00
Location: Georgia **Entered:** 2022-05-11

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-30

Days after onset: 118

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 expired

VAERS ID: [2271019](#) ([history](#)) **Vaccinated:** 2021-11-08
Form: Version 2.0 **Onset:** 2021-11-14
Age: 45.0 **Days after vaccination:** 6
Sex: Female **Submitted:** 0000-00-00
Location: Kansas **Entered:** 2022-05-11

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

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

Symptoms: [Blood test](#), [Cardiac arrest](#), [Computerised tomogram](#), [Death](#), [Immediate post-injection](#)

[reaction](#), [Intensive care](#), [Lumbar puncture](#), [Magnetic resonance imaging](#), [Malaise](#), [Pain](#), [Visual impairment](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Hypersensitivity (narrow), Respiratory failure (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-18

Days after onset: 4

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: Inhaler

Current Illness: Bronchitis 14 days previous

Preexisting Conditions: none

Allergies: NKDA, No food allergies

Diagnostic Lab Data: Please see all records from Medical Center from arriving in ER through her stay at SICU. They did tons of blood work, spinal tap, MRI, CT.

CDC Split Type:

Write-up: Took vaccine and immediately felt ill with body aches and weird colors around lights. Went into Cardiac arrest 11/14/22 with no underlying health conditions and did not survive. Was health before receiving the vaccine

VAERS ID: [2271837](#) ([history](#)) **Vaccinated:** 2021-03-02

Form: Version 2.0 **Onset:** 2021-09-19

Age: 89.0 **Days after vaccination:** 201

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007M20A / 1	UN / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 2	UN / SYR

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

Symptoms: [Adult failure to thrive](#), [Agitation](#), [Asthenia](#), [COVID-19](#), [Death](#), [Decreased appetite](#), [General physical health deterioration](#), [Hypokalaemia](#), [Hypophagia](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#), [Weight decreased](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Hypokalaemia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-26**Days after onset:** 7**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 4 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:**

Preexisting Conditions: Hypertension, Fibrosis of lung, hypothyroidism, osteoporosis, chronic cough, hyperlipidemia, dementia, Parietoalveolar pneumopathy The individual was resident of the assisted living facility indicated in the address portion of this form. The individual had been in overall declining health for several months at the time of the adverse event, with severely decreased appetite which resulted in significant weight loss (BMI was under 18 a time of the adverse event, lost about 8 pounds in the 6 months prior to the adverse event).

Allergies: Penicillin (reaction: "light swelling, flushing")

Diagnostic Lab Data: Positive COVID-19 tests x3 (1 on 09/19/2021 and 2 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 Moderna product on 02/02/2021 and 03/02/2021. They tested positive for COVID-19 on 09/19/2021. They presented to emergency department and were admitted to hospital on 09/21/2021. Two repeat COVID-19 tests was also positive on 09/21/2021. Primary complaints for hospital admission were increased agitation, decreased appetite, and general weakness. On second day of hospitalization, the individual stopped all oral intake. The family agreed to comfort care only. The individual remained hospitalized until their death on 09/26/2021. They were diagnosed with failure to thrive in an adult and hypokalemia.

VAERS ID: [2271851](#) ([history](#))**Vaccinated:** 2021-01-27**Form:** Version 2.0**Onset:** 2021-09-13**Age:** 85.0**Days after vaccination:** 229**Sex:** Male**Submitted:** 0000-00-00**Location:** South Dakota**Entered:** 2022-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 2	LA / SYR

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

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

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

Life Threatening? No**Birth Defect?** No**Died?** Yes

Date died: 2021-09-27**Days after onset:** 14**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: Type II Diabetes, COPD, Obstructive Sleep Apnea (on CPAP), ischemic cardiomyopathy, coronary artery disease, hyperlipidemia, hypertension, previous myocardial infarction, chronic kidney disease, BPH, dementia, Parkinson's Disease, The individual was a resident of the assisted living facility indicated in the address portion of this form.

Allergies: Sulfa/Sulfonamide Antibiotics (reaction: unknown, but categorized as severe)

Diagnostic Lab Data: Positive COVID-19 test on 09/13/2021 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 01/06/2021 and 01/27/2021. They tested positive for COVID-19 on 09/13/2021. They presented to emergency department on 09/19/2021 with primary complaints of chills/shaking. They were admitted to hospital and diagnosed with COVID-19 pneumonia. They continued to decompensate and remained hospitalized until their death on 09/27/2021.

VAERS ID: [2273571](#) ([history](#))**Vaccinated:** 2021-04-27**Form:** Version 2.0**Onset:** 2021-09-27**Age:** 97.0**Days after vaccination:** 153**Sex:** Male**Submitted:** 0000-00-00**Location:** South Dakota**Entered:** 2022-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0169 / 2	LA / SYR

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

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

SMQs: Anaphylactic reaction (broad), Ischaemic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), 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:** 2**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: Type II Diabetes, Previous Cerebrovascular Accident, Hypothyroidism, Chronic Kidney Disease (Stage III) Ischemic Stroke about 3 weeks prior to the adverse event. The individual was a resident of the nursing home indicated in the address portion of this form.

Allergies: Codeine (reaction: other, not specified) Aspirin (reaction: other, not specified)

Diagnostic Lab Data: Positive COVID-19 tests x4 on 09/27/2021 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 Pfizer product on 04/06/20221 and 04/27/2021. They tested positive for COVID-19 on 09/27/2021 x4. They were briefly admitted to hospital on 09/29/2021 after presenting to emergency department for shortness of breath, but were discharged back to the nursing home at which they were a resident. The individual was a DNR and on comfort care only. They died later on the same day, on 09/29/2021.

VAERS ID: [2275258](#) ([history](#)) **Vaccinated:** 0000-00-00

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

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

Sex: Unknown **Entered:** 2022-05-13

Location: California

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: Unknown

Allergies:

Diagnostic Lab Data:

CDC Split Type: USJNJFOC20220520946

Write-up: DIED; This spontaneous report received from a consumer via a company representative via media concerned a patient of an unspecified age, sex, race and ethnicity. The patient's height and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin and batch number were not reported and expiry: unknown) 1 total, dose and start therapy date were not reported administered for prophylactic vaccination. The batch number was not reported. Per Procedure, no follow up will be requested for this case. No concomitant medications were reported. On an unspecified date, the patient died from an unknown cause of death. It was unspecified if an autopsy was performed or not. The reporter stated that, "Unfortunately, my cousin took your Covid vaccine and died right after". The action taken with covid-19 vaccine ad26.cov2.s was not applicable. This report was serious (Death).; Sender's Comments: V0: 20220520946-covid-19 vaccine ad26.cov2.s - died. The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). Therefore, this event(s) is considered unassessable.; Reported Cause(s) of Death: UNKNOWN CAUSE OF DEATH

VAERS ID: [2275268](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0 **Onset:** 2022-01-04

Age: 70.0 **Submitted:** 0000-00-00

Sex: Male **Entered:** 2022-05-13

Location: Louisiana

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-04

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: brother passed away of unknown circumstances on 04Jan2022; This spontaneous case was reported by a consumer and describes the occurrence of DEATH (brother passed away of unknown circumstances on 04Jan2022) in a 70-year-old male patient who received mRNA-1273 (Spikevax) for COVID-19 vaccination. No Medical History information was reported. On an unknown date, the patient received dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. Death occurred on 04-Jan-2022 The patient died on 04-Jan-2022. The cause of death was not reported. It is

unknown if an autopsy was performed. No concomitant medications were provided by the reporter. No treatment information was provided by the reporter. It was reported that patient was now deceased who was in a Moderna Covid-19 vaccine clinical study in 2020. The trial was conducted by the Medical Center. It was reported that the patient passed away due to unknown circumstances on 04Jan2022. The patient received a placebo injection in the study. After the trial ended, patient got unblinded and then received the Moderna Covid-19 vaccine. The reporter did not report any side effects or adverse reactions to Moderna Covid-19 vaccine. The reporter did not have dates of administration or lot numbers for the patient's Moderna Covid-19 vaccines. Deceased patient was listed as a contact in the case. On 05May2022 the reporter answered the phone and said that he would try to call Moderna back with the information about vaccine lot numbers and dates of administration of the vaccine. Company comment: This Spontaneous case concerns a 70-year-old male patient, with no reported medical history, who had a serious, unexpected fatal outcome unspecified day, after receiving a dose of mRNA-1273 vaccine. Patient had passed away due to unknown circumstances and the cause of death was not reported. It is unknown if an autopsy was performed. The patient was reported to have been included in a clinical trial and have received a placebo injection while in the study. After the trial ended, the patient received a dose of mRNA-1273 vaccine on unknown date. Clinical course, circumstances surrounding the event and treatment details were not reported in this case. The benefit-risk relationship of mRNA-1273 is not affected by this report. This case was linked to MOD-2022-56043.; Sender's Comments: This Spontaneous case concerns a 70-year-old male patient, with no reported medical history, who had a serious, unexpected fatal outcome unspecified day, after receiving a dose of mRNA-1273 vaccine. Patient had passed away due to unknown circumstances and the cause of death was not reported. It is unknown if an autopsy was performed. The patient was reported to have been included in a clinical trial and have received a placebo injection while in the study. After the trial ended, the patient received a dose of mRNA-1273 vaccine on unknown date. Clinical course, circumstances surrounding the event and treatment details were not reported in this case. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Reported Cause(s) of Death: his brother passed away of unknown circumstances

VAERS ID: [2275442](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Female **Entered:** 2022-05-13
Location: Michigan

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC202200698560

Write-up: This one lady didn't have cancer and she was dead in three weeks; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. 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 and concomitant medications were not reported. The following information was reported: DEATH (death, medically significant), outcome "fatal", described as "This one lady didn't have cancer and she was dead in three weeks". The date and cause of death for the patient were unknown. It was not reported if an autopsy was performed. Clinical information: Caller is a consumer who states "my sister was going on and on about deaths related to covid injections" later clarifying she was speaking about the Pfizer-Covid19 vaccine. She states "We've had several friends up and die. she's had 4 friends develop cancer quickly and die after receiving the vaccine. This one lady didn't have cancer and she was dead in three weeks." Later adding "I think she's worried about long-term side effects" not those close to administration but "5 months later they got sick and died, people who had cancer and it came back quickly". She states her sister has been doing a lot of research online, but she's not sure what sources she's reading. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Reported Cause(s) of Death: This one lady didn't have cancer and she was dead in three weeks

VAERS ID: [2275861](#) ([history](#))**Vaccinated:** 2022-02-07**Form:** Version 2.0**Onset:** 2022-05-12**Age:** 60.0**Days after vaccination:** 94**Sex:** Female**Submitted:** 0000-00-00**Location:** Minnesota**Entered:** 2022-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	331308A / 3	RA / IM

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19, SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-12**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 233 days**Extended hospital stay?** No

Previous Vaccinations:**Other Medications:****Current Illness:****Preexisting Conditions:** Hx of pulmonary embolus, diabetes type 2, Thalassemia,**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Hospitalized long term for multiple issues. Pt positive for COVID 19 on 10/31/2021.**VAERS ID:** [2275895](#) ([history](#)) **Vaccinated:** 2021-10-26**Form:** Version 2.0 **Onset:** 2022-02-01**Age:** 82.0 **Days after vaccination:** 98**Sex:** Female **Submitted:** 0000-00-00**Location:** Kentucky **Entered:** 2022-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF8839 / 3	LA / IM

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:** 2022-02-01**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:** Methotrexate levothyroxine multivitamin omeprazole methylcellulose Cymbalta Vitamin D3 Folic acid Orencia Tylenol Colace Plaquenil Neurontin Ferrous sulfate plavix toprol XL Amiodarone Lipitor Albuterol Melatonin**Current Illness:****Preexisting Conditions:** Advance dementia rheumatoid arthritis supraventricular tachycardia**Allergies:** Penicillins codeine red dye horse/equine containing products**Diagnostic Lab Data:** Positive COVID-19 test on 2/1/22.**CDC Split Type:****Write-up:** Patient had breakthrough infection and passed away.

VAERS ID: [2275907](#) ([history](#)) **Vaccinated:** 2021-08-26
Form: Version 2.0 **Onset:** 2022-02-14
Age: 81.0 **Days after vaccination:** 172
Sex: Male **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 1	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3182 / 3	- / -

Administered by: Unknown **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: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Unknown

Allergies: Unknown

Diagnostic Lab Data: Positive COVID-29 test on 1/28/2022.

CDC Split Type:

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: [2275940](#) ([history](#)) **Vaccinated:** 2021-05-06
Form: Version 2.0 **Onset:** 2021-09-16
Age: 88.0 **Days after vaccination:** 133
Sex: Female **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	041A21A / 1	LA / SYR

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-29

Days after onset: 13

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: Hyperlipidemia, Arthritis, Parkinson's Disease, Hypothyroidism, Type II Diabetes, COPD, Chronic Kidney Disease, Interstitial Lung Disease, 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: Positive COVID-19 test 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 Janssen product on 05/06/2021. They tested positive via antigen test on 09/16/2021 at the nursing home at which they were a resident. They presented to emergency department on 09/24/2021 with primary complaint of low oxygen saturation. The individual reported no symptoms such as shortness of breath, etc. The individual was sent to emergency dept by their primary care provider, who had noted the low oxygen saturation. The individual's oxygen saturation was normal when it was checked in the emergency department. I see no indication the individual was admitted to hospital. The individual died on 09/29/2021, although some clinical notes have the death date as 10/01/2021. The death certificate has 09/29/2021 as date of death.

VAERS ID: [2275953](#) ([history](#)) **Vaccinated:** 2021-03-02

Form: Version 2.0 **Onset:** 2021-09-25

Age: 74.0 **Days after vaccination:** 207

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9810 / 1	RA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	LA / SYR

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Death](#), [Dyspnoea](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), 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: 2021-10-01

Days after onset: 6

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Coronary Artery Disease, COPD, squamous cell lung cancer (the individual discontinued chemotherapy 2 weeks previous to the adverse event). Hypertension, Hypothyroidism, Type II Diabetes

Allergies: Thiopental (reaction: "go nuts") [no other details provided]

Diagnostic Lab Data: Positive COVID-19 test on 09/25/2021 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 Pfizer product on 02/09/2021 and 03/02/2021. They presented to Emergency Department on 09/25/2021 after about 6 days of shortness of breath and increasing oxygen requirements.. The individual was admitted to hospital 09/25/2021 and tested positive for COVID-19 upon admission. The individual experienced complications of COVID-19 pneumonia and a cardiac arrest. They were transitioned to comfort care only and died in the hospital on 10/01/2021.

VAERS ID: [2276174](#) ([history](#)) **Vaccinated:** 2021-03-31

Form: Version 2.0 **Onset:** 2021-09-29

Age: 57.0 **Days after vaccination:** 182

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029A21A / 1	LA / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019B12A / 2	LA / SYR

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

Symptoms: [Acidosis](#), [COVID-19](#), [COVID-19 pneumonia](#), [Coagulopathy](#), [Death](#), [Encephalopathy](#), [Hyperglycaemia](#), [Multiple organ dysfunction syndrome](#), [Platelet count decreased](#), [Pneumothorax](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Thrombocytopenia](#), [Vaccine breakthrough infection](#)

SMQs: Anaphylactic reaction (broad), Haematopoietic thrombocytopenia (narrow), Lactic acidosis (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Systemic lupus erythematosus (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad),

Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-06

Days after onset: 7

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Lung Mass, Sjogern's Syndrome, Psoriatic Arthritis, Hypothyroidism, prior frontal stroke, past history of gastric bypass surgery, history of insomnia

Allergies: CEPHALEXIN (reaction: swelling, hives) Ketoralac Tromethamine (reaction: shortness of breath, edema) Butorphanol (reaction: breathing difficulty) Ciprofloxacin (reaction: hives) Amoxicillin (reaction: hives)

Diagnostic Lab Data: Positive COVID-19 tests (x2 on 09/29/2021 and x2 on 09/30/2021) 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 03/03/2021 and 03/31/2021. They tested positive for COVID-19 on 09/29/2021 and 09/30/2021. They were admitted to hospital 09/30/2021. They experienced several complications and co-occurring conditions, including: sepsis, hypoxic respiratory failure, severe acidosis, multiple organ dysfunction, coagulopathy (attributed to COVID-19), tension pneumothorax, low platelet, thrombocytopenia, hyperglycemia, encephalopathy, and COVID-19 pneumonia. The individual remained hospitalized until their death on 10/06/2021. (some clinical documents have date of death as 10/05/2021 but the death certificate has 10/06/2021).

VAERS ID: [2276185](#) ([history](#))

Vaccinated: 2021-02-21

Form: Version 2.0

Onset: 2021-10-09

Age: 92.0

Days after vaccination: 230

Sex: Female

Submitted: 0000-00-00

Location: South Dakota

Entered: 2022-05-13

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

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

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

SMQs: Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic

procedures (narrow), Noninfectious diarrhoea (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-10

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Adult Failure to Thrive, Alzheimer's Dementia. Immunocompromised, history of cancer, kidney/renal disease The individual was a resident of the nursing home indicated in the Address portion of this form.

Allergies:

Diagnostic Lab Data: Positive COVID-19 test on 10/09/2021 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 01/12/2021 and 02/02/2021. They tested positive for COVID-19 on 10/09/2021 at the nursing home at which they were a resident. I see no indication that the individual was hospitalized, but the nursing home healthcare provider may have more information. It was thought the only symptom the individual had was diarrhea. The individual died on 10/10/2021.

VAERS ID: [2277602](#) ([history](#)) **Vaccinated:** 0000-00-00

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

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

Sex: Unknown **Entered:** 2022-05-14

Location: Michigan

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

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

Symptoms: [Neoplasm malignant](#)

SMQs: Non-haematological malignant tumours (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 INC202200696245

Write-up: develop cancer quickly and die after receiving the vaccine; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from medical information team. 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: NEOPLASM MALIGNANT (death, medically significant), outcome "fatal", described as "develop cancer quickly and die after receiving the vaccine". The patient date of death was unknown. Reported cause of death: "develop cancer quickly and die after receiving the vaccine". It was not reported if an autopsy was performed. This case is reported as non-serious. The reporter stated, "my sister was going on and on about deaths related to covid injections" later clarifying she was speaking about the Pfizer-Covid19 vaccine. She stated, "We've had several friends up and die. she's had 4 friends develop cancer quickly and die after receiving the vaccine. This one lady didn't have cancer and she was dead in three weeks." Later adding "I think she's worried about long-term side effects" not those close to administration but "5 months later they got sick and died, people who had cancer and it came back quickly". She stated her sister had been doing a lot of research online, but she's not sure what sources she's reading. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Reported Cause(s) of Death: develop cancer quickly and die after receiving the vaccine

VAERS ID: [2277758](#) ([history](#))

Vaccinated: 2021-04-21

Form: Version 2.0

Onset: 2022-04-16

Age: 31.0

Days after vaccination: 360

Sex: Male

Submitted: 0000-00-00

Location: New Jersey

Entered: 2022-05-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	019 B21 A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003 C21A / 2	- / -

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

Symptoms: [Back pain](#), [Death](#), [Pain in extremity](#), [Resuscitation](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:** Guanfacine 1 mg twice daily; Prozac 10 mg every other day**Current Illness:** none**Preexisting Conditions:** Tourette's Syndrome**Allergies:** none**Diagnostic Lab Data:** Pronounced dead April 21, 2022.**CDC Split Type:**

Write-up: Started Guanfacine 1 mg twice daily and Prozac 10 mg every other day on Monday, April 11, 2022. Saturday April 16, 2022 began having dull ache in back and left arm, discontinued Guanfacine. Thursday, April 21, 2022, collapsed and was unable to be resuscitated. Pronounced dead.

VAERS ID: [2277774](#) ([history](#)) **Vaccinated:** 2021-09-25
Form: Version 2.0 **Onset:** 2021-10-25
Age: 71.0 **Days after vaccination:** 30
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0179 / 3	LA / IM

Administered by: Work **Purchased by:** ?

Symptoms: [Autoimmune disorder](#), [Cardiac disorder](#), [Confusional state](#), [Death](#), [Fatigue](#), [Hypercoagulation](#), [Injection site pain](#), [Injection site swelling](#), [Intracardiac thrombus](#), [Lethargy](#), [Multisystem inflammatory syndrome](#), [Myocardial infarction](#)

SMQs:, Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Toxic-septic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-15**Days after onset:** 172**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: Site: Pain at Injection Site-Severe, Site: Swelling at Injection Site-Severe, Systemic: Autoimmune Disease (diagnosed by MD)-Medium, Systemic: Cardiac Disorder (diagnosed by MD)-Medium, Systemic: Confusion-Medium, Systemic: Exhaustion / Lethargy-Severe, Systemic: Heart Attack-Severe, Systemic: MIS (Multisystem Inflammatory Syndrome)(diagnosed by MD)-Severe, Additional Details: Death certificate stated that patient had a hyperactive immune response which led to hyper coagulation which resulted in cardioac thrombosis

VAERS ID: [2278177](#) ([history](#)) **Vaccinated:** 2021-04-27

Form: Version 2.0 **Onset:** 2022-05-15

Age: 60.0 **Days after vaccination:** 383

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044B21A / 2	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 1	- / -

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

Symptoms: [Anal incontinence](#), [Asthenia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Chills](#), [Confusional state](#), [Death](#), [Dizziness](#), [Dyspnoea](#), [Exposure to communicable disease](#), [Exposure via direct contact](#), [Fatigue](#), [Fungal test positive](#), [General physical health deterioration](#), [Immunodeficiency](#), [Increased viscosity of bronchial secretion](#), [Laboratory test abnormal](#), [Parasitic test positive](#), [Polyuria](#), [Positive airway pressure therapy](#), [Productive cough](#), [Renal failure](#), [Respiratory disorder](#), [SARS-CoV-2 test positive](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Chronic kidney disease (narrow), Noninfectious diarrhoea (broad), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Respiratory failure (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-15

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: HTN (hypertension) (Chronic) 12/21/2012 History of renal transplant 12/21/2012 Polycystic kidney disease s/p renal transplant (2006) 12/21/2012 T2DM 5/22/2015 Breast cancer with lung mets s/p right lung wedge resection (1/8/2018) complicated by iatrogenic pneumothorax s/p radiation/chemotherapy/left axillary lymph node biopsy x 2 currently on Tamoxifen 9/11/2015 Lung nodule (Chronic) 12/5/2017 Immunosuppressive management encounter following kidney transplant 3/17/2015 Anemia in stage 4 chronic kidney disease Moderate protein-calorie malnutrition

Allergies: Keflex Actos Lisinopril

Diagnostic Lab Data: COVID detected PCR on 05/01/22.

CDC Split Type:

Write-up: Patient with Moderna COVID vaccinations who admitted to hospital with COVID complications and ultimately died on hospice services. Hospitalist d/f note below: "61 YO year old male with a history of polycystic kidney disease s/p renal transplant, left breast cancer, T-cell leukemia, T2DM, and hypertension who presented to the ED on 5/1/2022 with generalized weakness. 2 weeks prior to admission had exposure to a sick contact, since then experiencing generalized weakness and fatigue with chills, lightheadedness, shortness of breath, and a productive cough or thick, clear sputum. His brother, went to check on him the day of admission and found him in his room covered and feces and confused. Labs and chest xray were consistent with COVID19 pneumonia and he was treated with steroids, remdesivir and supportive treatment. Pulmonology was consulted which suggested starting anti-biotics for concerns of superimposed bacterial pneumonia and aggressive diuresis. Fungal cultures revealed a reactive Coccidioides ab and he was started on voriconazole given his immunocompromised state, though there can be cross reactivity with histoplasma ab. He is DNR/DNI aggressive care so bipap,cpap were used for his oxygen needs. Throughout his course his respiratory status continually declined and he developed worsening kidney failure. Palliative was consulted to discuss goals of care. Brother is the patients POA and as the patients status continued to decline, family decided to transition to comfort care and hospice was consulted for GIP status, and was accepted. Patient will transition to hospice inpatient care. " After admitting to hospice services patient died.

VAERS ID: [2278327](#) ([history](#))

Vaccinated: 2021-04-29

Form: Version 2.0

Onset: 2022-05-11

Age: 73.0

Days after vaccination: 377

Sex: Male

Submitted: 0000-00-00

Location: Michigan

Entered: 2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 2	- / -

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

Symptoms: [Acute respiratory failure](#), [Blood gases normal](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Fatigue](#), [Hypercapnia](#), [Lethargy](#), [Positive airway pressure therapy](#), [Respiratory distress](#), [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) (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), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad),

Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-11

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: acetaminophen (TYLENOL) 500 MG tablet albuterol (VENTOLIN) 108 (90 BASE) MCG/ACT inhaler atorvastatin (LIPITOR) 40 MG tablet budesonide/formoterol (SYMBICORT) 160-4.5 MCG/ACT inhaler cholecalciferol (VITAMIN D3) 1000 units clopidogrel

Current Illness: None

Preexisting Conditions: Edema CAD (coronary artery disease) HTN (hypertension) Dyslipidemia COPD (chronic obstructive pulmonary disease) (HCC) Prostate cancer (HCC) Venous insufficiency Cough Subclavian arterial stenosis (HCC) Pulmonary HTN (HCC) OSA on CPAP Hydrocele Cellulitis Tobacco use Malignant neoplasm of supraglottis (HCC) Dyspnea on exertion Chronic hypoxemic respiratory failure (HCC) Cancer related pain Acute hypoxemic respiratory failure due to COVID-19 (HCC)

Allergies: Ace Inhibitors Norco [Hydrocodone-acetaminophen]

Diagnostic Lab Data:

CDC Split Type:

Write-up: Discharge Provider: DO Primary Care Physician at Discharge: MD Admission Date: 5/11/2022 PRESENTING PROBLEM: Acute hypoxemic respiratory failure due to COVID-19 (HCC) [U07.1, J96.01] HOSPITAL COURSE: Patient is a 74 year old male with a pmhx of severe COPD with O2 dependent, recent throat cancer on tube feeds, CAD, HTN, HLD, pulmonary HTN, and smoker. Patient had been short of breath and fatigued for the past three days. He was taken to PCP today and found to have 70% O2 saturations on his home 2L. EMS was called placed him on non-rebreather, gave solumedrol, and duoneb. Patient was in respiratory distress upon arrival with RR into the high 30's. He was found to have COVID-19 and CXR was concerning for a superimposed RLL pneumonia. His initial VBG was ok and he was placed on bipap due to his respiratory distress. Patient then became lethargic, CO2 retention worsened and he became unresponsive. Daughter stated she feels he has just given up with all he has been through. She has been updating family and she notes that he has made it well known he is to be a DNR/DNI. This is evident from prior hospitalizations. ER provider discussed withdrawing care but more family would like to be present so the patient was admitted to the hospital. Family said goodbyes and bipap O2 therapy was withdrawn. The patient passed away later that evening with family at the bedside. HE was given medications for comfort measures and respiratory dyspnea. Patient passed at 2132.

VAERS ID: [2278348](#) ([history](#))

Vaccinated: 2022-03-01

Form: Version 2.0

Onset: 2022-05-01

Age: 49.0

Days after vaccination: 61

Sex: Male

Submitted: 0000-00-00

Location: Michigan

Entered: 2022-05-16

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

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

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

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-07

Days after onset: 6

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: NA

Current Illness: NA

Preexisting Conditions: NA

Allergies: NA

Diagnostic Lab Data: Hospitalized on 5/1/22 due to a cardiac arrest due to the clots.

CDC Split Type:

Write-up: My brother had PE?s and died on 5/7/22

VAERS ID: [2278405](#) ([history](#)) **Vaccinated:** 2021-09-15

Form: Version 2.0 **Onset:** 2022-02-02

Age: 31.0 **Days after vaccination:** 140

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3183 / 2	- / SYR

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

Symptoms: [Aortic valve incompetence](#), [Arterial catheterisation](#), [Blood test abnormal](#), [COVID-19](#), [Cardiac arrest](#), [Cardiac valve vegetation](#), [Central venous catheterisation](#), [Computerised tomogram abnormal](#), [Death](#), [Echocardiogram abnormal](#), [Facial paralysis](#), [Heart rate irregular](#), [Hemiparesis](#), [Inflammatory marker increased](#), [Mental status changes](#), [Muscular weakness](#), [Myalgia](#), [Nodal rhythm](#), [Pulmonary valve disease](#), [Pulse absent](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Vascular catheterisation](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Arrhythmia related investigations, signs

and symptoms (broad), Disorders of sinus node function (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Hearing impairment (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Infective pneumonia (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: 2022-02-09

Days after onset: 7

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: accelerated essential hypertension, anemia d/t chronic kidney disease, chronic systolic heart failure, end stage renal disease on dialysis, epilepsy.

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Initial blood work showed elevated inflammatory markers, TTE demonstrated large vegetation on the noncoronary cusp of aortic valve with moderated to sever AI and echodensity noted on pulmonic valve.

CDC Split Type:

Write-up: Patient tested positive for COVID 19 on 2/2/22. On 2/7/22 presented to Medical Center worsening symptoms of generalized muscle ache, altered mental status and sepsis of unknown origin. Patient was started on broad spectrum antibiotics with vancomycin and cefepime. During dialysis he was noted to have right upper extremity weakness and right-sided facial droop. STAT CT showed possible subarachnoid hemorrhage. on 02/9/22 patient had irregular heart rhythm and accelerated junctional rhythm, cardiology was notified, patient developed a wide-complex sinus wave pattern rhythm and lost pulse and suffered cardiac arrest. ROSC was obtained, arrived in MCC in extremis, right IJ CVL and right radial arterial lines placed, started on vasopressors, stress dose steroids", vas cath placed, CRRT started. Shortly after initial of CRRT patient suffered cardiac arrest, ROSC unable to be maintained.

VAERS ID: [2278414](#) ([history](#)) **Vaccinated:** 2021-06-28

Form: Version 2.0 **Onset:** 2021-08-26

Age: 91.0 **Days after vaccination:** 59

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	- / SYR

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

Symptoms: [Chest X-ray abnormal](#), [Chills](#), [Cough](#), [Death](#), [Dyspnoea](#), [General physical health deterioration](#), [Pneumonia viral](#), [Positive airway pressure therapy](#), [Pulmonary fibrosis](#), [Pyrexia](#)

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

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-08-29**Days after onset:** 3**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient presented to ED on 8/26/2021 with difficulty breathing, the onset was 8/24/2021. Also complains of fever, chills, and cough. Chest Xray in ED showed pulmonary fibrosis and viral PNA. He was started on IVF, IV abx and covid 19 treatment protocols, he was placed on Bipap. The patient was DNR. He was admitted to step down unit and continued on Bipap. He was given tocilizumab and started on baricitinib, and IV steroids. The patient showed little improvement and started to get worse. Family placed patient on comfort measures and wanted to discontinue the bipap. The patient expired on 8/29/2021.

VAERS ID: [2278428](#) ([history](#))**Vaccinated:** 2021-03-23**Form:** Version 2.0**Onset:** 2021-08-24**Age:** 85.0**Days after vaccination:** 154**Sex:** Female**Submitted:** 0000-00-00**Location:** Tennessee**Entered:** 2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027A21A / 2	- / SYR

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

Symptoms: [Anaemia](#), [COVID-19](#), [Computerised tomogram abnormal](#), [Death](#), [Dyspnoea](#), [Hypoxia](#), [Pneumonia viral](#), [Red blood cell transfusion](#), [Refusal of treatment by patient](#), [Respiratory failure](#)

SMQs:, Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haematopoietic erythropenia (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), Cardiomyopathy (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: 2021-08-30

Days after onset: 6

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presents to Hospital as a transfer from Hospital for PNA, hypoxia and anemia. Patient states went to outside hospital d/t worsening SOB. She was diagnosed with COVID 19 on 8/24/2021. The patient was admitted to hospital. CT scan showed viral PNA. She was in respiratory failure and required oxygen. Transfused with PRBC. She was given steroids. Patient began refusing all medications, palliative care consulted. Patient was transitioned to hospice and expired on 8/30/2021.

VAERS ID: [2278436](#) ([history](#)) **Vaccinated:** 2021-02-15

Form: Version 2.0 **Onset:** 2022-01-19

Age: 78.0 **Days after vaccination:** 338

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / SYR

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

Symptoms: [Acute respiratory failure](#), [Blood albumin decreased](#), [Blood alkaline phosphatase increased](#), [Blood glucose normal](#), [Blood lactic acid](#), [Brain natriuretic peptide normal](#), [COVID-19](#), [Cough](#), [Death](#), [Dyspnoea at rest](#), [Dyspnoea exertional](#), [Headache](#), [Hyperhidrosis](#), [Influenza A virus test negative](#), [Nausea](#), [Pain](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Urinary tract infection](#), [Vomiting](#)

SMQs: Liver related investigations, signs and symptoms (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Biliary system related investigations, signs and symptoms (broad), Pulmonary hypertension (broad),

Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-26

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:

Allergies:

Diagnostic Lab Data: ER workup; Glucose 139, albumin 3, total alkaline phosphatase 152, lactic 1, BNP 26, Influenza A negative, Covid 19 positive.

CDC Split Type:

Write-up: Patient presents to medical center with complaints of dyspnea. On 1/17/2022 patient started having a nonproductive cough and fever and ongoing UTI, which she was prescribed antibiotics by PCP. During ED presentation she reports sweats, headache, body aches, dyspnea at rest and with activity and nonproductive cough, nausea, and vomiting. Patient received Zithromax 500 mg IV, cefepime 2 g IV, and Decadron 6mg IV. Admitted to COVID unit with acute respiratory failure. Started on dexamethasone, remdesivir, and oxygen. Pulmonary started patient on baricitinib. Patient did not respond to treatment favorably. Patient family decided to proceed with comfort care measures. Patient expired on 1/26/22

VAERS ID: [2278860](#) ([history](#)) **Vaccinated:** 2021-02-20

Form: Version 2.0 **Onset:** 2021-09-29

Age: 78.0 **Days after vaccination:** 221

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-16

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

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Coagulopathy](#), [Death](#), [Dyspnoea](#), [Encephalopathy](#), [Gastrointestinal haemorrhage](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Shock](#), [Vaccine breakthrough infection](#)

SMQs: Anaphylactic reaction (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow),

Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Ischaemic colitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (narrow), 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: 2021-10-12

Days after onset: 13

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Congestive Heart Failure, End-Stage Renal Disease, Gout, Hypertension, Obstructive Sleep Apnea, COPD, Waldenstrom macroglobulinemia, IgM monoclonal gammopathy, past history of Deep Vein Thrombosis, Implantable Cardioverter-Defibrillator in place, atrial flutter,

Allergies: Amiodarone (reaction: rash)

Diagnostic Lab Data: Positive COVID-19 test on 09/29/2021 and 10/02/2021 (x2) 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 Pfizer product on 01/30/2021 and 02/20/2021. They tested positive for COVID-19 on 09/29/2021 and again on 10/02/2021. They presented to emergency department via EMS on 10/06/2021 with a primary concern of shortness of breath. They were admitted to hospital same day. The individual was found to be having complications and co-occurring conditions including coagulopathy, encephalopathy, COVID-19 pneumonia, hypoxic respiratory failure, shock, and a Gastrointestinal Bleed. They remained hospitalized until their death on 10/12/2021.

VAERS ID: [2280410](#) ([history](#)) **Vaccinated:** 2021-10-25

Form: Version 2.0 **Onset:** 2022-04-30

Age: 77.0 **Days after vaccination:** 187

Sex: Male **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	RA / OT

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

Symptoms: [Fall](#)

SMQs: Accidents and injuries (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-30**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** POMALIDOMIDE; DEXAMETHASONE; NEURONTIN; LACTULOSE**Current Illness:**

Preexisting Conditions: Medical History/Concurrent Conditions: Cardiac arrhythmia (Cardiac arrhythmia- Pacemaker dependent); DVT; Gait abnormal (Impaired Gait); Hypertension (HTN); Multiple myeloma (IgG multiple myeloma); Pacemaker insertion (cardiac) (Cardiac arrhythmia- Pacemaker dependent)

Allergies:**Diagnostic Lab Data:****CDC Split Type:** USMODERNATX, INC.MOD20225

Write-up: falling face first on the floor/collapsed; This spontaneous case was reported by an other health care professional and describes the occurrence of FALL (falling face first on the floor/collapsed) in a 77-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. The patient's past medical history included Multiple myeloma (IgG multiple myeloma) on 01-Mar-2008, Hypertension (HTN) on 09-Aug-2015, Gait abnormal (Impaired Gait) on 11-Jul-2010, Cardiac arrhythmia (Cardiac arrhythmia- Pacemaker dependent) on 09-Aug-2015, DVT on 09-Aug-2015 and Pacemaker insertion (cardiac) (Cardiac arrhythmia- Pacemaker dependent). Concomitant products included POMALIDOMIDE from 21-May-2021 to an unknown date, DEXAMETHASONE from 21-May-2021 to an unknown date, GABAPENTIN (NEURONTIN) from 21-May-2021 to an unknown date and LACTULOSE for an unknown indication. On 25-Oct-2021 at 8:49 AM, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 30-Apr-2022, the patient experienced FALL (falling face first on the floor/collapsed) (seriousness criterion death). The patient died on 30-Apr-2022. The cause of death was not reported. It is unknown if an autopsy was performed. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter considered FALL (falling face first on the floor/collapsed) to be not related. No treatment medication was reported by reporter. It was reported that patient was involved in a study. Patient took third dose of Moderna vaccine on 25-Oct-2021. It was reported that study staff contacted patient on 3-May-2022 for month 6 blood withdraw per protocol and came to know that patient passed away on 30-Apr-2022. Patient wife already informed clinical team of her husband at medical center. patients wife reported that she left the patient home alone for few hours, when she retuned she found that patient had fallen face first in the bathroom. she called EMT for assistance but first responder did not proceed with any intervention. she stated that the cause of death had not yet been released. she reported that the death certificate was pending. Company comment: This spontaneous case concerns a 77 year old male patient with relevant medical history of Multiple myeloma, Hypertension, Cardiac arrhythmia, Cardiac pacemaker insertion and Deep vein thrombosis who met with the unexpected fatal (seriousness criteria-death) event of Fall, about 6 months, 4 days after receiving the third dose with mRNA-1273 vaccine in the COVID-19 vaccination series. Patient was at home and collapsed falling face first on the floor; could not be revived by the rescue team. The cause of death was not known. No further information on autopsy details and details pertaining to the previous doses was available in the report. Elderly age of the patient and multiple co morbidities could be risk factors for the fatal outcome. The causality for the fatal event was "not related" as per the report. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Sender's Comments: This spontaneous case concerns a 77 year old male patient with

relevant medical history of Multiple myeloma, Hypertension, Cardiac arrhythmia, Cardiac pacemaker insertion and Deep vein thrombosis who met with the unexpected fatal (seriousness criteria-death) event of Fall, about 6 months, 4 days after receiving the third dose with mRNA-1273 vaccine in the COVID-19 vaccination series. Patient was at home and collapsed falling face first on the floor; could not be revived by the rescue team. The cause of death was not known. No further information on autopsy details and details pertaining to the previous doses was available in the report. Elderly age of the patient and multiple co morbidities could be risk factors for the fatal outcome. The causality for the fatal event was "not related" as per the report. The benefit-risk relationship of mRNA-1273 is not affected by this report.; Reported Cause(s) of Death: Unknown cause of death

VAERS ID: [2280666](#) ([history](#)) **Vaccinated:** 2021-05-12
Form: Version 2.0 **Onset:** 2022-01-12
Age: 79.0 **Days after vaccination:** 245
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024C21A / 2	- / SYR

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

Symptoms: [Angiogram pulmonary abnormal](#), [Asthenia](#), [Atrial fibrillation](#), [COVID-19](#), [Chemotherapy](#), [Chest X-ray abnormal](#), [Chills](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Hypoxia](#), [Intensive care](#), [Lung disorder](#), [Lung opacity](#), [Mechanical ventilation](#), [Oxygen saturation decreased](#), [Pneumonia](#), [Productive cough](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Sputum discoloured](#), [Ultrasound Doppler normal](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Supraventricular tachyarrhythmias (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), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-23

Days after onset: 11

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CT angio of the chest 01/14/2022 shows bilateral airspace disease suggestive of pneumonia. Findings most prominent in the left lower lobe. Venous Doppler of the lower extremities bilaterally 01/14/2022 is negative for deep vein thrombosis. Chest x-ray on 01/12/2022 shows stable severe diffuse airspace disease in the left lung, worse in the mid to lower aspect. Persistent band-like opacity and airspace disease in the right mid to lower lobe.

CDC Split Type:

Write-up: 79-year-old male with a history of chronic obstructive pulmonary disease, atrial fibrillation, gastroesophageal reflux disease, oral cancer, lung cancer for which he follows with his oncologist and status post chemotherapy with last treatment approximately 2 weeks prior to admission after which he reported he had progressively worsening shortness of breath and associated weakness, chills, productive cough with thick green sputum, for which he presented to the emergency room on 01/12/2022. He went to see his PCP on the day of admission when his symptoms did not improve and was found to be in atrial fibrillation with rapid ventricular response, and EMS was activated for transport to Medical center. Upon arrival to the emergency room; he was found to be hypoxic and placed on supplemental oxygen and tested positive for Covid-19. He was given diltiazem in the emergency room and admitted to the Covid step-down floor. He continued to require increasing amounts of oxygen despite being placed on remdesivir, steroids, vitamin C, and zinc. Transferred to the intensive care unit due to ongoing worsening respiratory failure. Pulmonology was consulted on 01/14/2022. Patient was intubated on 01/15/2022 and never came off the ventilator. He remained with low oxygen saturations in the 80s. He did get treated with baricitinib as well for the COVID-19. Patient expired on 1/23/22.

VAERS ID: 2280700 (history)	Vaccinated: 2021-02-26
Form: Version 2.0	Onset: 2022-01-29
Age: 72.0	Days after vaccination: 337
Sex: Female	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3249 / 2	- / SYR

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

Symptoms: [Atrial flutter](#), [Blood pressure abnormal](#), [COVID-19](#), [Death](#), [Dialysis](#), [Dyspnoea](#), [Palpitations](#), [SARS-CoV-2 test positive](#)

SMQs: Acute renal failure (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Hypertension (broad), Cardiomyopathy (broad), Chronic kidney disease (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: 2022-01-31

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: patient admitted on 1/25/22 after noted in dialysis with atrial flutter, given metoprolol and blood pressure became worse. She complains of SOB and palpitations. Patient on 2LNC 24/7. Patient tested positive for Covid 19 on 1/29/22. Patient expired on 1/31/22.

VAERS ID: [2280726](#) ([history](#)) **Vaccinated:** 2021-03-12

Form: Version 2.0 **Onset:** 2022-04-12

Age: 63.0 **Days after vaccination:** 396

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 1	- / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	- / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0169 / 3	- / IM

Administered by: Private **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: 2022-04-19

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: loratadine methotrexate montelukast prednisone folic acid

Current Illness:

Preexisting Conditions: COPD Hypertension

Allergies: amoxicillin codeine

Diagnostic Lab Data:

CDC Split Type:

Write-up: Death and COVID pos S/p COVID vaccination

VAERS ID: [2280756](#) ([history](#)) **Vaccinated:** 2021-04-29
Form: Version 2.0 **Onset:** 2022-01-31
Age: 68.0 **Days after vaccination:** 277
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 2	- / SYR

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

Symptoms: [Acute kidney injury](#), [Blood pressure decreased](#), [COVID-19](#), [Cardio-respiratory arrest](#), [Cardiogenic shock](#), [Death](#), [Dementia](#), [General physical health deterioration](#), [Hepatic failure](#), [Mental status changes](#), [Multiple organ dysfunction syndrome](#), [Nervous system disorder](#), [Oedema peripheral](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Sepsis (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: 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:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 68 year-old male recently diagnosed with dementia, presents emergency department with family concerning for worsening mental status over the last 2 weeks. According to family members, patient's blood pressure has been in decline over the last 1 month in duration has been having medications discontinued due to low blood pressure. Patient was having progressive worsening lower

extremity edema and then had Lasix increased. According to family members, patient's mental status yesterday has been worse. Cardiopulmonary arrest in setting of progressive decline over 1 month. Cause of death uncertain. He appears to have been in cardiogenic shock occurring in the setting of multiple organ failure including AKI and liver failure. This may have been precipitated by acute cholangitis. The cause of his neurological decline is uncertain, but may relate to his COVID-19.

VAERS ID:	2280935 (history)	Vaccinated:	2021-03-16
Form:	Version 2.0	Onset:	2021-08-17
Age:	80.0	Days after vaccination:	154
Sex:	Male	Submitted:	0000-00-00
Location:	South Dakota	Entered:	2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805020 / 1	UN / SYR

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

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

SMQs: Haematopoietic erythropenia (broad), Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-13

Days after onset: 57

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Long term use of anticoagulants (Warfarin)

Current Illness:

Preexisting Conditions: Stage III Chronic Kidney Disease, Obstructive Sleep Apnea, Type II Diabetes Mellitus, Mechanic Aortic Valve Replacement, COPD, Diverticulitis, Oxygen Dependent, Past history of pleural effusion and left lung collapse. Former smoker. Clinical notes indicate the individual was a resident of a nursing home but did not indicate which one.

Allergies: Aspirin (reaction: hives) Iodine (reaction not listed) Penicillin (reaction not listed)

Diagnostic Lab Data: Positive COVID-19 test on 08/17/2021 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 Janssen product on 03/16/2021. They tested positive for COVID-19 on 08/17/2021. They presented to emergency department on 10/12/2021 with primary concern of GI bleed and anemia. They were not admitted to hospital, but discharged to nursing home for comfort care. They died on 10/13/2021.

VAERS ID: [2280969](#) ([history](#)) **Vaccinated:** 2021-02-12
Form: Version 2.0 **Onset:** 2021-02-12
Age: 71.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Utah **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031M20A / 1	- / IM

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

Symptoms: [Death](#), [Pulmonary embolism](#), [Resuscitation](#)

SMQs: Embolic and thrombotic events, venous (narrow)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2021-02-12

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: Irbesartan, hydrochlorothiazide, tadalafil, simvastatin, ezetimibe, testosterone cream, diclofenac topical

Current Illness: none

Preexisting Conditions: coronary atherosclerosis, aortic insufficiency, hypertension, obstructive sleep apnea

Allergies: no known allergies

Diagnostic Lab Data: Attempted resuscitation.

CDC Split Type:

Write-up: Patient suffered massive pulmonary embolism and died about 2 hours after receiving this vaccination.

VAERS ID: [2280975](#) ([history](#)) **Vaccinated:** 2021-02-04
Form: Version 2.0 **Onset:** 2022-01-21
Age: 76.0 **Days after vaccination:** 351
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 2	- / SYR

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

Symptoms: [Aortic aneurysm](#), [COVID-19](#), [Chest X-ray abnormal](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Lung infiltration](#), [Malaise](#), [Positive airway pressure therapy](#), [Pulmonary artery dilatation](#), [Pulmonary fibrosis](#), [Pulmonary hypertension](#), [SARS-CoV-2 test positive](#)

SMQs: Interstitial lung disease (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective

pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-04

Days after onset: 14

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient has severe underlying fibrotic lung disease. Evaluations in the past suggested possibly hypersensitivity pneumonitis. There was concern she might also have severe pulmonary fibrosis. She has been on Ofev and oxygen at home. Her baseline oxygen is 5 L at rest and 10 L with activity. Patient developed symptoms 1/17/2022. She was+ for COVID 1/24/2022. At that time chest x-ray showed severe pulmonary fibrosis. CT chest 1/25/2022 with extensive pulmonary fibrosis and bibasilar infiltrates as well as ascending aortic aneurysm 4.1 cm and pulmonary artery dilation consistent with pulmonary hypertension. She has been on a burst of high-dose Solu-Medrol per pulmonary. Patient is now transitioning to prednisone. She did receive tocilizumab. Patient required bipap, family decided to discharge on hospice. Patient expired on 2/4/22.

VAERS ID: [2280990](#) ([history](#)) **Vaccinated:** 2021-03-01

Form: Version 2.0 **Onset:** 2021-12-20

Age: 90.0 **Days after vaccination:** 294

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043L20A / 2	- / SYR

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

Symptoms: [Atelectasis](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Mental status changes](#), [Renal failure](#), [SARS-CoV-2 test positive](#)

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

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-12-27**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:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient reports to hospital from assisted living facility for altered mental status, with a positive covid test 10 days prior. Admitted to step down unit on 3 LNC. Chest Xray showing lungs under expand with atelectasis. She was started on dexamethasone. She was not a candidate for additional covid therapies due to significant renal failure. Patient made comfort care and expired on 12/27/21.

VAERS ID: [2281005](#) ([history](#)) **Vaccinated:** 2021-04-03

Form: Version 2.0 **Onset:** 2021-12-26

Age: 67.0 **Days after vaccination:** 267

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0153 / 2	- / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [COVID-19 pneumonia](#), [Cardio-respiratory arrest](#), [Cough](#), [Death](#), [Dyspnoea](#), [Sepsis](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Respiratory failure (broad), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-12-28**Days after onset:** 2**Permanent Disability?** No**Recovered?** No**Office Visit?** No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient presents to ED with difficulty breathing, coughing, and dyspnea. Sepsis present upon admission secondary to Covid-PNA. Patient expired on 12/28/2021 due to cardiopulmonary arrest.

VAERS ID: [2281210](#) ([history](#)) **Vaccinated:** 2021-02-10

Form: Version 2.0 **Onset:** 2021-10-11

Age: 83.0 **Days after vaccination:** 243

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3248 / 2	RA / SYR

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

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

SMQs: Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-10-16**Days after onset:** 5**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: Dementia, Atrial Fibrillation, Congestive Heart Failure, Frequent Falls, Chronic Kidney Disease (Stage III), Mixed Hyperlipidemia, Chronic Back Pain, Hypertension, Chronic Iron Deficiency Anemia, Mitral Valve Regurgitation (Chronic), Cardiac Pacemaker in place The individual was a resident of the nursing home indicated in the address portion of this form.

Allergies: Tramadol (reaction not specified) Amitriptyline (reaction: "daughter thinks it caused hallucinations")

Diagnostic Lab Data: Positive COVID-19 test on 10/11/2021 x2 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 01/20/2021 and 02/10/2021. They presented to Emergency Department on 10/07/2021 with a primary complaint of chest pain. They were evaluated and discharged back to the nursing home at which they were a resident without being admitted to hospital. They tested positive twice on 10/11/2021 via antigen test at the nursing home at which they were a resident. They were hospitalized briefly on 10/14/2021 (admitted and discharge dates are the same day). The individual died on 10/16/2021.

VAERS ID: 2281223 (history)	Vaccinated: 2021-05-05
Form: Version 2.0	Onset: 2021-06-10
Age: 49.0	Days after vaccination: 36
Sex: Female	Submitted: 0000-00-00
Location: New York	Entered: 2022-05-17

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

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

Symptoms: [Amyotrophic lateral sclerosis](#), [Death](#), [Muscular weakness](#)

SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-06

Days after onset: 149

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: High Blood Pressure medication, Diabetes Medication

Current Illness:

Preexisting Conditions: Diabetes, High Blood Pressure, Psoriasis

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Shortly After the second dose patient started to have weakness in her left hand, which after a few weeks went to her right hand and arm then her legs. She was diagnosed with ALS on September 8 2021 and died on November 6, 2021. We want report this event so others could be informed of any possible adverse reactions due to the fact that this occurred shortly after patient had the second vaccine. If there are any studies or similar events that occurred to others I would like to be informed.

VAERS ID: [2281409](#) ([history](#)) **Vaccinated:** 2021-03-03
Form: Version 2.0 **Onset:** 2021-12-28
Age: 82.0 **Days after vaccination:** 300
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	- / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Decreased appetite](#), [Dyspnoea exertional](#), [Fatigue](#), [Hypoxia](#), [Intensive care](#), [Pyrexia](#), [Sepsis](#)

SMQs: Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-19

Days after onset: 22

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: Patient with CLL admitted through the ED with hypoxemia and fever. She presented with decreased appetite, fatigue, and dyspnea on exertion. On 1/11/22 the patient acutely worsened, likely from sepsis due to Covid-19. She was transferred to ICU for increased oxygenation needs requiring high flow nasal cannula. Remdesivir and dexamethsone completed. Comfort care was initiated on 1/17/22 and the patient expired on 1/19/22.

VAERS ID: [2281416](#) ([history](#)) **Vaccinated:** 2021-02-22
Form: Version 2.0 **Onset:** 2021-09-02
Age: 93.0 **Days after vaccination:** 192
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9269 / 2	- / SYR
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Administered by: Public **Purchased by:** ?

Symptoms: [Acute myocardial infarction](#), [Acute respiratory distress syndrome](#), [Acute respiratory failure](#), [Aortic stenosis](#), [COVID-19](#), [Computerised tomogram head abnormal](#), [Confusional state](#), [Death](#), [Disorientation](#), [Hypotension](#), [Lung consolidation](#), [Meningioma](#), [Pneumonia bacterial](#), [SARS-CoV-2 test positive](#), [Speech disorder](#)

SMQs: Anaphylactic reaction (narrow), Interstitial lung disease (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-23

Days after onset: 21

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is a 93 year-old male, with past medical history significant for HTN, prior ICH, suspected CKD, meningioma and recent SARS Covid 19 infection. Prior to his hospitalization, patient was hospitalized, early September, 2021 when tested positive for COVID on admission on 09/02/21 . Reportedly his symptoms started on 08/30/21. He was found to have right upper lobe consolidation. He was treated With Rerndesivi and ceftriaxone, which was transitioned to Cefdinir upon transfer to skilled nursing facility on 09/08/2021.. At that time, he was fully oriented and able to talk over the phone. Since then, he reportedly became increasingly confused, disoriented, with nonsensical speech without focal deficits. While at hospital, he was incidentally noted to have meningioma on head CT. Patient was seen at ED on 09/19/21 for reported acute respiratory distress. His oxygen saturation was reported to be in the 60% range. He was on NRB, which was slowly titrated down to 6L via NC. He was also hypotensive. Patient died 9/23/2021 at 2: 19 AM. Cause of death acute hypoxemic respiratory failure, bacterial pneumonia; nonSTEMI, severe aortic stenosis, recent COVID-19.

VAERS ID: [2281417](#) ([history](#)) **Vaccinated:** 2021-07-28
Form: Version 2.0 **Onset:** 2021-08-02
Age: 75.0 **Days after vaccination:** 5
Sex: Male **Submitted:** 0000-00-00
Location: Utah **Entered:** 2022-05-17

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

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

Symptoms: [Cardiogenic shock](#), [Cough](#), [Death](#), [Wheezing](#)

SMQs:, Cardiac failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-02-08

Days after onset: 190

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 150 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Heart

Preexisting Conditions: Heart condition

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Coughing and wheezing 2 days after vaccine. Lasting 6 months. Death from Cardiogenic shock. Patient never suffered from wheezing before vaccine but didn't have it until he died.

VAERS ID: [2281418](#) ([history](#)) **Vaccinated:** 2021-03-30
Form: Version 2.0 **Onset:** 2021-12-30
Age: 66.0 **Days after vaccination:** 275
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	0414A21A / 1	- / SYR

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

Symptoms: [COVID-19](#), [Computerised tomogram head abnormal](#), [Death](#), [Diabetic ketoacidosis](#),

[Endotracheal intubation](#), [General physical health deterioration](#), [Metabolic acidosis](#), [Unresponsive to stimuli](#), [White matter lesion](#)

SMQs: Angioedema (broad), Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-03

Days after onset: 35

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient brought into the ED for unresponsiveness and found to be in severe metabolic acidosis and DKA. Patient was recently treated for Covid 19 at a Hospital. Patients condition decline and she could not protect her airway and was intubated the patient repeat CAT scan show diffuse white matter change discussed with the ramify the possibility that she might have severe stroke or severe encephalitis. Recommend hospice and family agree to proceed. Patient expired on 02/03/2022.

VAERS ID: [2281893](#) ([history](#)) **Vaccinated:** 2021-10-25

Form: Version 2.0 **Onset:** 2022-03-05

Age: 29.0 **Days after vaccination:** 131

Sex: Male **Submitted:** 0000-00-00

Location: California **Entered:** 2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1333 / 1	- / -

Administered by: Work **Purchased by:** ?

Symptoms: [Death](#), [Myocardial infarction](#), [Organ failure](#), [Sepsis](#)

SMQs: 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 (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Sepsis (narrow), Opportunistic infections (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-10**Days after onset:** 5**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None

Preexisting Conditions: The J&J vaccine caused the death of my grandson was a healthy young man father of 2 young children whose father was murdered..

Allergies: None**Diagnostic Lab Data:****CDC Split Type:**

Write-up: My grandson suffered a massive heart attack, septic, organ failure and passed March 10th 2022 leaving 2 babies fatherless

VAERS ID: [2282884](#) ([history](#)) **Vaccinated:** 2021-03-22

Form: Version 2.0 **Onset:** 2022-01-27

Age: 63.0 **Days after vaccination:** 311

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-18

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

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

Symptoms: [Acute respiratory failure](#), [Anticoagulant therapy](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Intensive care](#), [Interstitial lung disease](#), [Lung hyperinflation](#), [Lung opacity](#), [Mental status changes](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#), [Urinary incontinence](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (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), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-23**Days after onset:** 27**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 presented to the ED with altered mental status, shortness of breath and urine incontinence. Patient was given fluids, antibiotics and started on Bipap. Patient tested covid positive. Chest xray revealed advanced chronic interstitial disease with hyperinflation with opacities. Patient was transferred to the ICU. Patient was started on Remdesivir, Decadron and lovenox. Patient was made a hospice patient and expired due to acute respiratory failure on 02/23/2022.

VAERS ID: [2283106](#) ([history](#))**Vaccinated:** 2021-02-20**Form:** Version 2.0**Onset:** 2022-04-25**Age:** 75.0**Days after vaccination:** 429**Sex:** Male**Submitted:** 0000-00-00**Location:** Minnesota**Entered:** 2022-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6203 / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-13**Days after onset:** 18**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 8 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: CIALIS AS NEEDED, FLUTICASONE NASAL SUSPENSION AS NEEDED, MELOXICAM DAILY, IBUPROFEN AS NEEDED, MULTIVITAMIN DAILY, ACETAMINOPHEN AS NEEDED, VITAMIN D DAILY

Current Illness: NONE KNOWN**Preexisting Conditions:** HYPERLIPIDEMIA**Allergies:** NONE KNOWN

Diagnostic Lab Data: COVID-19 VIRUS MOLECULAR TEST POSITIVE 4/25/22**CDC Split Type:****Write-up:** HOSPITALIZATION AND DEATH RELATED TO COVID-19 FOLLOWING COMPLETION OF PRIMARY VACCINE SERIES

VAERS ID: [2283266](#) ([history](#)) **Vaccinated:** 2021-02-18
Form: Version 2.0 **Onset:** 2021-10-11
Age: 92.0 **Days after vaccination:** 235
Sex: Female **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 1	UN / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6201 / 2	UN / SYR

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [Pancytopenia](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Septic shock](#), [Vaccine breakthrough infection](#)**SMQs:** Anaphylactic reaction (broad), Agranulocytosis (narrow), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Toxic-septic shock conditions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Myelodysplastic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-10-16**Days after onset:** 5**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:** Chemotherapy for metastatic breast cancer**Current Illness:****Preexisting Conditions:** Metastatic Brest Cancer, Past history of squamous cell skin cancer, past history of basal cell carcinoma, hypertension, Hypothyroidism, Previous myocardial infarction, paroxysmal A-Fib**Allergies:****Diagnostic Lab Data:** Positive COVID-19 tests x2 on 10/11/2021 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 01/28/2021 and 02/18/2021. They presented to emergency department on 10/11/2021 with primary concerns of shortness of breath and fever which had been happening for about 2 days (symptom onset approx. 10/09/2021). They were admitted to hospital on

10/11/2021 and tested positive for COVID-19 upon admission. They experienced complications of COVID-19 pneumonia, septic shock, and pancytopenia. They remained hospitalized until their death on 10/16/2021.

VAERS ID: [2283435](#) ([history](#)) **Vaccinated:** 2021-10-11
Form: Version 2.0 **Onset:** 2021-10-19
Age: 107.0 **Days after vaccination:** 8
Sex: Female **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-18

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

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

Symptoms: [Asthenia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cerebrovascular accident](#), [Death](#), [Decreased appetite](#), [Mobility decreased](#), [Peripheral swelling](#), [Vaccine breakthrough infection](#)

SMQs: Cardiac failure (broad), Angioedema (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-19

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 10 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Coronary Artery Disease, Chronic Kidney Disease (Stage III), Hypertension, Hyperlipidemia, Anemia, Coronary Atherosclerosis, Peripheral Edema, Heart Failure, Actinic Keratosis The individual was a resident of the assisted living facility indicated in the Address portion of this form.

Allergies: Acetazolamide (reaction not listed) Celecoxib (reaction not listed) Cephalosporins (reaction not listed) Ciprofloxacin (reaction not listed) Codeine (reaction not listed) Penicillin (reaction not listed)

Diagnostic Lab Data: Positive COVID-19 antigen test on 09/06/2021 despite being vaccinated. The individual had received only 2 doses of the vaccine at the time of the positive test, and received a third dose over a month after this positive test. This person also has a negative COVID-19 test from 10/06/2021.

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 01/07/2021, 01/28/2021, and 10/11/2021. The individual also received a HighDoseQ influenza vaccine on 10/11/2021. They tested positive for COVID-19 on 09/21/2021 via antigen test at the hospital and were hospitalized twice around the time of the positive test: 09/06/2021-09/08/2021 and again from 09/15/2021-09/17/2021. The individual had a negative COVID-19 test on 10/06/2021 at the retirement home at which they were a resident. They presented to emergency department via ambulance on 10/13/2021, 2 days after receiving the third dose of the Pfizer product and an influenza vaccine on the same day. Primary complaints were swelling in leg, weakness, loss of appetite, and "not coming out of [their] room for 3 days." They were put on comfort care and died on 10/19/2021 in the hospital. Clinical notes indicate they had "severe COVID related CVA" prior to death, and COVID-19 pneumonia is on the death certificate, even though there was a negative COVID-19 test between the positive test and the person's death.

VAERS ID: 2283449 (history)	Vaccinated: 2021-04-09
Form: Version 2.0	Onset: 2021-09-27
Age: 60.0	Days after vaccination: 171
Sex: Male	Submitted: 0000-00-00
Location: Arizona	Entered: 2022-05-18

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

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

Symptoms: [Death](#), [Myocardial infarction](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-27

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Previous heart attack 10 years prior with stents installed

Allergies: None

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Death due to heart attack

VAERS ID: 2284487 (history)	Vaccinated: 0000-00-00
Form: Version 2.0	Onset: 0000-00-00
Age:	Submitted: 0000-00-00
Sex: Male	Entered: 2022-05-19
Location: Florida	

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 3	- / OT

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

Symptoms: [Death](#), [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: USJNJFOC20220529749

Write-up: INSTANTLY DIED; MASSIVE HEART ATTACK; This spontaneous potential legal report received from a parent via a company representative concerned a 55 year old male of unspecified race and ethnic origin. The patient's height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient previously received with covid-19 vaccine ad26. cov2.s (dose number in series 1) (suspension for injection, route of admin was not reported, batch number: unknown, expiry: unknown) 1 total, first dose, dose, start therapy date were not reported for prophylactic vaccination. It was unknown whether patient had any adverse events following vaccination with first dose of covid-19 vaccine ad26. cov2.s (dose number in series 1). The patient previously received with covid-19 vaccine ad26. cov2.s (dose number in series 2) (suspension for injection, route of admin was not reported, batch number: unknown, expiry: unknown) 1 total, second dose, dose, start therapy date were not reported for prophylactic vaccination, which was an off label use, and inappropriate schedule of vaccine administered (dose number in series 2). The patient received covid-19 vaccine ad26.cov2.s (dose number in series 3) (suspension for injection, route of admin was not reported, batch number: unknown, expiry: unknown) 1 total, booster dose, dose, start therapy date were not reported for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. Parent said that his son had a massive heart attack 2 weeks after receiving his covid booster. He was on his way home from basketball game when he pulled off the side of the road and instantly died. Parent was considered calling a lawyer to file a wrongful death case (dose number in series 3). On an unspecified date, the patient died from unknown cause of death. It was unspecified if autopsy was done. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient died of instantly died on an unspecified date, and the outcome of massive heart attack was not reported. This report was serious (Death, and Other Medically Important Condition). This case, involving the same patient is linked to 20220526608 (dose series 2 case).; Sender's Comments: V0: 20220529749-COVID-19 VACCINE AD26.COV2.S- instantly died, massive heart attack . The event(s) has an unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). Therefore, this event(s) is considered unassessable.; Reported Cause(s) of Death: UNKNOWN CAUSE OF DEATH

VAERS ID: [2284497](#) ([history](#))**Vaccinated:** 2021-03-17**Form:** Version 2.0**Onset:** 2021-03-01**Age:** 74.0**Submitted:** 0000-00-00**Sex:** Female**Entered:** 2022-05-19**Location:** Florida

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006B21A / 1	- / OT

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Drug ineffective](#), [Herpes zoster](#), [Injection site pain](#), [Metastases to central nervous system](#), [Pain](#), [Pulmonary mass](#), [Thrombosis](#)**SMQs:** Lack of efficacy/effect (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Extravasation events (injections, infusions and implants) (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:** 2022-03-23**Days after onset:** 386**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Medical History/Concurrent Conditions: Latex allergy**Allergies:****Diagnostic Lab Data:****CDC Split Type:** USMODERNATX, INC.MOD20225

Write-up: mass on her lungs; lesion in the lungs metastasized to the brain / mass on her brain; blood clots in the shin to the hip; she passed /death; Covid-19 after 2 doses of the vaccine; Covid-19 after 2 doses of the vaccine; sore arm at the injection site for a day or two; a lot of pain from the lesions of the shingles; Shingles developed and the lesions were found on her left upper arm, shoulder and spread to her chest and back left upper shoulder; This spontaneous case was reported by a consumer and describes the occurrence of DEATH (she passed /death), PULMONARY MASS (mass on her lungs), METASTASES TO CENTRAL NERVOUS SYSTEM (lesion in the lungs metastasized to the brain / mass on her brain), THROMBOSIS (blood clots in the shin to the hip), HERPES ZOSTER (Shingles developed and the lesions were found on her left upper arm, shoulder and spread to her chest and back left upper shoulder) and COVID-19 (Covid-19 after 2 doses of the vaccine) in a 75-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 037B21A and 006B21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent medical conditions included Latex allergy. On 17-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 17-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. In March 2021, the patient experienced INJECTION SITE PAIN (sore arm at the injection site for a day or two). In 2021, the patient experienced PULMONARY MASS (mass on her lungs) (seriousness criteria hospitalization and medically significant),

METASTASES TO CENTRAL NERVOUS SYSTEM (lesion in the lungs metastasized to the brain / mass on her brain) (seriousness criteria hospitalization and medically significant), THROMBOSIS (blood clots in the shin to the hip) (seriousness criteria hospitalization and medically significant), HERPES ZOSTER (Shingles developed and the lesions were found on her left upper arm, shoulder and spread to her chest and back left upper shoulder) (seriousness criterion medically significant) and PAIN (a lot of pain from the lesions of the shingles). In February 2022, the patient experienced COVID-19 (Covid-19 after 2 doses of the vaccine) (seriousness criterion medically significant) and DRUG INEFFECTIVE (Covid-19 after 2 doses of the vaccine). The patient was treated with VALACYCLOVIR [VALACICLOVIR] for Shingles, at an unspecified dose and frequency. The patient died on 23-Mar-2022. The cause of death was not reported. It is unknown if an autopsy was performed. At the time of death, PULMONARY MASS (mass on her lungs), METASTASES TO CENTRAL NERVOUS SYSTEM (lesion in the lungs metastasized to the brain / mass on her brain), THROMBOSIS (blood clots in the shin to the hip), HERPES ZOSTER (Shingles developed and the lesions were found on her left upper arm, shoulder and spread to her chest and back left upper shoulder), COVID-19 (Covid-19 after 2 doses of the vaccine), DRUG INEFFECTIVE (Covid-19 after 2 doses of the vaccine), PAIN (a lot of pain from the lesions of the shingles) and INJECTION SITE PAIN (sore arm at the injection site for a day or two) outcome was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. It was reported that all hell broke loose after the 2nd dose. Caller reported that her bother who lived on and off with their mother noticed that she was having several falls. Her sister also noticed that when she spoke with her on the phone she was not making sense, could not complete her sentences, could not remember things, would mumble and not speak clearly and they were surprised because she was a very sharp lady. Everyone suspected that she might have a stroke. Her mother withheld this information from her until one day in Jul2021, she fell and no one was around to help her. Caller had to call the police to do a welfare check on her and they found her lying on the bathroom floor. She was taken to the hospital where they found a mass on her brain and her lungs. They were told that the mass needed to be removed immediately. They moved her to another state where caller would be able to take care of her. She was prescribed with Valacyclovir for Shingles developed around that time. The lesions on her left upper arm, shoulder and spread to her chest and back left upper shoulde were eventually scabbed over but she was still in a lot of pain. Brain surgery was done in another hospital. They were told that the lesion was from the mass in her lungs and it had metastasized to the brain. She underwent radiation after the brain surgery. This was somewhere in Sep2021 or Oct2021. She was hospitalized 3 more times due to blood clots that were seen on her shin to the hip. The patient spent more days in various hospitals than out after getting the 2nd dose of the vaccine. She did not have any concomitant vaccination with the Covid-19 vaccine. She contracted Covid-19 approximately 6 weeks (feb2022) before she passed on 23Mar2022 in a hospice across the hospital where she was confined last. No concomitant product use was provided by the reporter.

Company comment- This spontaneous case concerns a 75-year-old female patient with no relevant medical history, who experienced Fatal, unexpected, serious (Hospitalization) events of Pulmonary mass, Metastases to brain, unexpected, serious (Medically significant) event of Herpes zoster and unexpected, serious (Hospitalization, Medically significant) adverse event of special interest Thrombosis and unexpected, serious (Medically significant) adverse event of special interest Covid-19. After getting the 2nd dose of vaccination, the patient complained that she could not walk and talk. She was noted to have several falls, was not making sense when she speaks, could not complete her sentences, and could not remember things. She would mumble and could not speak clearly. In July 2021, the patient fell, and no one was around to help her. She was found lying on the bathroom floor. She was taken to the hospital where they found a mass on her brain and lungs. They were told that the mass needed to be removed immediately. Shingles developed around this time. It was severe and the lesions were found on her left upper arm, shoulder and spread to her chest and back left upper shoulder. She was prescribed with Valacyclovir, and it eventually scabbed over but she was still in a lot of pain due to the lesions. Brain surgery was done in another hospital and they were told that the lesion was from the mass in her lungs and it had metastasized to the brain. She underwent radiation after the brain surgery. She was hospitalized 3 more times due to blood clots that were seen on her shin to the hip. The patient contracted Covid-19 approximately 6 weeks before she passed on

in a hospice across the hospital where she was confined last. No autopsy result was disclosed. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-565162 (Patient Link).; Sender's Comments: This spontaneous case concerns a 75-year-old female patient with no relevant medical history, who experienced Fatal, unexpected, serious (Hospitalization) events of Pulmonary mass, Metastases to brain, unexpected, serious (Medically significant) event of Herpes zoster and unexpected, serious (Hospitalization, Medically significant) adverse event of special interest Thrombosis and unexpected, serious (Medically significant) adverse event of special interest Covid-19. After getting the 2nd dose of vaccination, the patient complained that she could not walk and talk. She was noted to have several falls, was not making sense when she speaks, could not complete her sentences, and could not remember things. She would mumble and could not speak clearly. In July 2021, the patient fell, and no one was around to help her. She was found lying on the bathroom floor. She was taken to the hospital where they found a mass on her brain and lungs. They were told that the mass needed to be removed immediately. Shingles developed around this time. It was severe and the lesions were found on her left upper arm, shoulder and spread to her chest and back left upper shoulder. She was prescribed with Valacyclovir, and it eventually scabbed over but she was still in a lot of pain due to the lesions. Brain surgery was done in another hospital and they were told that the lesion was from the mass in her lungs and it had metastasized to the brain. She underwent radiation after the brain surgery. She was hospitalized 3 more times due to blood clots that were seen on her shin to the hip. The patient contracted Covid-19 approximately 6 weeks before she passed on in a hospice across the hospital where she was confined last. No autopsy result was disclosed. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: Unknown cause of death

VAERS ID:	2284498 (history)	Vaccinated:	2021-06-16
Form:	Version 2.0	Onset:	2021-07-18
Age:	69.0	Days after vaccination:	32
Sex:	Female	Submitted:	0000-00-00
Location:	New Jersey	Entered:	2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	050C21A / 1	- / OT

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

Symptoms: [Acute kidney injury](#), [COVID-19](#), [Cardiogenic shock](#), [Drug ineffective](#), [Ischaemic cardiomyopathy](#), [Myocardial infarction](#), [Productive cough](#), [SARS-CoV-2 test](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Lack of efficacy/effect (narrow), Myocardial infarction (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Cardiomyopathy (narrow), Other ischaemic heart disease (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (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: 2022-02-23

Days after onset: 220

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No**ER or Doctor Visit? No****Hospitalized? Yes, ? days****Extended hospital stay? No****Previous Vaccinations:****Other Medications: INSULIN****Current Illness:** Allergy (Aspirin); Allergy to antibiotic (Amoxicillin); Diabetes; Penicillin allergy**Preexisting Conditions:** Medical History/Concurrent Conditions: Amputation above knee; Bypass surgery (leg bypass surgery); Stent placement (stent put in her leg); Stent placement (she also had stents put in her legs and because suffered the 2 heart attacks)**Allergies:****Diagnostic Lab Data:** Test Date: 20211231; Test Name: Covid 19; Test Result: Positive ; Result

Unstructured Data: positive

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: Two heart attacks/Leg stents failed after hearth attacks; Cardiogenic shock; Acute renal failure; ischemic cardiomyopathy; Phlegm/Cough; Lack of drug effect; tested positive for Covid 19; This spontaneous case was reported by a consumer and describes the occurrence of CARDIOGENIC SHOCK (Cardiogenic shock), ACUTE KIDNEY INJURY (Acute renal failure), ISCHAEMIC CARDIOMYOPATHY (ischemic cardiomyopathy), MYOCARDIAL INFARCTION (Two heart attacks/Leg stents failed after hearth attacks) and COVID-19 (tested positive for Covid 19) in a 69-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 052C21A and 050C21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient's past medical history included Stent placement (stent put in her leg) on 16-Jun-2021, Stent placement (she also had stents put in her legs and because suffered the 2 heart attacks) in July 2021, Bypass surgery (leg bypass surgery) in September 2021 and Amputation above knee on 24-Dec-2021. Concurrent medical conditions included Penicillin allergy, Allergy to antibiotic (Amoxicillin), Allergy (Aspirin) and Diabetes. Concomitant products included INSULIN for Diabetes. On 16-Jun-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 14-Jul-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 18-Jul-2021, after starting mRNA-1273 (Moderna COVID-19 Vaccine), the patient experienced MYOCARDIAL INFARCTION (Two heart attacks/Leg stents failed after hearth attacks) (seriousness criteria hospitalization and medically significant). On 31-Dec-2021, the patient experienced COVID-19 (tested positive for Covid 19) (seriousness criterion medically significant). On an unknown date, the patient experienced CARDIOGENIC SHOCK (Cardiogenic shock) (seriousness criteria death and medically significant), ACUTE KIDNEY INJURY (Acute renal failure) (seriousness criteria death and medically significant), ISCHAEMIC CARDIOMYOPATHY (ischemic cardiomyopathy) (seriousness criteria death and medically significant), PRODUCTIVE COUGH (Phlegm/Cough) and DRUG INEFFECTIVE (Lack of drug effect). The patient was treated with SACUBITRIL, VALSARTAN (ENTRESTO) at an unspecified dose and frequency; RANOLAZINE at an unspecified dose and frequency; METOPROLOL at an unspecified dose and frequency; CLOPIDOGREL at an unspecified dose and frequency and ATORVASTATIN at an unspecified dose and frequency. The patient died on 23-Feb-2022. The reported cause of death was Ischemic cardiomyopathy, Cardiogenic shock and Acute renal failure. An autopsy was not performed. At the time of death, MYOCARDIAL INFARCTION (Two heart attacks/Leg stents failed after hearth attacks), COVID-19 (tested positive for Covid 19), PRODUCTIVE COUGH (Phlegm/Cough) and DRUG INEFFECTIVE (Lack of drug effect) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 31-Dec-2021, SARS-CoV-2 test: positive (Positive) positive. This case was linked to MOD-2022-566930 (Patient Link). Company Comment: This spontaneous case concerns a 69-year-old old female patient with relevant concurrent condition of diabetes mellitus and medical history of stent placement for unspecified peripheral condition who experienced the fatal, unexpected, serious (medically significant) adverse events of special interest of Cardiogenic shock, Ischaemic cardiomyopathy and Acute kidney injury and twice reported unexpected, serious (hospitalization, medically significant) adverse event of special interest of Myocardial infarction and unexpected,

serious (medically significant) adverse event of special interest of COVID-19 which occurred after receiving the second dose of mRNA-1273 vaccine. Patient developed chest pain a day after the second dose of vaccination. She was admitted in a hospital and diagnosed to have two episodes of Myocardial infarction. She was discharged and prescribed with Entresto, Ranolazine, Metoprolol, Clopidogrel and Atorvastatin. Her leg stents failed on the same month of vaccination thus she underwent peripheral vascular bypass surgery two months after. Approximately 5 months after vaccination, she underwent above the knee leg amputation for unknown indication. She was started on physical rehabilitation since then. Patient developed COVID-19 (with a positive SARS-CoV-2 test) approximately five months after the second dose of mRNA-1273 vaccine. Drug ineffective was also considered (COVID-19 occurred approximately five months post-completion of primary vaccination of mRNA-1273 and within the recommended dosing interval). It was mentioned that COVID-19 is contributory to the patient demise however the clinical presentation, diagnostic evaluation and treatment details was not reported in this case. Death occurred approximately seven months after second dose of mRNA-1273 vaccine. The cause of death was reported as Cardiogenic shock, Ischemic cardiomyopathy, and Acute renal failure. It is unknown if an autopsy was performed. Patient's advanced age and concurrent condition remain as confounders for the events Myocardial infarction, Cardiogenic shock, Ischaemic cardiomyopathy and Acute kidney injury and the fatal outcome. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Sender's Comments: This spontaneous case concerns a 69-year-old old female patient with relevant concurrent condition of diabetes mellitus and medical history of stent placement for unspecified peripheral condition who experienced the fatal, unexpected, serious (medically significant) adverse events of special interest of Cardiogenic shock, Ischaemic cardiomyopathy and Acute kidney injury and twice reported unexpected, serious (hospitalization, medically significant) adverse event of special interest of Myocardial infarction and unexpected, serious (medically significant) adverse event of special interest of COVID-19 which occurred after receiving the second dose of mRNA-1273 vaccine. Patient developed chest pain a day after the second dose of vaccination. She was admitted in a hospital and diagnosed to have two episodes of Myocardial infarction. She was discharged and prescribed with Entresto, Ranolazine, Metoprolol, Clopidogrel and Atorvastatin. Her leg stents failed on the same month of vaccination thus she underwent peripheral vascular bypass surgery two months after. Approximately 5 months after vaccination, she underwent above the knee leg amputation for unknown indication. She was started on physical rehabilitation since then. Patient developed COVID-19 (with a positive SARS-CoV-2 test) approximately five months after the second dose of mRNA-1273 vaccine. Drug ineffective was also considered (COVID-19 occurred approximately five months post-completion of primary vaccination of mRNA-1273 and within the recommended dosing interval). It was mentioned that COVID-19 is contributory to the patient demise however the clinical presentation, diagnostic evaluation and treatment details was not reported in this case. Death occurred approximately seven months after second dose of mRNA-1273 vaccine. The cause of death was reported as Cardiogenic shock, Ischemic cardiomyopathy, and Acute renal failure. It is unknown if an autopsy was performed. Patient's advanced age and concurrent condition remain as confounders for the events Myocardial infarction, Cardiogenic shock, Ischaemic cardiomyopathy and Acute kidney injury and the fatal outcome. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: ischemic cardiomyopathy; cardiogenic shock; acute renal failure

VAERS ID:	2284744 (history)	Vaccinated:	2022-05-06
Form:	Version 2.0	Onset:	2022-05-10
Age:	88.0	Days after vaccination:	4
Sex:	Male	Submitted:	0000-00-00
Location:	South Dakota	Entered:	2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9894 / 4	LA / IM
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Administered by: Private **Purchased by:** ?

Symptoms: [Acute kidney injury](#), [Acute myocardial infarction](#), [Alanine aminotransferase increased](#), [Ammonia increased](#), [Analgesic drug level therapeutic](#), [Aspartate aminotransferase increased](#), [Blood alcohol normal](#), [Blood bilirubin increased](#), [Condition aggravated](#), [Congestive hepatopathy](#), [Cytomegalovirus test](#), [Death](#), [Epstein-Barr virus test](#), [Failure to thrive](#), [Hepatic enzyme increased](#), [Hepatic vascular disorder](#), [Hepatitis B surface antigen negative](#), [Hepatitis C antibody negative](#), [Hepatitis E antibody](#), [Herpes simplex test](#), [Hypertransaminasaemia](#), [International normalised ratio increased](#), [Ischaemic hepatitis](#), [Laboratory test](#), [Liver injury](#), [Toxicologic test normal](#), [Ultrasound abdomen normal](#), [Ultrasound liver](#), [Urine analysis normal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Hepatitis, non-infectious (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Liver-related coagulation and bleeding disturbances (narrow), Acute pancreatitis (broad), Haemorrhage laboratory terms (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 (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Biliary system related investigations, signs and symptoms (narrow), Accidents and injuries (narrow), Neonatal disorders (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-15

Days after onset: 5

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: of note - APAP and Pravastatin

Current Illness: AKI

Preexisting Conditions: CKD stage 4 afib dementia HF CAD with hx MI 2010

Allergies: ACE inhibitors simvastatin - myalgias

Diagnostic Lab Data: elevated INR t bili 2.9 AST 3089 on admit to 916 four days later ALT 2716 on admit to 1547 four days later ammonia 125 - 79

CDC Split Type:

Write-up: failure to thrive, AKI, NSTEMI transaminitis - concern vaccine related by some specialists Severe acute liver injury: -Etiology likely related congestive hepatopathy and ischemic hepatitis in setting of congestive HF. urine tox screen -ve, acetaminophen level -ve, blood alcohol level -ve. HBSAG/HCV ab -ve. Autoimmune work up, Hep E IgM, EBV/CMV/HSV testing are pending. Doppler US of liver sowed patent hepatic vasculature. Right upper quadrant ultrasound reviewed with no evidence of chronic liver disease or biliary obstruction -Stopped NAC as acetaminophen is undetectable. Liver enzymes trending down -Monitor LFTs and INR daily Patient expired on day 5 of hospitalization

VAERS ID: [2284754](#) ([history](#)) **Vaccinated:** 2021-02-18
Form: Version 2.0 **Onset:** 2022-05-08
Age: 70.0 **Days after vaccination:** 444
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9262 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	LA / IM

Administered by: Private **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: 2022-05-08

Days after onset: 0

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: OSC; COPD; DM2; a-fib; CAD; HTN; HLD; dementia

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Death related to COVID-19 infection

VAERS ID: [2284775](#) ([history](#)) **Vaccinated:** 2021-02-10
Form: Version 2.0 **Onset:** 2021-03-22
Age: 70.0 **Days after vaccination:** 40
Sex: Male **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	80777027399 / UNK	UN / UN

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

Symptoms: [Cardiac arrest](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac

conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-22

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Metformin, cholesterol med, high blood pressure

Current Illness: None

Preexisting Conditions: Diabetes 2 controlled, high chol, high bp controlled

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Cardiac arrest. No previous heart disease symptoms

VAERS ID: [2285034](#) ([history](#)) **Vaccinated:** 2021-11-19

Form: Version 2.0 **Onset:** 2022-05-03

Age: 82.0 **Days after vaccination:** 165

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30155BA / 3	- / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-14

Days after onset: 11

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: Pfizer vaccine x 3. Tested positive for Covid on 05/03/2022. Admitted to a local Hospital on 4/30/2022. Expired on 05/14/2022 while still hospitalized.

VAERS ID: [2285046](#) ([history](#)) **Vaccinated:** 2021-12-02
Form: Version 2.0 **Onset:** 2022-02-01
Age: 79.0 **Days after vaccination:** 61
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C21A / 3	- / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-17

Days after onset: 104

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: Moderna x 3. Tested positive for COVID 19 on 02/01/2022. Admitted to Medical Center on 05/13/2022. Expired on 05/17/2022 while still hospitalized.

VAERS ID: [2285098](#) ([history](#)) **Vaccinated:** 2021-01-09
Form: Version 2.0 **Onset:** 2022-01-19
Age: 83.0 **Days after vaccination:** 375
Sex: Male **Submitted:** 0000-00-00
Location: Ohio **Entered:** 2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL1284 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 2	LA / IM

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

Symptoms: [Death](#), [SARS-CoV-2 RNA](#)

SMQs: COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-27

Days after onset: 39

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: 2019 Novel Coronavirus RNA specimen collection 1/19/2022

CDC Split Type:

Write-up: Deceased 2/27/2022

VAERS ID: [2285145](#) ([history](#)) **Vaccinated:** 2021-02-26

Form: Version 2.0 **Onset:** 2022-02-20

Age: 67.0 **Days after vaccination:** 359

Sex: Male **Submitted:** 0000-00-00

Location: Montana **Entered:** 2022-05-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012A21A/2	RA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 39 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: atorvaSTATin (LIPITOR) 40 mg tablet TAKE ONE TABLET BY MOUTH AT BEDTIME Patient taking differently: Take 40 mg by mouth nightly . B Complex-C-Zn-Folic Acid (DIALYVITE/ZINC) TABS Take 1 tablet by mouth every morning. folic acid 1 mg

Current Illness: ? Anemia ? BPH (benign prostatic hyperplasia) ? Cancer ? Cataract ? Chronic renal

failure, unspecified CKD stage ? Congestive heart failure (CHF) ? Congestive heart failure (CHF) ? Diabetes mellitus ? Diabetes type 2, controlled ? Dizziness ? Dyspnea ? Edema of both legs ? Encounter for antineoplastic chemotherapy ? Encounter for blood transfusion ? Heart murmur ? Hyperlipidemia ? Hypertension ? Neuropathy ? Tobacco use disorder, continuous ? Visual disturbance retinal abnormality ? Vitamin D deficiency

Preexisting Conditions: ? Anemia ? BPH (benign prostatic hyperplasia) ? Cancer ? Cataract ? Chronic renal failure, unspecified CKD stage ? Congestive heart failure (CHF) ? Congestive heart failure (CHF) ? Diabetes mellitus ? Diabetes type 2, controlled ? Dizziness ? Dyspnea ? Edema of both legs ? Encounter for antineoplastic chemotherapy ? Encounter for blood transfusion ? Heart murmur ? Hyperlipidemia ? Hypertension ? Neuropathy ? Tobacco use disorder, continuous ? Visual disturbance retinal abnormality ? Vitamin D deficiency

Allergies: NKA

Diagnostic Lab Data: Ordered Test: FLUABV + SARS-CoV-2 Resp NAA+probe Ordered Test Codes: 95423-0 Status: Final Accession Number: Specimen Source: SOFT TISSUE SAMPLE Specimen Site: ENTIRE NASOPHARYNX Specimen Collection Date/Time: 2022-02-20 19:17:00.0 * Resulted Test: SARS-CoV-2 RNA Resp QI NAA+probe Coded Result: DETECTED Numeric Result: Units: Text Result: Reference Range From: Not Detected Reference Range To: Performing Facility Details: Date/Time: 2022-02-20 20:11:39.0 Performing Facility: HOSPITAL Facility ID: (FI) Interpretation: Very abnormal Result Method: LAB DEVICE: CEPHEID GENEXPERT DX SYSTEM Status: Final Test Code: 94500-6 Result Code: (SCT/

CDC Split Type: 996781

Write-up: Case received primary Covid series in February 2021, and was hospitalized for Covid in February 2022. Hospitalized at: Hospital. Case had multiple medical issues, and Covid added to his overall disease burden. He was unable to tolerate treatment for Covid, survived his isolation period and was hospitalized for 39 days, at which point he died. He had multiple contributing factors listed on his death certificate, but Covid was not one of them.

VAERS ID: 2286939 (history)	Vaccinated: 2021-04-22
Form: Version 2.0	Onset: 2022-01-05
Age: 89.0	Days after vaccination: 258
Sex: Male	Submitted: 0000-00-00
Location: Ohio	Entered: 2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0151 / 1	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0182 / 2	RA / IM

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-30

Days after onset: 83

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:** deceased**VAERS ID:** [2287140](#) ([history](#)) **Vaccinated:** 2021-05-05**Form:** Version 2.0 **Onset:** 2021-11-03**Age:** 64.0 **Days after vaccination:** 182**Sex:** Female **Submitted:** 0000-00-00**Location:** Iowa **Entered:** 2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	LOT NOT LISTED / 2	- / IM

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

Symptoms: [Acute respiratory failure](#), [Asthenia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest tube insertion](#), [Cough](#), [Death](#), [Decreased appetite](#), [Dyspnoea](#), [Endotracheal intubation](#), [Fatigue](#), [Feeling abnormal](#), [General physical health deterioration](#), [Mechanical ventilation](#), [Pneumomediastinum](#), [Pneumothorax](#), [Respiratory failure](#), [Respiratory tract congestion](#), [SARS-CoV-2 test positive](#), [Subcutaneous emphysema](#), [Vaccine breakthrough infection](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (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:** 2021-12-19**Days after onset:** 46**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 34 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: atorvastatin 40 mg PO QD bupropion ER 150 mg PO QD carvedilol 12.5 mg PO BID empagliflozin 25 mg PO QD escitalopram 20 mg PO QD ferrous sulfate 325 mg PO QMWF insulin isophane 16 units SQ HS inuslin isophane 40 units SQ QAM insulin regular

Current Illness: DM obesity depression**Preexisting Conditions:** DM obesity depression**Allergies:** pioglitazone - dyspnea**Diagnostic Lab Data:****CDC Split Type:**

Write-up: COVID Vaccine Breakthrough Case Pfizer Dose 1 4/7/21 (lot NA) Pfizer Dose 2 5/5/21 (lot NA) COVID Positive 11/17/21 11/17/21: Patient is a 65 year old female with past history of diabetes mellitus, obesity, and depression who was admitted with respiratory failure secondary to COVID-19 pneumonia. History is obtained from chart review as well as discussion with the patient and the outside hospitalist. Patient denies any underlying history of heart or lung disease. She does not use inhalers. She started feeling poorly approximately 2 weeks ago. Has had fatigue and weakness and then started developing a cough with chest congestion about 5 days ago. She then started becoming more short of breath over last few days as well. She is not having any nausea or vomiting or diarrhea but does admit to a decreased appetite. She presented to the ER yesterday after her daughter checked her pulse ox and was found to be 67% on room air. She was placed on 2 L and admitted to that hospital. She does state that she received 2 doses of the Pfizer COVID-19 vaccine. Oxygen requirements increased overnight and was transferred to this facility for higher level of care. Was on 15 L earlier today but currently on 10 L. She states she does have obstructive sleep apnea for which she uses a CPAP at night. She was given remdesivir as well as Decadron and started on ceftriaxone and azithromycin. She is currently afebrile. She denies any chest pain or abdominal pain. 12/19/21: 65-year-old female with obstructive sleep apnea on CPAP, cirrhosis with esophageal varices, type 2 diabetes mellitus, hypertension admitted for acute hypoxic respiratory failure secondary to COVID-19 and pneumonia. Patient was treated with remdesivir, Decadron, Actemra, broad-spectrum antibiotics. Patient's oxygen requirement was persistently elevated with progressive worsening hypoxia and ended up intubated on 12/15/2021, developed right-sided pneumothorax pneumomediastinum and subcutaneous emphysema which was treated with chest tube. Right-sided Pneumothorax has expanded, 2nd chest tube was placed with resolution of pneumothorax. Patient's condition continued to deteriorate with persistent hypoxia despite being on full ventilator support with 100% FiO₂. Patient's family has decided on comfort care and care had been withdrawn and patient died on 12/19/2021 at 1642. Cause of death COVID 19.

VAERS ID: [2287150](#) ([history](#)) **Vaccinated:** 2021-05-10

Form: Version 2.0 **Onset:** 2021-11-30

Age: 67.0 **Days after vaccination:** 204

Sex: Male **Submitted:** 0000-00-00

Location: Iowa **Entered:** 2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	LOT NOT LISTED / 1	- / IM

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

Symptoms: [Anion gap](#), [Asthenia](#), [Blood lactic acid](#), [COVID-19](#), [Chest X-ray abnormal](#), [Coma](#), [Communication disorder](#), [Cough](#), [Death](#), [Dyspnoea](#), [Exposure to SARS-CoV-2](#), [Hypoxia](#), [Pneumonia](#), [Positive airway pressure therapy](#), [Prohormone brain natriuretic peptide increased](#), [Pyrexia](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Tachycardia](#), [Tachypnoea](#), [Troponin](#), [Vaccine breakthrough infection](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad),

Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-23

Days after onset: 23

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 21 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol 2 puffs Q4h PRN gabapentin 600 mg PO QID metoprolol tartrate 50 mg PO BID morphine ER 30 mg PO Q6h spironolactone 25 mg PO QD

Current Illness: peripheral neuropathy COPD chronic pain alcohol dependence abdominal aortic aneurysm chronic constipation diverticulitis fatty infiltration of liver HTN lower extremity edema

Preexisting Conditions: peripheral neuropathy COPD chronic pain alcohol dependence abdominal aortic aneurysm chronic constipation diverticulitis fatty infiltration of liver HTN lower extremity edema

Allergies: hydrochlorothiazide - hyponatremia

Diagnostic Lab Data:

CDC Split Type:

Write-up: COVID Vaccine Breakthrough Case J&J Dose 5/10/21 (lot NA) COVID Positive 12/3/2021
 12/3/21: Patient is a 68-year-old male with history of peripheral neuropathy, COPD, chronic pain, present to the emergency department with a complaint of worsening shortness of breath since Tuesday. Prior to Tuesday patient has been in his usual state of health. Denies any fever or chills, since Tuesday he has been having some shortness of breath, reported cough, patient has been getting weaker, no fever or chills, symptoms keep getting worse hence his wife brought him to the emergency department. He received COVID-19 vaccine Johnson Johnson in April, received flu shot, smokes half pack per day, history of COPD in uses inhaler as needed but no oxygen or. No obstructive sleep apnea. Close contact with COVID-19 patient at home. Patient was very tachypneic in distress, could not provide much history however his wife was present at bedside and was able to help. He is full code. In ED, Anion gap 20, lactic acid 3.7, proBNP 4883, troponin 0.05, fever, tachycardia, severe hypoxia requiring BiPAP. Chest x-ray showed right upper lobe pneumonia. Patient was given 1 dose of Solu-Medrol, Rocephin and DuoNeb nebulizer treatment. 12/23/21: Patient is very comatose and noncommunicative, and respiratory distress. His wife is on bedside. His condition has not been changing since yesterday. Patient deceased later that day.

VAERS ID: [2287186](#) ([history](#)) **Vaccinated:** 2021-07-28

Form: Version 2.0 **Onset:** 2022-01-24

Age: 84.0 **Days after vaccination:** 180

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 2	- / -

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

Symptoms: [COVID-19](#), [Death](#), [Inappropriate schedule of product administration](#), [SARS-CoV-2 test](#)

positive

SMQs:, Medication errors (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Confirmed Positive 1-24-2022

CDC Split Type:

Write-up: Pt. Deceased 1st Dose 7/1/2021 - Moderna 08c21a 2nd Dose 7/28/2021 - Moderna 021b21a

VAERS ID: [2287550](#) ([history](#)) **Vaccinated:** 2021-03-31

Form: Version 2.0 **Onset:** 2021-10-14

Age: 84.0 **Days after vaccination:** 197

Sex: Male **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805020 / 1	RA / SYR

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

Symptoms: [COVID-19](#), [Death](#), [General physical health deterioration](#), [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: 2021-10-19

Days after onset: 5

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: Dementia, previous suspected CVA, Type II Diabetes, frequent falls, a-fib,

coronary artery disease The individual was in hospice care at the time of the adverse events. The individual was a resident of the nursing home indicated in the address portion of this form.

Allergies: Metoprolol (reaction: rash), Lisinopril (reaction: cough), Penicillin (reaction: unknown), Sulfa, Sulfonamide Antibiotics (reaction: severe itching, rash)

Diagnostic Lab Data: Positive COVID-19 test on 10/14/2021 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 Janssen product on 03/31/2021. They tested positive for COVID-19 on 10/14/2021 at the nursing home at which they were a resident. The individual died on 10/19/2021 after a rapid decline in health. The individual was on hospice care at the nursing home for underlying medical conditions.

VAERS ID: [2287754](#) ([history](#)) **Vaccinated:** 2022-05-04

Form: Version 2.0 **Onset:** 2022-05-12

Age: 86.0 **Days after vaccination:** 8

Sex: Female **Submitted:** 0000-00-00

Location: California **Entered:** 2022-05-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004M21A / 3	LA / -

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

Symptoms: [Chest pain](#), [Death](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-12

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: Carbdopa-Levi -, Atenolol , Isosorbde Monont ER

Current Illness: Parkinson and high blood pressure.

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: My aunt started having chest pain on Thursday and Friday , the following week May 12 we found her dead.

VAERS ID: [2287890](#) ([history](#)) **Vaccinated:** 2022-02-21

Form: Version 2.0 **Onset:** 2022-03-01

Age: 82.0 **Days after vaccination:** 8

Sex: Female **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-05-20

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

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

Symptoms: [Asthenia](#), [Cholecystitis](#), [Death](#), [Dysphagia](#), [Dysstasia](#), [Endotracheal intubation](#), [Gastrointestinal tube insertion](#), [Herpes zoster](#), [Surgery](#)

SMQs: Angioedema (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Infectious biliary disorders (narrow), Gallbladder related disorders (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Respiratory failure (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-16

Days after onset: 45

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Humira, Advair

Current Illness:

Preexisting Conditions: Crohn's Disease Lupus Obesity

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 1 week after third Covid 19 vaccine shot she developed Shingles. Approx 1 week later had a ruptured cholecystitis which required multiple surgeries. After surgery she was unable to be extubated for an extended period. Once extubated was on high flow oxygen and could not maintain sats on room air. Was too weak to swallow or stand. Had a feeding tube placed. Never regained strength and on April 13 she chose to go on hospice and care was withdrawn. She died on April 16th, 2022.

VAERS ID: [2289295](#) ([history](#)) **Vaccinated:** 2021-10-01

Form: Version 2.0 **Onset:** 2022-05-01

Age: 77.0 **Days after vaccination:** 212

Sex: Female **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0179 / 3	LA / IM

Administered by: Pharmacy**Symptoms:** [COVID-19](#), [Death](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-20**Days after onset:** 19**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:** no known allergies**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient died of COVID infection in May 2022**VAERS ID:** [2289920](#) ([history](#))**Vaccinated:** 2022-02-14**Form:** Version 2.0**Onset:** 2022-03-01**Age:** 73.0**Days after vaccination:** 15**Sex:** Female**Submitted:** 0000-00-00**Location:** Nevada**Entered:** 2022-05-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	LA / IM

Administered by: Private**Purchased by:** ?**Symptoms:** [Abdominal neoplasm](#), [Blood uric acid increased](#), [Burkitt's lymphoma](#), [Computerised tomogram abdomen abnormal](#), [Death](#), [Decreased appetite](#), [Dyspnoea](#), [Gastrointestinal stromal tumour](#), [Laboratory test abnormal](#), [Malaise](#), [Metastases to liver](#), [Metastases to peritoneum](#), [Pulmonary embolism](#)**SMQs:** Anaphylactic reaction (broad), Retroperitoneal fibrosis (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Malignant lymphomas (narrow), Tumour lysis syndrome (broad), Haematological malignant tumours (narrow), Non-haematological malignant tumours (narrow), Non-haematological tumours of unspecified malignancy (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-13**Days after onset:** 42**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:** unknown reaction to influenza vaccine sometime in the past**Other Medications:** acetaminophen, allopurinol, aspirin, flax oil, lactobacillus, lidocaine patch, colchicine prn, albuterol inhalers, cholecalciferol vit D3, metformin,**Current Illness:** allergic rhinitis, diabetes mellitus type 2, hyperlipidemia, benign essential hypertension, chronic lymphocytosis, morbid obesity, obstructive sleep apnea**Preexisting Conditions:** knee pain**Allergies:** Unknown reaction to influenza vaccine.**Diagnostic Lab Data:** CT scan showed tumor, lab tests showed elevated uric acid levels.**CDC Split Type:**

Write-up: This report is from a hospital on March 29th an approximate one month history of decreased appetite and malaise and a new onset shortness of breath. Pulmonary embolism was suspected. 11 cm abdominal tumor was found. Pt was transferred to another hospital for care. A week later the tumor was 27 cm and 8 days after that the pt had reportedly died. The patient had been diagnosed with GIST vs Burkitt's lymphoma with mets to liver and peritoneum & PE of RLL

VAERS ID: [2290018](#) ([history](#)) **Vaccinated:** 2021-11-15

Form: Version 2.0 **Onset:** 2021-11-21

Age: 85.0 **Days after vaccination:** 6

Sex: Male **Submitted:** 0000-00-00

Location: Illinois **Entered:** 2022-05-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	033F21A / 1	- / IM

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

Symptoms: [Acute respiratory failure](#), [Angiogram pulmonary abnormal](#), [Blood lactic acid increased](#), [C-reactive protein increased](#), [COVID-19](#), [Complication associated with device](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Dysphagia](#), [Dyspnoea](#), [Fibrin D dimer increased](#), [Hypoxia](#), [Pneumonia](#), [Productive cough](#), [Pulmonary embolism](#), [SARS-CoV-2 test positive](#), [Sputum discoloured](#), [Superficial vein thrombosis](#), [Vaccine breakthrough infection](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Lactic acidosis (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (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), 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), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), 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:** 2021-12-13

Days after onset: 22**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:** erythromycin eye ointment QID pyridostigmine 60 mg PO TID**Current Illness:** dementia myasthenia gravis hypothyroidism**Preexisting Conditions:** dementia myasthenia gravis hypothyroidism**Allergies:** NKA**Diagnostic Lab Data:****CDC Split Type:**

Write-up: COVID Vaccine Breakthrough CAse Moderna Dose 1 11/15/21 (033F21A) COVID Positive 11/30/21 12/1/21: Patient has dementia. He also has myasthenia gravis and hypothyroidism. Not a very reliable historian. He reportedly tested positive for SARS-CoV-2 10 days ago. Having cough with yellowish expectoration. Family think that he may have aspirated in a.m. Family noticed increased work of breathing in last 1 day. He had temperature of 100.3? F in emergency department. Was hypoxic and was requiring up to 5 L of oxygen in emergency department. Had elevated lactic acid level. CRP was 16.25. His D-dimer was very very high at 35.2. CT pulmonary angiogram showed bilateral pulmonary emboli. 12/10/21: 85-year-old male patient with a history of severe dementia, myasthenia gravis and hypothyroidism was admitted the hospital with complaints of cough. The patient was diagnosed with COVID-19 infection obtained side to admission to the hospital on 12/2/2021. Patient was noted to have some shortness of breath and elevated body temperature is 100.3? F. He was also hypoxic requiring 5 L of oxygen in the emergency room on admission. CT of the chest showed evidence of bilateral PE E the patient was admitted for further care. Acute hypoxic respiratory failure the the -secondary due to COVID-19 and pneumonia -patient maintained on oxygen -patient completed treatment with steroids, remdesivir and antibiotics treating COVID-19 infection Bilateral PE with right lower extremity superficial thrombus -patient nt on ay medications as he is discharged home on no medication -Pt under palliative care at home now and then hospice care eventually after d/c to home per the son Dysphagia -patient followed by dietitian, recommend puree diet with honey thickened fluids, continue Severe dementia -patient son is the power of attorney Catheter associated trauma, off antibiotics at the time of discharge. Discussed the patient's case with care coordination again this morning. The son, power of attorney wishes for the patient to be transferred home. Patient will have a 24 hour attendant/nurse at home. Outpatient palliative care to follow the patient at home. The son will consider hospice at a later point after the patient is discharged home. All questions answered. 12/13/21: Patient deceased

VAERS ID: [2290037](#) ([history](#))**Vaccinated:** 2021-04-20**Form:** Version 2.0**Onset:** 2021-11-21**Age:** 90.0**Days after vaccination:** 215**Sex:** Male**Submitted:** 0000-00-00**Location:** Illinois**Entered:** 2022-05-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EM9809 / 2	- / IM

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

Symptoms: [Acute kidney injury](#), [Asthenia](#), [Blood creatinine increased](#), [Blood test](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac failure congestive](#), [Cardiomegaly](#), [Chest X-ray abnormal](#), [Condition aggravated](#), [Dyspnoea](#), [Haemoglobin decreased](#), [Hyperkalaemia](#), [Prohormone brain natriuretic peptide increased](#), [Pulmonary congestion](#), [Pulmonary oedema](#), [SARS-CoV-2 test positive](#), [Troponin](#), [Vaccine breakthrough infection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (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), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-12-06**Days after onset:** 15**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 8 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: acetaminophen 650 mg PO Q4h PRN amlodipine 7.5 mg PO QD aspirin 325 mg PO QD vitamin D 1.25 mg PO QWeek vitamin B 1000 mcg PO QD folic acid 1 mg PO QD furosemide 20 mg PO QD levothyroxine 125 mcg PO QD loperamide 2 mg PO Q4h PRN metoprolol

Current Illness: adenomatous polyp of colon anemia CKD stage III CHF edema HTN hashimoto's thyroiditis HLD hypothyroidism

Preexisting Conditions: adenomatous polyp of colon anemia CKD stage III CHF edema HTN hashimoto's thyroiditis HLD hypothyroidism

Allergies: NKA**Diagnostic Lab Data:****CDC Split Type:**

Write-up: COVID Vaccine Breakthrough Case Pfizer Dose 1 3/30/21 (EN6205 Pfizer Dose 2 4/20/21 (EM9809) COVID Positive 11/22/21 11/22/21: Patient is a 91 year male from home and recently discharged. He presents to the ER today with complaints of shortness of breath and generalized weakness. Patient's past medical history significant with CKD 3, diastolic CHF, anemia of CKD hyperlipidemia, hypertension and Hashimoto thyroiditis. Patient is fully vaccinated for COVID-19. He had stable vital signs upon arrival to the ER. Chest x-ray showed cardiomegaly with mild pulmonary venous congestion and early pulmonary edema. Blood work in ER showed proBNP 4305, creatinine 1.5, troponin positive x1 and hemoglobin 8.2. Patient was treated with 40 mg IV 1 time, aspirin and Nitro-Bid. Patient was transfer to the medical unit. I met with the patient and he was resting in bed and denies any discomfort at this time. Patient is currently 2 L oxygen nasal cannula with sats around 92%. Patient denies fever chills, abdominal pain, constipation, chest pain, palpitation, dizziness, headaches. Patient will be admitted and treated for CHF at exacerbation. And discussed the plan of care with the patient and she is agreeable to stay for further management. Patient reports having a caregiver twice a week 11/29/21: Patient is a 91 year male from home who presents to the ER today

with complaints of shortness of breath and generalized weakness. Patient's past medical history significant with CKD 3, diastolic CHF, anemia of CKD hyperlipidemia, hypertension and Hashimoto thyroiditis. Patient is fully vaccinated for COVID-19. He had stable vital signs upon arrival to the ER. Chest x-ray showed cardiomegaly with mild pulmonary venous congestion and early pulmonary edema. Blood work in ER showed proBNP 4305, creatinine 1.5, troponin positive x1 and hemoglobin 8.2. Patient was treated with 40 mg IV 1 time, aspirin and Nitro-Bid. Patient was transfer to the medical unit and treated for CHF exacerbation, Covid 19 pneumonia, acute kidney injury and hyperkalemia. He was treated with Remdesivir, dexamethasone and IV antibiotics. Nephrology was consulted for AKI and hyperkalemia. The patient's symptoms improved and he was able to transfer to Allure in Moline for skills nursing. Today patient denies fever chills, abdominal pain, constipation, chest pain, palpitation, dizziness, and headaches. he has stable vitals and will be transferred by EMS services.

VAERS ID:	2290270 (history)	Vaccinated:	2021-11-08
Form:	Version 2.0	Onset:	2021-12-09
Age:	71.0	Days after vaccination:	31
Sex:	Male	Submitted:	0000-00-00
Location:	New York	Entered:	2022-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	066F21A / 3	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	021B21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036A21A / 1	LA / IM

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

Symptoms: [Anticoagulant therapy](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Death](#), [Dysphagia](#), [Dyspnoea](#), [Hypoxia](#), [Lung infiltration](#), [Nothing by mouth order](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#), [Ventricular tachycardia](#), [White blood cell count normal](#)

SMQs: Torsade de pointes/QT prolongation (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Anticholinergic syndrome (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-18

Days after onset: 9

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 9 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:**Current Illness:**

Preexisting Conditions: HTN, BPH, Hypothyroid, Hyperlipidemia, diabetes, OSA on CPAP, Lung Ca-IV, Bone Mets, fatigue

Allergies: NKA

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

Write-up: 12/9/2021 - Sent to ER from Oncology for SOB/hypoxia and immunocompromised due to 3/5 chemo completed for stage IV lung Ca. POC Covid test positive. On arrival temp 37, RR 18, SpO2 94 on supp O2, BP 131/87, WBC 7.7. Chest xray revealed bilateral infiltrates concerning for Covid 19. Admitted to Telemetry for covid pneumonia. Started on Vancomycin, Cefepime, Decadron, Lovenox, and Remdesivir. 12/10 - Baricitinib added to treatment. On high flow NC for O2, FiO2 65% with 40L flow. BP 152/95, HR 123. 12/11 - having asymptomatic runs of V tach and difficulty swallowing. Kept NPO. O2 requirements not improving but not worsening. Changed steroid to Solomedrol on 12/12. mech diet initiated 12/14- 5 day course Remdesivir complete. Baricitinib d/c 12/13 - WBC trending down. increasing hypoxia/HR - Hypoxia/tachycardia increasing -placed on BiPAP 100% FiO 12/15 - Decision for Palliative /comfort care vs aggressive treatment. 12/18 - Patient expired @1220.

VAERS ID: [2290454](#) ([history](#))

Vaccinated: 2022-05-16

Form: Version 2.0

Onset: 2022-05-18

Age: 89.0

Days after vaccination: 2

Sex: Female

Submitted: 0000-00-00

Location: Michigan

Entered: 2022-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046L21A / 4	LA / IM

Administered by: Senior Living

Purchased by: ?

Symptoms: [Blood test abnormal](#), [Cellulitis](#), [Confusional state](#), [Dysarthria](#), [Erythema](#), [Hypotension](#), [Lethargy](#), [Posture abnormal](#), [Sepsis](#), [Skin weeping](#), [Urinary tract infection](#), [Urine analysis abnormal](#)

SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-22

Days after onset: 4

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Tylenol, Lactobacillus, Simvastatin, CoEnzyme Q10, Furosemide, Lanoprost eye

drops, Levimir insulin, Melatonin, Miralax, Norco, Multivitamin, Vitamin D, artificial tears, calcium, debrox ear wax drops,

Current Illness: Gallbladder "sludge" and inflammation, cellulitis

Preexisting Conditions: Diabetes, Glaucoma, Chronic Kidney Disease Stage IV, morbid obesity, hypertension, anemia, hyperlipidemia, insomnia, polyneuropathy

Allergies: Ibuprofen and Morphine

Diagnostic Lab Data: Blood work and urinalysis at the hospital 5/18/2022 indicated sepsis and urinary tract infection. Dx also with cellulitis at that time in thigh.

CDC Split Type:

Write-up: Became lethargic, leaning to right side. Confused. Low blood pressure. Slurring words. The thigh area had been reddened and weeping. Discussed with physician. Resident sent to hospital for eval and treat.

VAERS ID: [2290580](#) ([history](#)) **Vaccinated:** 2021-10-28

Form: Version 2.0 **Onset:** 2022-05-20

Age: 68.0 **Days after vaccination:** 204

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939903 / 3	- / -

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

Symptoms: [COVID-19](#), [Chemotherapy](#), [Death](#), [Pancreatic carcinoma](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Vaccine breakthrough infection](#)

SMQs: Malignancy related therapeutic and diagnostic procedures (narrow), Non-haematological malignant tumours (narrow), Infective pneumonia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-21

Days after onset: 1

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: Patient diagnosed with pancreatic cancer 6 weeks ago, undergoing chemotherapy, and admitted with severe sepsis. Due to these comorbidities, unclear what caused his death.

Allergies:

Diagnostic Lab Data: Positive COVID test on 5/20/22

CDC Split Type:

Write-up: COVID vaccine breakthrough case. Patient vaccinated on 2/25/21 Moderna 024M20A, 3/25/21 Moderna 017B21A and boosted on 10/28/21 Moderna 939903 (lot number stated in system).

VAERS ID: [2290726](#) ([history](#)) **Vaccinated:** 2021-11-04
Form: Version 2.0 **Onset:** 2022-01-15
Age: 76.0 **Days after vaccination:** 72
Sex: Female **Submitted:** 0000-00-00
Location: New York **Entered:** 2022-05-23

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

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

Symptoms: [Laboratory test](#), [Unresponsive to stimuli](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-06

Days after onset: 22

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: buspirone 5 mg 2X escitalopram 10mg 1X

Current Illness: anxiety

Preexisting Conditions: no

Allergies: no

Diagnostic Lab Data: hospital tests

CDC Split Type:

Write-up: unresponsive

VAERS ID: [2290907](#) ([history](#)) **Vaccinated:** 2021-02-17
Form: Version 2.0 **Onset:** 2021-09-14
Age: 74.0 **Days after vaccination:** 209
Sex: Male **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 1	UN / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9267 / 2	UN / SYR

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

Symptoms: [Acute kidney injury](#), [Atrial fibrillation](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Enterococcal infection](#), [Pneumonia pseudomonal](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough](#)

Infection

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Supraventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-22

Days after onset: 38

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 24 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Melanoma, malignant neoplasm of colon, adenocarcinoma of unknown primary site with mesenteric node involvement (post-chemotherapy and on 5-FU maintenance), psoriatic arthritis, coronary artery calcification, hypertension, iron deficiency anemia, hyperkalemia, hypomagnesemia, cardiac murmur, osteoarthritis, carotid artery stenosis, parathyroidectomy

Allergies: Omeprazole (reaction not listed) Duloxetine (reaction not listed) Lisinopril (reaction: cough)

Diagnostic Lab Data: Positive COVID-19 tests x3 despite being vaccinated, on 09/14/2021, 09/28/2021, and 10/15/2021.

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 01/27/2021 and 02/17/2021. They first tested positive for COVID-19 on 09/14/2021 at a clinic. They presented to emergency department on 09/17/2021 but it seems they were not admitted to hospital at that time. They were admitted to hospital on 09/28/2021 and an additional COVID-19 test was positive on this day. They were found to be having multiple complications and co-occurring conditions, including COVID-19 pneumonia, Psudomonas Pneumonia, Enterococcus Pneumonia, Acute Kidney Failure, and A-fib. A third COVID-19 test on 10/15/2021 was also positive. They remained hospitalized until their death on 10/22/2021.

VAERS ID: 2292622 (history)	Vaccinated: 2021-03-10
Form: Version 2.0	Onset: 2021-03-10
Age: 83.0	Days after vaccination: 0
Sex: Male	Submitted: 0000-00-00
Location: Minnesota	Entered: 2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032M20A / 2	- / -

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

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

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

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-23**Days after onset:** 438**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:** diabetes, hypertension, heart disease, lung disease, dementia**Allergies:****Diagnostic Lab Data:** Covif + PCR test 5/22/2022**CDC Split Type:****Write-up:** Dose 1 given 2/10/2021 Moderna Lot # 024M20A Patient tested positive for Covid on 5/22/2022, died on 5/23/2022 at hospital.**VAERS ID:** [2292623](#) ([history](#)) **Vaccinated:** 2021-02-11**Form:** Version 2.0 **Onset:** 2022-05-18**Age:** 83.0 **Days after vaccination:** 461**Sex:** Male **Submitted:** 0000-00-00**Location:** Michigan **Entered:** 2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	044A21A / 2	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	051F21 / 3	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005M21A / 4	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Atrial fibrillation](#), [COVID-19](#), [Cardiac arrest](#), [Death](#), [Dyspnoea](#), [Pulseless electrical activity](#), [SARS-CoV-2 test positive](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-18**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt had become increasingly short of breath over the last 2 days. He had a history of cardiac and pulmonary disease. He had newly diagnosed A. fib. He was found to be COVID positive with possible secondary bacterial pneumonia. Prior to admission he went into PEA arrest and was pronounced dead.

VAERS ID: [2292628](#) ([history](#)) **Vaccinated:** 2022-04-26

Form: Version 2.0 **Onset:** 2022-05-07

Age: 92.0 **Days after vaccination:** 11

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	057M21A / 4	LA / IM

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

Symptoms: [Death](#), [Pre-existing disease](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: multiple

Current Illness: cancer

Preexisting Conditions: cancer

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: death due to preexisting condition within 2 weeks of vaccination

VAERS ID: [2292680](#) ([history](#)) **Vaccinated:** 2021-04-02

Form: Version 2.0 **Onset:** 2021-10-05

Age: 74.0 **Days after vaccination:** 186

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	028A21A / 2	- / SYR

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

Symptoms: [COVID-19 pneumonia](#), [Death](#), [Hypoxia](#), [Refusal of treatment by patient](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-11

Days after onset: 37

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 at hospital for long duration due to complications of covid pneumonia. Patient became hypoxic and refused Bipap therapy. Patient was transferred to hospice care and expired on 11/11/2021.

VAERS ID: [2292692](#) ([history](#)) **Vaccinated:** 2021-02-19

Form: Version 2.0 **Onset:** 2021-09-03

Age: 83.0 **Days after vaccination:** 196

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004M20A / 2	- / SYR

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

Symptoms: [Blood creatinine increased](#), [Brain natriuretic peptide increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Cough](#), [Death](#), [Dyspnoea](#), [Pneumonia viral](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Troponin increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-17**Days after onset:** 14**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 8 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient presented to ED on 09/09/2021 with fever, covid positive, and shortness of breath with increased cough. In ED creatinine, BNP, troponin elevated and chest xray showing viral pneumonia. Patient expired on 9/17/22 due to Sepsis secondary to Covid PNA.

VAERS ID: [2293121](#) ([history](#)) **Vaccinated:** 2021-01-25

Form: Version 2.0 **Onset:** 2021-09-30

Age: 102.0 **Days after vaccination:** 248

Sex: Female **Submitted:** 0000-00-00

Location: South Dakota **Entered:** 2022-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0140 / 1	LA / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0142 / 2	LA / SYR

Administered by: Pharmacy **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:** 2021-10-22**Days after onset:** 22**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: Hypertension, Chronic Kidney Disease (Stage I), Overactive Bladder

Allergies: No known allergies

Diagnostic Lab Data: Positive COVID-19 tests x3 on 09/30/2021 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 Pfizer product on 01/04/2021 and 01/25/2021. They tested positive for COVID-19 three times on 09/30/2021 at the nursing home at which they were a resident. They had encounters at a hospital on 09/29/2021, 09/30/2021, 10/03/2021, 10/04/2021, 10/07/2021, 10/08/2021, 10/11/2021, and 10/19/2021 but it doesn't seem that any of these resulted in a hospital admission. The encounter on 10/11/2021 admit/discharge times are about 10 hours apart. The individual died on 10/22/2021.

VAERS ID: [2294252](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Female **Entered:** 2022-05-25
Location: Illinois

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: Asthma; Condition worsened; Hospice care; Hypertension; Major neurocognitive disorder

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC202200739006

Write-up: She received one dose of the Pfizer COVID-19 vaccine and died ten days later; This is a literature report. A 90-year-old female patient received BNT162b2 (BNT162B2), as dose 1, single (Batch/Lot number: unknown) for covid-19 immunisation. The patient's relevant medical history included: "major neurocognitive disorder" (unspecified if ongoing); "asthma" (unspecified if ongoing); "hypertension" (unspecified if ongoing); "home hospice" (unspecified if ongoing); "significantly deteriorated" (unspecified if ongoing). The patient's concomitant medications were not reported. The

following information was reported: DEATH (death, medically significant), 10 days after the suspect product(s) administration, outcome "fatal", described as "She received one dose of the Pfizer COVID-19 vaccine and died ten days later". The patient date of death was unknown. Reported cause of death: "She received one dose of the Pfizer COVID-19 vaccine and died ten days later". It was not reported if an autopsy was performed. No follow-up attempts are possible; information about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Based on temporal association, the causal relationship between BNT162B2 and the event, Death cannot be completely ruled out. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: She received one dose of the Pfizer COVID-19 vaccine and died ten days later

VAERS ID:	2294317 (history)	Vaccinated:	2021-04-11
Form:	Version 2.0	Onset:	2021-12-11
Age:	71.0	Days after vaccination:	244
Sex:	Female	Submitted:	0000-00-00
Location:	Michigan	Entered:	2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	018B21A / 2	- / -

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

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: Confirmed Test -- 12/11/2021

CDC Split Type:

Write-up: Pt. Deceased, Confirmed Unknown 1st Dose 3/13/2021 -- Moderna - 024M20A 2nd Dose 4/11/2021 - Moderna - 018B21A

VAERS ID: [2294351](#) ([history](#)) **Vaccinated:** 2021-09-16
Form: Version 2.0 **Onset:** 2021-11-02
Age: 74.0 **Days after vaccination:** 47
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005C21A / 2	- / -

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

Symptoms: [COVID-19](#), [Death](#), [Inappropriate schedule of product administration](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Medication errors (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Confirmed Covid Positive Test - 11/2/2021

CDC Split Type:

Write-up: Pt. Deceased, Confirmed breakthrough 1st Dose 8/5/2021 - Moderna 005C21A 2nd Dose 9/16/2021 - Moderna - 005C21A

VAERS ID: [2294355](#) ([history](#)) **Vaccinated:** 2022-01-26
Form: Version 2.0 **Onset:** 2022-04-11
Age: 66.0 **Days after vaccination:** 75
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003J212A / 2	- / -

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: 0000-00-00

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:** Positive Covid test - 4/11/2022**CDC Split Type:****Write-up:** Pt. Deceased - Confirmed Breakthrough 1st Dose - 12/29/2021 - Moderna - 058H21A 2nd Dose 1/26/2022 - Moderna - 003J212a**VAERS ID:** [2294361](#) ([history](#)) **Vaccinated:** 2021-03-25**Form:** Version 2.0 **Onset:** 2021-11-05**Age:** 82.0 **Days after vaccination:** 225**Sex:** Male **Submitted:** 0000-00-00**Location:** Michigan **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	3/25/2021 / 2	- / -

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 0000-00-00**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:** Positive COVID test - 11/5/2021**CDC Split Type:****Write-up:** Pt. Deceased 1st/2nd Dose Janssen -- 1802068 - 3/25/2021

VAERS ID: [2294396](#) ([history](#)) **Vaccinated:** 2021-02-26
Form: Version 2.0 **Onset:** 2022-02-03
Age: 79.0 **Days after vaccination:** 342
Sex: Male **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-05-25

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

Administered by: Public **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: 2022-02-03

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Ogilvie Syndrome

Allergies: Unknown

Diagnostic Lab Data: Positive COVID test on 1/23/2022.

CDC Split Type:

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: [2294401](#) ([history](#)) **Vaccinated:** 2022-05-20
Form: Version 2.0 **Onset:** 2022-05-21
Age: 62.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Massachusetts **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	049L21A / 4	LA / IM

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

Symptoms: [Cyanosis](#), [Death](#), [Sleep disorder](#), [Unresponsive to stimuli](#)

SMQs: Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes**Date died:** 2022-05-21**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: AMLODIPIINE BESYLATE 5MG TAB SIG: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE/HEART ATORVASTATIN CALCIUM 80MG TAB SIG: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR LIPIDS BUPROPION 150MG 24HR XL TAB (ONCE DAILY) SIG: TAKE THREE

Current Illness: 5/19/22: Podiatry: 62 y/o type II diabetic male, w/ neuropathy, seen for f/u care of a diabetic pressure ulceration at the distal plantar aspect of the left hallux. 5/3/22: Anticoagulation management with clinical pharmacy specialist 4/28/22: Mental Health: 61 year old MALE was seen for scheduled follow-up for Dx: MDD

Preexisting Conditions: Adenomatous polyp of colon Atrial fibrillation Enthesopathy of hip region Long Term (current) use of Anticoagulants Cannabis dependence, continuous use Attention-deficit hyperactivity disorder Stroke w/Aphasia Neurilemmoma Insomnia Tobacco use Hyperlipidemia Sleep Apnea Hypertension Low back pain Obesity Major depressive disorder Diabetes Mellitus Type II Glaucoma, Suspect

Allergies: Hydrochlorothiazide Trazodone Scallops Fish**Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Patient presented on 5/20/22 for 2nd booster of Moderna. The next evening partner reported patient awoke several times overnight (sat/sun) asking for his inhaler, use of which was helpful. Then he became unresponsive and cyanotic. The EMTs declared him deceased at home. It is unknown if the Booster administration was related.

VAERS ID: [2294405](#) ([history](#)) **Vaccinated:** 2021-03-04

Form: Version 2.0 **Onset:** 2022-02-04

Age: 66.0 **Days after vaccination:** 337

Sex: Female **Submitted:** 0000-00-00

Location: Kentucky **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805022 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Death](#), [Vaccine breakthrough infection](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-04**Days after onset:** 0**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: Atorvastatin Nitrostat Sertraline Bumetanide Metoprolol succinate budesonide empagliflozin gabapentin isosorbide mononitrate insulin glargine warfarin aspirin hydrocodone

Current Illness: Unknown

Preexisting Conditions: COPD CAD CHF DVT HTN Hyperlipidemia MI chronic kidney disease DM2 anxiety and depression

Allergies: No known allergies**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: 2294517 (history)	Vaccinated: 2021-04-06
Form: Version 2.0	Onset: 2022-05-22
Age: 85.0	Days after vaccination: 411
Sex: Female	Submitted: 0000-00-00
Location: Michigan	Entered: 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7534 / 1	UN / UN
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0153 / 2	UN / UN

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Electroencephalogram normal](#), [Endotracheal intubation](#), [Intensive care](#), [Meningitis](#), [Mental status changes](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Seizure](#), [Sepsis](#), [Unresponsive to stimuli](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Convulsions (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-23**Days after onset:** 1**Permanent Disability?** No**Recovered?** No**Office Visit?** No

ER Visit? No**ER or Doctor Visit? No****Hospitalized? No****Previous Vaccinations:**

Other Medications: acetaminophen 500 mg Oral EVERY 6 HOURS aspirin 81 mg Oral 2 times daily, Then resume once a day dosing calcium carbonate 500 mg Oral 2 times daily cholecalciferol (vitamin D3) 1,000 Units Oral Daily cyanocobalamin (vitamin B-12) 1,000

Current Illness:

Preexisting Conditions: Hypertension Macrocytosis without anemia Hyperlipidemia Major neurocognitive disorder due to multiple etiologies without behavioral disturbance Diabetes mellitus due to underlying condition with diabetic polyneuropathy, without long-term current use of insulin (*) GERD (gastroesophageal reflux disease) Sepsis due to COVID-19 (*) Acute respiratory failure (*) Fever Leukocytosis Seizure-like activity (*) On mechanically assisted ventilation (*) Elevated troponin Altered mental status

Allergies:**Diagnostic Lab Data:** Positive COVID PCR test 5/22/2022**CDC Split Type:**

Write-up: Patient presented to the ED on 5/22/22 from her LTC facility for altered mental status. On initial presentation to the ED was unresponsive and seizing. Intubated in the ED. Found to be septic, febrile, +COVID. She underwent work up for meningitis and was treated with broad spectrum antibiotics plus antiviral on admission. Neurology was consulted and she was started on keppra. EEG showed no seizure activity. Patient was admitted to the ICU, at that time further discussions had with the patient's husband. He states that she would not have wanted aggressive care, she has advanced dementia at baseline and he did not want to escalate care. He did want to wait to move to comfort measures on 5/23/22 so that he could notify family and have family see her, but did not want any additional therapy including no pressors. On 5/23/22 family was able to come see the patient, and decision was made to move to full comfort care. Patient was extubated 1743. Comfort measures maintained, and patient passed at 2003 on 5/23/2022 with her husband at bedside. Preliminary cause of death sepsis with acute respiratory failure in +COVID pneumonia patient.

VAERS ID: [2294571](#) ([history](#)) **Vaccinated:** 2021-04-10

Form: Version 2.0 **Onset:** 2022-02-02

Age: 90.0 **Days after vaccination:** 298

Sex: Female **Submitted:** 0000-00-00

Location: Kentucky **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805025 / 1	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Infection](#), [SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-02**Days after onset:** 0**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:** Amlodipine apixaban carvedilol cyanocobalamin furosemide hydrocodone levothyroxine losartan Montelukast omega-3 omeprazole propafenone valsartan**Current Illness:** Unknown**Preexisting Conditions:** Migraine Sleep Apnea Fibrotic Lung Disease HTN Atrial Fibrillation CHF

Hypothyroidism

Allergies: Penicillins**Diagnostic Lab Data:** Positive COVID-19 test on 1/28/2022.**CDC Split Type:****Write-up:** Patient had breakthrough infection and passed away.**VAERS ID:** [2294631](#) ([history](#)) **Vaccinated:** 2021-04-05**Form:** Version 2.0 **Onset:** 2022-02-12**Age:** 60.0 **Days after vaccination:** 313**Sex:** Female **Submitted:** 0000-00-00**Location:** Kentucky **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 1	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	RA / IM

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:** 2022-02-12 **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:** Unknown**Current Illness:** Unknown**Preexisting Conditions:** Unknown**Allergies:** Unknown**Diagnostic Lab Data:** Positive COVID test on 2/12/2022**CDC Split Type:****Write-up:** Patient had breakthrough infection and passed away.

VAERS ID: [2294774](#) ([history](#)) **Vaccinated:** 2021-03-18
Form: Version 2.0 **Onset:** 2022-02-11
Age: 71.0 **Days after vaccination:** 330
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805018 / 1	- / -

Administered by: Unknown **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: 2022-02-11

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 21 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Morbidly obese CAD Hypertension

Allergies: Unknown

Diagnostic Lab Data: Positive COVID test on 1/18/2022 and 1/21/2022.

CDC Split Type:

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: [2294779](#) ([history](#)) **Vaccinated:** 2021-02-26
Form: Version 2.0 **Onset:** 2021-09-18
Age: 75.0 **Days after vaccination:** 204
Sex: Male **Submitted:** 0000-00-00
Location: South Dakota **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9265 / 1	UN / SYR
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6202 / 2	UN / SYR

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

Symptoms: [Acute kidney injury](#), [Acute respiratory distress syndrome](#), [Acute respiratory failure](#), [Asthenia](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Encephalopathy](#), [Endotracheal intubation](#), [Enterococcal infection](#), [Escherichia infection](#), [Extubation](#), [Pathogen resistance](#), [SARS-CoV-2 test positive](#), [Subdural haematoma](#), [Unresponsive to stimuli](#), [Vaccine breakthrough infection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (broad), Neuroleptic malignant syndrome (broad), Haemorrhagic central nervous system vascular conditions (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), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Accidents and injuries (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (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), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-23

Days after onset: 35

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 31 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: History of acute renal failure prior to the adverse event (on hemodialysis), A-fib, Type II Diabetes, Hyperlipidemia, Hypertension, mild peripheral edema, obstructive sleep apnea

Allergies: Penicillin (reaction: rash, bumps on tongue) Levofloxacin (reaction: rash, bumps on tongue)

Diagnostic Lab Data: Positive COVID-19 tests x2 on 09/18/2021 and 10/23/2021 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 02/05/2021 and 02/26/2021. They first tested positive for COVID-19 on 09/18/2021 at an Urgent Care Clinic. They presented to Emergency Department via ambulance on 09/22/2021 with primary complaint of general weakness that had been happening for about the past 6 days. They were admitted to hospital on 09/22/2021. They were found to having multiple complications and co-occurring conditions, including ESBL E. coli and Enterococcus faecalis, a subdural hematoma, severe encephalopathy attributable to COVID-19, acute kidney injury, COVID-19 pneumonia, and Acute Respiratory Distress Syndrome (ARDS) with Acute Hypoxic Respiratory Failure. The individual lapsed into unresponsiveness and was intubated. Given poor prognosis for recovery, the family agreed to comfort care only and the individual was extubated and they died in the hospital on 10/23/2021. A second COVID-19 test on a specimen collected 10/23/2021 was also positive, but was not resulted out until 10/25/2021.

VAERS ID: [2294932](#) ([history](#)) **Vaccinated:** 2021-02-17
Form: Version 2.0 **Onset:** 2021-09-04
Age: 71.0 **Days after vaccination:** 199
Sex: Male **Submitted:** 0000-00-00
Location: Montana **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 2	RA / IM

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Hypoxia](#), [Renal injury](#), [SARS-CoV-2 RNA](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-20

Days after onset: 16

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: acetaminophen (TYLENOL) 500 mg tablet (Taking) allopurinol (ZYLOPRIM) 100 mg tablet (Taking) atorvastatin (LIPITOR) 40 mg tablet (Taking) BD PEN NEEDLE NANO U/F 32G X 4 MM MISC (Taking) buproprion (WELLBUTRIN XL) 150 mg 24 hr tab

Current Illness: Atrial Fibrillation Hypertension Aortic Disease Morbid obesity Coronary Disease Hyperlipidemia Diabetes Type 2 Lymphoma of intra-abdominal lymph nodes OSA, Gout, Anemia

Preexisting Conditions: Atrial Fibrillation Hypertension Aortic Disease Morbid obesity Coronary Artery Disease Hyperlipidemia Diabetes Type 2 Lymphoma of intra-abdominal lymph nodes OSA, Gout, Anemia

Allergies: Spironolactone, Tetanus Toxoids

Diagnostic Lab Data: Ordered Test: SARS-CoV-2 RNA Resp QI NAA+probe Ordered Test Codes: (LN LOINC)/ Status: Final Accession Number: Specimen Source: SOFT TISSUE SAMPLE Specimen Site: ENTIRE NASOPHARYNX Specimen Collection Date/Time: 2021-09-04 11:10:00.0 * Resulted Test: SARS-CoV-2 RNA Resp QI NAA+probe Coded Result: DETECTED Numeric Result: Units: Text Result: Reference Range From: Not Detected Reference Range To: Performing Facility Details: Date/Time: 2021-09-04 12:57:09.0 Performing Facility: HOSPITAL Facility ID: Interpretation: Very abnormal Result Method: LAB DEVICE: SYSTEM Status: Final Test Code: (LN LOINC)/ Result Code:

CDC Split Type:

Write-up: Case completed primary Covid vaccine in February 2021, then was hospitalized and died of Covid in September 2021. Hospitalized at: Hospital. Initially hospitalized for Covid pneumonia for 4 days. Treated with Dexamethasone and remdesivir, and discharged home. Readmitted 5 days later with worsening hypoxia, kidney injury and pneumonia. Also treated with tocilizumab, yet respiratory condition worsened, and case died.

VAERS ID: [2294941](#) ([history](#)) **Vaccinated:** 2021-03-04
Form: Version 2.0 **Onset:** 2021-09-19
Age: 83.0 **Days after vaccination:** 199
Sex: Male **Submitted:** 0000-00-00
Location: Montana **Entered:** 2022-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6206 / 2	LA / IM

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

Symptoms: [COVID-19](#), [Death](#), [Dementia](#), [General physical health deterioration](#), [Respiratory disorder](#), [SARS-CoV-2 RNA](#), [SARS-CoV-2 test positive](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-21

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Calcium Carbonate-Vitamin D (CALCIUM PLUS VITAMIN D PO) Take 1 tablet by mouth Daily. Cyanocobalamin (VITAMIN B 12 PO) Take by mouth. denosumab (PROLIA) 60 mg/mL injection Inject 60 mg under the skin Every 6 months. donepezil (

Current Illness: Aortic aneurysm (HCC) ? Aortic ectasia, abdominal (HCC) ? Arthritis ? Ascending aortic aneurysm (HCC) ? Dyslipidemia ? Encounter for antineoplastic chemotherapy ? GERD (gastroesophageal reflux disease) ? HTN (hypertension) ? Mitral annular calcification ? Osteoarthritis ? Prostate cancer (HCC) ? PVC's (premature ventricular contractions) ? Schatzki's ring ? Sleep apnea Alzheimers

Preexisting Conditions: Aortic aneurysm (HCC) ? Aortic ectasia, abdominal (HCC) ? Arthritis ? Ascending aortic aneurysm (HCC) ? Dyslipidemia ? Encounter for antineoplastic chemotherapy ? GERD (gastroesophageal reflux disease) ? HTN (hypertension) ? Mitral annular calcification ? Osteoarthritis ? Prostate cancer (HCC) ? PVC's (premature ventricular contractions) ? Schatzki's ring ? Sleep apnea Alzheimers

Allergies: Lipitor, Sulfites

Diagnostic Lab Data: Ordered Test: SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection Ordered Test Codes: Status: Final Accession Number: Specimen Source: Anterior Nasal (AN) Swab Specimen Site: Specimen Collection Date/Time: 2021-09-12 08:00:00.0 Resulted Test: SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection Coded Result: Detected Numeric Result: Units: Text Result: Reference Range From: Reference Range To: Performing Facility Details: Date/Time: 2021-09-14 15:14:00.0 Performing Facility: LABORATORY Facility ID: Interpretation: Result Method: Status: Final Test Code: Result Code:

CDC Split Type:

Write-up: Case completed primary Covid vaccine series in March 2021, then was hospitalized for and died of Covid in September 2021. Case was admitted to hospital with severe respiratory conditions, in the presence of recently deteriorating health and advanced dementia. Comfort care was provided, and patient died soon after admit.

VAERS ID: [2296393](#) ([history](#)) **Vaccinated:** 2021-04-26
Form: Version 2.0 **Onset:** 2022-05-20
Age: 67.0 **Days after vaccination:** 389
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-05-26

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

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

Symptoms: [Cardio-respiratory arrest](#), [Death](#), [Device related infection](#), [Urinary tract infection](#), [Vascular device infection](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-20

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 116 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Unknown

Allergies: Unknown

Diagnostic Lab Data:

CDC Split Type:

Write-up: patient vaccinated 4/21, came to facility 1/22, patient had CLABSI and CAUTI 4/8/2022, patient expired and coded on 5/20/2022

VAERS ID: [2296413](#) ([history](#)) **Vaccinated:** 2021-02-27
Form: Version 2.0 **Onset:** 2021-08-11
Age: 82.0 **Days after vaccination:** 165
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / SYR

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

Symptoms: [Asthenia](#), [COVID-19](#), [Death](#), [Fall](#), [Fatigue](#), [Hypersomnia](#), [Intensive care](#), [Muscular weakness](#), [Pleural effusion](#), [Pneumonia](#), [SARS-CoV-2 test positive](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Systemic lupus erythematosus (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Depression (excl suicide and self injury) (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: 2021-08-19

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 was recently discharged from Hospital on July 30, 2021 after receiving treatment for community acquired PNA and pleural effusion. Sent home on ABX and completed that course on August 5th. Daughter reports since discharge patient has been very fatigued with no energy and sleeps most of day, with increasing bilateral lower extremity weakness and has fallen which prompted a call to EMS. On arrival to ED patients BP was 79/42 and HR in 50"s. A sepsis bundle was initiated and was started on Levophed with an ICU admission. Patient tested positive for Covid 19 on 8/11/2021. Patient expired on 08/19/2021.

VAERS ID: [2296415](#) ([history](#)) **Vaccinated:** 2021-02-25

Form: Version 2.0 **Onset:** 2022-01-12

Age: 78.0 **Days after vaccination:** 321

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-26

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

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

Symptoms: [COVID-19](#), [Death](#), [Femur fracture](#), [Gastroesophageal reflux disease](#), [Hyperlipidaemia](#), [Hypertension](#), [Hypertonic bladder](#), [Pain](#), [SARS-CoV-2 test positive](#), [Scoliosis](#)

SMQs:, Dyslipidaemia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific dysfunction (narrow), Hypertension (narrow), Lipodystrophy (broad), Osteoporosis/osteopenia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-24**Days after onset:** 12**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 1/12/2022, was transferred to hospice facility with diagnosis of HTN, Hyperlipidemia, Scoliosis, GERD, Hx of femur fracture, overactive bladder, chronic pain, and Covid. Patient expired on 1/24/2022.

VAERS ID: [2296439](#) ([history](#))**Vaccinated:**

2021-03-31

Form: Version 2.0**Onset:**

2022-01-14

Age: 42.0**Days after vaccination:** 289**Sex:** Male**Submitted:**

0000-00-00

Location: Montana**Entered:**

2022-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	018B21A / 2	LA / IM

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

Symptoms: [COVID-19](#), [Chills](#), [Cough](#), [Death](#), [Pyrexia](#), [Respiratory symptom](#), [SARS-CoV-2 RNA](#), [SARS-CoV-2 test positive](#)

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-16**Days after onset:** 2**Permanent Disability?** No**Recovered?** No

Office Visit? No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Meds: Coreg25 mg, Diazepam 10 mg, Diclofenac 1%topical gel, Lidoderm 5% topical patch, Lisinopril, Norco 5 mg, Remeron 45 mg, Seroquel 400 mg, Zofran 4 mg, Zolpidem 12.5 mg

Current Illness: Anxiety, Depression, Hx childhood obesity, Lumbar and sacral arthritis, current substance abuse, hx pancreatitis.

Preexisting Conditions: Anxiety, Depression, Hx childhood obesity, Lumbar and sacral arthritis, current substance abuse, hx pancreatitis.

Allergies: NKA

Diagnostic Lab Data: d Test Codes: 94500-6 (LN LOINC)/7339056049 (L LOCAL) Status: Final Accession Number: Specimen Source: Nasopharynx Specimen Site: Specimen Collection Date/Time: 2022-01-14 14:12:00.0 * Resulted Test: SARS-CoV-2 RNA Resp QI NAA+probe (SARS CoV-2 PCR (COVID-19)) Coded Result: Positive (LOCAL) Numeric Result: Units: Text Result: Reference Range From: Negative Reference Range To: Performing Facility Details: Date/Time: 2022-01-14 15:32:43.0 Performing Facility: Med Cntr Facility ID: Interpretation: Abnormal Result Method: (Xpert Xpress SARS-Co) Status: Final Test Code: 94500-6 (LN LOINC)/7140701041 (L LOCAL) Result Code: 10828004 (SCT/Positive (L LOCAL) Result Comments: Positive results are indicative of active infection with SARS-CoV-2. Positive results do not rule out bacterial infection or co-infection with other viruses

CDC Split Type: 730828

Write-up: Case Completed primary Covid series in March 2021, then died of Covid in January 2022. Case sought medical care for cough, respiratory symptoms, fever and chills at local ER on 1/14/2022, but left Against Medical Advise the same day. He died somewhere out of the facility, where the coroner's report included that Covid contributed to his death on 1/16/2022.

VAERS ID: [2296460](#) ([history](#)) **Vaccinated:** 2021-04-08

Form: Version 2.0 **Onset:** 2021-09-15

Age: 68.0 **Days after vaccination:** 160

Sex: Female **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0162 / 2	UN / UN

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

Symptoms: [Acute kidney injury](#), [Anticoagulant therapy](#), [Blood potassium increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Carbon dioxide increased](#), [Confusional state](#), [Death](#), [Endotracheal intubation](#), [Haemofiltration](#), [Intensive care](#), [Mental status changes](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious

encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-15

Days after onset: 30

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 31 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Presented with AMS/confusion x2 days; Covid + in ED; Admit ICU 9/15 Covid PNA; tx 9/16 zinc, singulair, merrem, steroids, eliquis, 9/17 vanc,, with High K+ and AKI with admit..not candidate for remdesivir or baricitinib; O2 initially on 6 LPM NC; transitioned to HF O2 within 24 hours; 9/20 pt intubated; 10/2 CRRT started; 10/7 Currently; pt on 1 pressor, 100% FiO2, High CO2 values and unresponsive \$g24 hours off sedation and paralytics; Discussing comfort measures with family. Patient has been made DNR by family members, and was pronounced dead on 10/15/2021

VAERS ID: [2296470](#) ([history](#)) **Vaccinated:** 2021-03-16

Form: Version 2.0 **Onset:** 2021-09-16

Age: 60.0 **Days after vaccination:** 184

Sex: Female **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-05-26

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

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

Symptoms: [Acute respiratory distress syndrome](#), [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Disseminated intravascular coagulation](#), [Endotracheal intubation](#), [Influenza B virus test positive](#), [Mental status changes](#), [Multiple organ dysfunction syndrome](#), [Nausea](#), [SARS-CoV-2 test negative](#), [SARS-CoV-2 test positive](#), [Upper gastrointestinal haemorrhage](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Interstitial lung disease (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), Gastrointestinal haemorrhage (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (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)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-26

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:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: presented with AMS, n/v, Upper GI bleed?; Initial Covid test negative but + Influenza B; + covid 9/21; tx with : 9/17 rocephin, 9/22 steroids, 9/23 actemra; Pt had GI bleed throughout visit; Initially no O2 needed; 9/23 resp decline and dx with covid PNA; began Covid tx; 9/24 intubated 0200.010201.010202.010203.010204.010205.010206.010207.010208.01Patient developed multiorgan failure, along with ARDS/DIC. Family decided withdrawal of care. And she is pronounced dead at 1803.

VAERS ID: 2296532 (history)	Vaccinated: 2021-01-25
Form: Version 2.0	Onset: 2021-10-14
Age: 90.0	Days after vaccination: 262
Sex: Male	Submitted: 0000-00-00
Location: Montana	Entered: 2022-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL0142 / 2	LA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-14

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: ? Aspirin 81 mg/day ? Atorvastatin 20 mg nightly ? Basagllar insulin 19 units daily ? Citalopram 10 mg daily ? Fluticasone nasal spray 1 spray intranasally twice daily both nares ? Furosemide 20 mg daily ? Gabapentin 300 mg twice daily ? GI

Current Illness: Type 2 Diabetes, Urinary retention, Paroxysmal A-fib, CHF, Chronic resp failure, CAD, HTN, Peripheral vascular disease, depression, Anemia,

Preexisting Conditions: Type 2 Diabetes, Urinary retention, Paroxysmal A-fib, CHF, Chronic resp failure, CAD, HTN, Peripheral vascular disease, depression, Anemia,

Allergies: NKA

Diagnostic Lab Data: Ordered Test: SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid immunoassay Ordered Test Codes: Status: Corrected Accession Number: Specimen Source: Swab of internal nose Specimen Site: Specimen Collection Date/Time: 2021-10-13 00:00:00.0 * Resulted Test: SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid immunoassay Coded Result: Positive Numeric Result: Units: Text Result: Reference Range From: Reference Range To: Performing Facility Details: Date/Time: 2021-10-13 00:00:00.0 Performing Facility: Health Care Center Facility ID: Interpretation: Result Method: (COVID-19 A#) Status: Corrected Test Code: Result Code: 10828004 (SCT/ Result Comments: COVID-19

CDC Split Type:

Write-up: Case received primary vaccine series in January 2021, and died of Covid in October 2021 Case was a resident of a long-term care facility. He tested positive for Covid, and died the same day before he could be taken to the hospital. The facility was experiencing an outbreak at the time.

VAERS ID:	2296565 (history)	Vaccinated:	2021-11-03
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Form:	Version 2.0	Onset:	2022-04-13
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Age:	84.0	Days after vaccination:	161
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Sex:	Female	Submitted:	0000-00-00
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Location:	Montana	Entered:	2022-05-26
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2593 / 3	RA / IM

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [Death](#), [Influenza A virus test](#), [Influenza B virus test](#), [Respiratory syncytial virus test](#), [SARS-CoV-2 RNA](#), [SARS-CoV-2 test positive](#)

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:** 2022-04-13

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: acetaminophen (TYLENOL) 325 mg tablet Take 650 mg by mouth every 4 hours as needed for Pain. ? albuterol-ipratropium 2.5-0.5 mg/3 mL SOLN Take 3 mLs by nebulization 4 times daily as needed. ? azithromycin (ZITHROMAX) 250 mg tablet Take

Current Illness: COPD (chronic obstructive pulmonary disease) ? Hyperlipidemia ? Chronic respiratory failure ? Obstructive sleep apnea ? Osteoporosis ? Leukocytosis, unspecified type ? Pulmonary nodule

Preexisting Conditions: COPD (chronic obstructive pulmonary disease) ? Hyperlipidemia ? Chronic respiratory failure ? Obstructive sleep apnea ? Osteoporosis ? Leukocytosis, unspecified type ? Pulmonary nodule

Allergies: Allergies: Flagyl [metronidazole] and Statins

Diagnostic Lab Data: Ordered Test: FLUABV+SARS-CoV-2+RSV Pnl Resp NAA+probe Ordered Test Codes: 95941-1 (LN LOINC)/ Status: Final Specimen Source: SOFT TISSUE SAMPLE Specimen Site: ENTIRE NASOPHARYNX(181200003) Specimen Collection Date/Time: 2022-04-13 12:50:00.0 Resulted Test: SARS-CoV-2 RNA Resp QI NAA+probe Coded Result: DETECTED Numeric Result: Units: Text Result: Reference Range From: Not Detected Reference Range To: Performing Facility Details: Date/Time: 2022-04-13 13:48:55.0 Interpretation: Abnormal Result Method: LAB DEVICE: CEPHEID GENEXPERT DX SYSTEM (7332940001377) Status: Final Test Code: 94500-6 (LN LOINC)/ Result Code: 260373001 (SCT/

CDC Split Type:

Write-up: Case was vaccinated and boosted x1 as of November 2021, then was hospitalized for several hours and died of COvid in APril 2022. Case self-tested at home 2 days prior to seeking care at the ER for acute on chronic respiratory failure. She was admitted for a few hours, but died the same day she sought care.

VAERS ID: 2298549 (history)	Vaccinated: 2021-03-18
Form: Version 2.0	Onset: 2021-11-24
Age: 89.0	Days after vaccination: 251
Sex: Male	Submitted: 0000-00-00
Location: Michigan	Entered: 2022-05-27

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

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

Symptoms: [COVID-19](#), [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: 2021-11-29

Days after onset: 5

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:** Positive Test - 11/24/2021**CDC Split Type:****Write-up:** Confirmed Breakthrough 1st Dose 2/25/2021 - EN6202 2nd Dose 3/18/2021 - EN6207**VAERS ID:** [2298617](#) ([history](#)) **Vaccinated:** 2021-08-24**Form:** Version 2.0 **Onset:** 2022-05-17**Age:** 43.0 **Days after vaccination:** 266**Sex:** Female **Submitted:** 0000-00-00**Location:** Minnesota **Entered:** 2022-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3183 / 3	LA / IM

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Clostridium difficile colitis](#), [Clostridium difficile infection](#), [Dehydration](#), [Neutropenia](#)**SMQs:** Agranulocytosis (broad), Haematopoietic leukopenia (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Pseudomembranous colitis (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow), Opportunistic infections (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-05-26 **Days after onset:** 9**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 10 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Metastatic cancer multiple sites, patient admitted with clostridium difficile diarrhea and severe dehydration as well as neutropenia.**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Hospitalized with severe dehydration due to c difficile infection.

VAERS ID: [2298767](#) ([history](#)) **Vaccinated:** 2021-09-10
Form: Version 2.0 **Onset:** 2022-02-10
Age: 74.0 **Days after vaccination:** 153
Sex: Male **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-05-27

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

Administered by: Unknown **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: 2022-02-10

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Atorvastatin Guaifenesin Albuterol Sulfate Budesonide-formoterol Metoprolol Miralax Sennosides Bisacodyl Hydrocodone

Current Illness: Unknown

Preexisting Conditions: COPD Squamous cell lung Hyperkalemia HTN HLD

Allergies: No known allergies

Diagnostic Lab Data: Case had a positive COVID test on 2/04/2022.

CDC Split Type:

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: [2298773](#) ([history](#)) **Vaccinated:** 2021-04-16
Form: Version 2.0 **Onset:** 2022-01-13
Age: 65.0 **Days after vaccination:** 272
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	018B21A / 2	- / IM

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

Symptoms: [Angiogram pulmonary abnormal](#), [Anticoagulant therapy](#), [Bradycardia](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [Echocardiogram normal](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Hypoxia](#), [Loss of consciousness](#), [Mental status changes](#), [Oxygen saturation](#)

[decreased, Pulseless electrical activity](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Hypotonic-hyposensitive episode (broad), Generalised convulsive seizures following immunisation (broad), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-16

Days after onset: 61

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 48 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: albuterol (VENTOLIN HFA) 108 (90 BASE) MCG/ACT HFA inhaler apixaban (ELIQUIS) 5 MG TABS tablet ascorbic acid (VITAMIN C) 250 MG tablet aspirin (HALFPRIN) 81 MG tablet calcium, as calcium carbonate, (CALTRATE) 600 mg tablet fluticasone

Current Illness:

Preexisting Conditions: Allergic rhinitis, hypertension, diabetes, GERD, hyperlipidemia, Barrett's esophagus, Crohn's disease, myocardial infarction, seizure disorder, skin cancer, obstructive sleep apnea and arthritis.

Allergies: adhesive tape Norco Metformin Sulfa drugs

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient was recently admitted to hospital from 01/13-1/16 with COVID PNU, was treated with empiric antibiotics and Decadron, was subsequently discharged home on about 6 L home oxygen. His condition worsened and he presented back to the ER on 01/17 with worsening shortness of breath. Was hypoxic and was placed on high-flow oxygen. CTA showed right-sided PE, echo did not show any evidence of right heart strain. He was started on Eliquis, Decadron and empiric antibiotics and was admitted to hospitalist service. He remained on high-flow oxygen. He was weaned to nasal cannula on 01/27 and currently on 6L, and wanted to go to specialty hospital. At hospital he spent 26 days, he was deemed safe for discharge to the inpatient rehab facility by myself and the specialist(s) on 2/25/2022. subsequently Rehabilitation Hospital from 2/25-3/4. Patient subsequently experienced increased WOB and LOC with declining mental status and was then transferred to hospital. Initially admitted to mod care with high O₂ requirements. On 3/7, CCM consulted for increasing O₂ requirement that decompensated overnight requiring intubation. On 3/16/22 Patient became bradycardic and subsequently was found to be in PEA arrest. Family elected to make patient DNR at that time. TOD: 1250.

VAERS ID: [2298797](#) ([history](#)) **Vaccinated:** 2021-05-28
Form: Version 2.0 **Onset:** 2022-02-07
Age: 62.0 **Days after vaccination:** 255
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046B21A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	018B21A / 2	- / -

Administered by: Unknown **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: 2022-02-07

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Albuterol sulfate Budesonide Fluticasone Ipratropium

Current Illness:

Preexisting Conditions: COPD Morbid obesity Atelectasis Hypertension

Allergies: Sulfonamides Nubain Codeine

Diagnostic Lab Data: Positive COVID test on 1/25/2022.

CDC Split Type:

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: [2302918](#) ([history](#)) **Vaccinated:** 2021-08-22
Form: Version 2.0 **Onset:** 2021-11-08
Age: 63.0 **Days after vaccination:** 78
Sex: Male **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-05-31

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

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

Symptoms: [Blood creatinine increased](#), [Haemoglobin decreased](#), [Haemolytic anaemia](#), [Hepatic enzyme increased](#), [Multiple organ dysfunction syndrome](#), [Myocardial necrosis marker increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Liver related investigations, signs and symptoms (narrow), Haemolytic disorders (narrow), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Systemic lupus erythematosus (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), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sepsis (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-05

Days after onset: 58

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 60 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Insulin, high blood pressure meds, advil, cough medicine 2 weeks before

Current Illness:

Preexisting Conditions: Diabetes, high blood pressure

Allergies: NA

Diagnostic Lab Data: Low hemoglobin, high cardiac enzymes, high liver enzymes, high creatinine causing need for dialysis

CDC Split Type:

Write-up: Out of nowhere he had a hemolytic anemia crisis which led to multiple organ failure. He has never had anything like this before so we are not sure if it's possibly a reaction to the vaccine

VAERS ID: [2303034](#) ([history](#)) **Vaccinated:** 2021-01-29

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

Age: 87.0 **Submitted:** 0000-00-00

Sex: Female **Entered:** 2022-05-31

Location: Texas

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	RA / OT

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

Symptoms: [Dementia](#), [Hepatic cirrhosis](#)

SMQs: Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Dementia (narrow), Noninfectious encephalopathy/delirium (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Medical History/Concurrent Conditions: Dementia; Liver cirrhosis**Allergies:****Diagnostic Lab Data:****CDC Split Type:** USMODERNATX, INC.MOD20225

Write-up: The callers Mother passed away from Cirrhosis of the Liver and Dementia; The callers Mother passed away from Cirrhosis of the Liver and Dementia; This spontaneous case was reported by a patient family member or friend and describes the occurrence of HEPATIC CIRRHOSIS (The callers Mother passed away from Cirrhosis of the Liver and Dementia) and DEMENTIA (The callers Mother passed away from Cirrhosis of the Liver and Dementia) in an 87-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. Concurrent medical conditions included Dementia and Liver cirrhosis. On 29-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 05-Mar-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 30-Aug-2021, received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On an unknown date, the patient experienced HEPATIC CIRRHOSIS (The callers Mother passed away from Cirrhosis of the Liver and Dementia) (seriousness criteria death and medically significant) and DEMENTIA (The callers Mother passed away from Cirrhosis of the Liver and Dementia) (seriousness criteria death and medically significant). The reported cause of death was cirrhosis of the liver and Dementia. It is unknown if an autopsy was performed. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant medication was not provided. Treatment information was not provided. Company comment: This is a spontaneous case concerning a 87-year-old, female patient with concurrent medical conditions of cirrhosis of the liver and dementia and with vaccine history of receiving first, second and third dose of mRNA-1273 vaccine, who experienced the unexpected serious (medically significant and death) AESI event of hepatic cirrhosis and the unexpected serious (medically significant and death) event of dementia. The events hepatic cirrhosis and dementia occurred before the patient received first, second and third dose of mRNA-1273 vaccine administration. It was reported that the patient died from cirrhosis of the liver and dementia approximately 66 days after the patient received third dose of mRNA-1273 vaccine administration. It was unknown if autopsy was performed and if the cause of death was determined by a physician. The patient's age remain confounder for the event dementia. The concurrent medical conditions of cirrhosis of the liver and dementia remain confounders for the events. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-575845.; Sender's Comments: This is a spontaneous case concerning a 87-year-old, female patient with concurrent medical conditions of cirrhosis of the liver and dementia and with vaccine history of receiving first, second and third dose of mRNA-1273 vaccine, who experienced the unexpected serious (medically significant and death) AESI event of hepatic cirrhosis and the unexpected serious (medically significant and death) event of dementia. The events hepatic cirrhosis and dementia occurred before the patient received first, second and third dose of mRNA-1273 vaccine administration. It was reported that the patient died from cirrhosis of the liver and dementia approximately 66 days after the patient received third dose of mRNA-1273 vaccine administration. It was unknown if autopsy was performed and if the cause of death was determined by a physician. The patient's age remain confounder for the event dementia. The concurrent medical conditions of cirrhosis of the liver and dementia remain confounders for the events. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: Cirrhosis of the Liver; Dementia

VAERS ID: [2303389](#) ([history](#)) **Vaccinated:** 2021-02-02
Form: Version 2.0 **Onset:** 2022-05-27
Age: 78.0 **Days after vaccination:** 479
Sex: Female **Submitted:** 0000-00-00
Location: Arkansas **Entered:** 2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	UN / UN

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

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

SMQs: Accidents and injuries (narrow), Osteoporosis/osteopenia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-30

Days after onset: 3

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: Unknown

Current Illness: unknown

Preexisting Conditions: Alzheimers, HTN, and A fib

Allergies: Donepezil

Diagnostic Lab Data: Tested positive for covid 5/27 at hospital, initial positive 5/19.

CDC Split Type:

Write-up: Pt was admitted to the hospital on 5/27 for a hip fracture following a fall, found to be positive for covid, pt died on 5/30

VAERS ID: [2303434](#) ([history](#)) **Vaccinated:** 2021-05-15
Form: Version 2.0 **Onset:** 2021-07-10
Age: 65.0 **Days after vaccination:** 56
Sex: Male **Submitted:** 0000-00-00
Location: Washington **Entered:** 2022-05-31

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

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

Symptoms: [Atrial fibrillation](#), [Death](#)

SMQs:, Supraventricular tachyarrhythmias (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-22

Days after onset: 74

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Lipitor, Beta Blockers

Current Illness: None

Preexisting Conditions: In perfect health, and he was an avid marathon runner.

Allergies: None

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Following the vaccine, my husband suffered an A-fib and died. I am so upset by the fact these shots were required. Pfizer was the manufacturer and I'm heartbroken by the effects.

VAERS ID: [2303460](#) ([history](#)) **Vaccinated:** 2022-05-27

Form: Version 2.0 **Onset:** 2022-05-30

Age: 66.0 **Days after vaccination:** 3

Sex: Male **Submitted:** 0000-00-00

Location: Maryland **Entered:** 2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7533 / 3	LA / IM

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

Symptoms: [Death](#), [Dyspnoea](#), [Resuscitation](#), [Unresponsive to stimuli](#)

SMQs:, Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (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), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-30

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Dapsone Tablet 100 MG Give 100 mg by mouth one time a day for PCP prophylaxis Pharmacy Discontinued 5/19/2022 09:00 5/30/2022 5/18/2022 There is a potential drug interaction with another medication. Please click to view details. Calcium Ac

Current Illness: None

Preexisting Conditions: Copd, Chronic Kidney disease, Tachycardia, HTN, Pacemaker Heart Failure

Allergies: No known Allergies

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Resident with c/o Shortness of breath become non responsive . 911 called, ,Cpr initiated , resident expired

VAERS ID: [2303461](#) ([history](#)) **Vaccinated:** 2021-09-23

Form: Version 2.0 **Onset:** 2022-05-17

Age: 86.0 **Days after vaccination:** 236

Sex: Female **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 3	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	038B21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001B21A / 1	LA / IM

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

Symptoms: [Asthenia](#), [COVID-19](#), [Confusional state](#), [Dialysis](#), [Dyspnoea](#), [Hypercapnia](#), [Malaise](#), [Positive airway pressure therapy](#)

SMQs: Acute renal failure (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Chronic kidney disease (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-28

Days after onset: 11

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 is a 87 y.o. female, never smoker, no significant prior pulmonary history, other more comorbidities including anemia of chronic disease, chronic kidney disease on dialysis, diabetes mellitus, heart failure with preserved ejection fraction, presented from her nursing facility confusion, dyspnea and weakness. Presented to the ED on 05/16/2022 after dialysis due to weakness and not feeling well, diagnosed with COVID. She had normal vital signs and she was prescribed antibiotics and sent back to the facility. She had worsening symptoms last night. She presented to the ED again today. She was found to be hypercapnic. She was placed on BiPAP.

VAERS ID:	2303481 (history)	Vaccinated:	2021-02-19
Form:	Version 2.0	Onset:	2022-02-08
Age:	81.0	Days after vaccination:	354
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9266 / 2	- / SYR

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

Symptoms: [Acute kidney injury](#), [Acute myocardial infarction](#), [Anticoagulant therapy](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest pain](#), [Death](#), [Dyspnoea](#), [Failure to thrive](#), [Fibrin D dimer increased](#), [Mental status changes](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Troponin increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Haemorrhage laboratory terms (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 (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Neonatal disorders (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-23

Days after onset: 15

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 presented to ED on 02/09/2022 for chest pain and mild shortness of breath. The patient tested positive for Covid-19 on 02/08/2022. The patient required 2LNC in ED. Ddimer elevated, and patient was admitted to rule out a PE. Patient also presented with AMS. The ED started the patient on a heparin qtt. Patient expired on 02/23/2022. Death diagnosis include Respiratory Failure, Covid-19 PNA, Failure to Thrive, AKI, NSTEMI with elevated troponin.

VAERS ID: 2303498 (history)	Vaccinated: 2021-02-12
Form: Version 2.0	Onset: 2022-02-21
Age: 77.0	Days after vaccination: 374
Sex: Female	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-05-31

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

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

Symptoms: [Acute respiratory failure](#), [Atrial fibrillation](#), [COVID-19](#), [Cardiac failure congestive](#), [Chronic kidney disease](#), [Chronic left ventricular failure](#), [Confusional state](#), [Death](#), [Diabetes mellitus](#), [Mental status changes](#), [Metabolic encephalopathy](#), [Oxygen saturation decreased](#), [Pneumonia aspiration](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Vomiting](#)

SMQs: Rhabdomyolysis/myopathy (broad), Cardiac failure (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (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), Dementia (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-21

Days after onset: 0

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 brought to ED shortly after testing positive for Covid-19 d/t increased confusion, vomiting, and decreasing oxygen saturation. Patient was admitted to hospital services with acute hypoxic respiratory failure secondary to covid-9. Patient was unable to be on BiPap with vomiting. Patient started on Bronchodilator, dexamethasone and remdesivir and Baricitinib. Patient expired on 02/21/2022 with diagnosis of acute metabolic encephalopathy, Afib, AMS, aspiration PNA, CKD, Covid-19 virus infection, chronic combined systolic and diastolic CHF, Diabetes, Respiratory failure.

VAERS ID: [2303541](#) ([history](#)) **Vaccinated:** 2021-03-24

Form: Version 2.0 **Onset:** 2022-01-28

Age: 59.0 **Days after vaccination:** 310

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-05-31

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

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

Symptoms: [Acute myocardial infarction](#), [Acute respiratory failure](#), [Atrial fibrillation](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Diabetic ketoacidosis](#), [Endotracheal intubation](#), [Extubation](#), [Hypervolaemia](#), [Intensive care](#), [Percutaneous coronary intervention](#), [Polyuria](#), [SARS-CoV-2 test positive](#), [Stent placement](#), [Ventricular fibrillation](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Myocardial infarction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Ventricular 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), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Hypokalaemia (broad), 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: 2022-02-01

Days after onset: 4

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: Presented on 1/28/2022 with inferior STEMI s/p PCI, DKA, and Covid-PNA. Hospital course complicated by acute hypoxic respiratory failure 2/2 PNA, volume overload, and new onset atrial fib. On admission to CC the patient was intubated and sedated. Patient tested positive for Covid on 1/28/22. Patient was not a candidate for Remdisivir because of being intubated. Patient was treated with steroids. For PNA he was started on antibiotics, and diuresis for volume overload and was extubated. Patient was transferred to step down and started on Remdesivir per ID. Patient with inferior STEMI who underwent emergent PCI/DES to the RCA, then developed VF arrest with inability to achieve ROSC.

VAERS ID: [2303548](#) ([history](#))**Vaccinated:** 2021-03-25**Form:** Version 2.0**Onset:** 2022-02-20**Age:** 72.0**Days after vaccination:** 332**Sex:** Male**Submitted:** 0000-00-00**Location:** Tennessee**Entered:** 2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6204 / 2	- / SYR

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Intensive care](#), [Mechanical ventilation](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-02**Days after onset:** 10**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 was admitted to hospital on 02/20/2022 with complaints of SOB. He had progressive dyspnea and shortness of breath prior to admission. Patient was diagnosed with Covid-19 on 02/20/2022. He was immediately started on high-flow and admitted to the ICU. He was managed conservatively for several days however he did end up requiring intubation. He continued to decline on the ventilator and eventually required prone therapy. At this point, family decided to withdraw care and comfort measures were instituted. The patient was transferred to the medical - surgical floor. Patient expired on 03/02/2022.

VAERS ID:	2303561 (history)	Vaccinated:	2021-02-08
Form:	Version 2.0	Onset:	2021-03-10
Age:	82.0	Days after vaccination:	30
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004M20A / 2	- / SYR

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

Symptoms: [Acute myocardial infarction](#), [Death](#), [Ejection fraction](#), [Hypoxia](#), [Ischaemic cardiomyopathy](#).

SMQs: Asthma/bronchospasm (broad), Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Other ischaemic heart disease (narrow), Respiratory failure (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-21

Days after onset: 10

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 presented to hospital on 03/19/2021 with hypoxia, NSTEMI, and ischemic cardiomyopathy of EF of 15%. Daughter elected to proceed to inpatient hospice care. He died on 03/21/2021.

VAERS ID: [2303579](#) ([history](#)) **Vaccinated:** 2021-05-03
Form: Version 2.0 **Onset:** 2022-02-27
Age: 78.0 **Days after vaccination:** 300
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	- / SYR

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

Symptoms: [Acute kidney injury](#), [Acute respiratory failure](#), [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), 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), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-16

Days after onset: 16

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 to Covid-19 on 02/27/2022 and admitted to hospital on 02/28/2022 for acute kidney failure, acute respiratory failure with hypoxia. Patient expired on 03/16/2022.

VAERS ID: [2633941](#) ([history](#)) **Vaccinated:** 2022-05-04
Form: Version 2.0 **Onset:** 2022-05-05
Age: 92.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016C21A / UNK	- / -
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Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Anxiety](#), [Asthenia](#), [Blood creatine phosphokinase increased](#), [Blood creatinine increased](#), [Blood culture negative](#), [Blood potassium increased](#), [Blood pressure systolic decreased](#), [Blood urea increased](#), [Brain natriuretic peptide increased](#), [C-reactive protein increased](#), [Cardiac valve vegetation](#), [Catheterisation cardiac abnormal](#), [Chest X-ray abnormal](#), [Chest discomfort](#), [Computerised tomogram abdomen abnormal](#), [Cough](#), [Death](#), [Decreased appetite](#), [Diarrhoea](#), [Dyspnoea](#), [Dyspnoea exertional](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Electrocardiogram abnormal](#), [Eosinophil count increased](#), [Escherichia infection](#), [Escherichia test positive](#), [Faeces soft](#), [Fatigue](#), [Feeling abnormal](#), [Headache](#), [Intracardiac mass](#), [Left ventricular end-diastolic pressure increased](#), [Metabolic function test normal](#), [Mitral valve incompetence](#), [Myalgia](#), [Nausea](#), [Neck pain](#), [Oedema peripheral](#), [Panic attack](#), [Pleural effusion](#), [Procalcitonin](#), [Pulmonary congestion](#), [Red blood cell sedimentation rate increased](#), [Respiratory viral panel](#), [Rhinorrhoea](#), [SARS-CoV-2 test negative](#), [Tenderness](#), [Troponin I](#), [Urinary tract infection](#), [Urine analysis abnormal](#), [Ventricular hypokinesia](#), [Vertigo](#), [Vomiting](#), [White blood cell count](#), [White blood cell count increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Pseudomembranous colitis (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (narrow), Vestibular disorders (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (narrow), 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 (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-28

Days after onset: 23

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: lisinopril 20 mg, spironolactone 25 mg, sertraline 25 mg, pravastatin 5 mg, MV, Calcium 600 mg, timolol eye gts.

Current Illness: none

Preexisting Conditions: well controlled hypertension, mild hypercholesterolemia, intermittent hyponatremia, panic disorder that was inactive until post vaccine illness, several episodes of diverticulitis last 2019, remote MALT lymphoma 1999. This was a vigorous, vibrant woman who was still mowing her own lawn etc until 5/5/22!

Allergies: Bactrim

Diagnostic Lab Data: see 18 and continuation.

CDC Split Type:

Write-up: Myalgias, neck pain, HA, fatigue 5/5. Fatigue intensified by 5/9 and onset of clear rhinorrhea; home COVID test negative then. By 5/13, all symptoms resolved except marked fatigue, low grade fever up to 99.2 and minimal dry cough. Evaluated at office appt 5/16 with extensive exam neg except mild right temporal tenderness and trace ankle edema. Admitted to anorexia/mild nausea without emesis and passage of small soft BMs with voiding. UA showed E.coli UTI but she denied symptoms. Was treated with Keflex 500 mg BID for 7 days for lack of any other diagnosis. CMP was normal, WBC 12,100 with mild increase in pmns but 600 eos, WESR 78, CRP 22.1, procalcitonin 0.21. Gaviscon allowed her to eat without gagging and she was started on famotidine 20 mg BID. Called on 5/21 to complain of vague high substernal tightness that was not exertional. A couple hours later she felt a "panic attack" with SOB returning from the mailbox that resolved with 0.25 mg Ativan. She slept well without orthopnea or PND but awoke in the AM with watery diarrhea, vertigo and nausea with vomiting. She had DOE that she attributed to anxiety. Called EMS and ER evaluation showed only minimal nonspecific EKG changes, BNP 3157, hs-troponin I 14,012, CRP 14.3, stable BUN/creat 13/0.9, CXR showed pulmonary vascular congestion. CT abdomen showed small bilateral pleural effusions, no pericardial effusion. Echo showed LVEF 30-35%, global hypokinesis (last Echo 2009 with EF 65%). Full respiratory viral PCR panel was negative. Hospital course: cath 5/23 with normal coronary arteries, global hypokinesis and LVEF 35-40%, elevated LVEDP 18 mmHg. Patient remained very fatigued and anorexic or nauseated throughout her hospitalization. hs-Troponin I trended down but remained markedly elevated w/ last measurement 10,617 on 5/24 w/ CPK down to 145 from maximum of only 366. DOE on 5/25 with increased pleural effusions on CXR. Required NC O2 that PM. Repeat Echo 5/26 with globular mass on the mitral valve leaflet apparatus or chordae, significant MR and LVEF 25-30%. By the AM of 5/27, she had ARF with BUN/creat 52/1.9, K+ 6.1 and drop in BPs to 105 systolic. TEE on 5/27 showed a 1.1x1.0 cm apparent vegetation on the chordae of the anterior mitral leaflet, moderate MR, EF 25-30%. Blood cultures are negative at 2 days. She was clinically much weaker and lacked any of her usual animation on the morning of 5/28. Another Echo excluded pericardial effusion. She expired on the morning of 5/28. Of note, this was her 5th body stimulus to COVID as she had Moderna 1/20/21 & 2/17/21, first booster 10/26/21, mild COVID-19 infection that did not require professional care 11/22/21 and second booster 5/4/22. Perhaps FDA needs to be watching for reactions to 2nd boosters more closely!

VAERS ID: 2304952 (history)	Vaccinated: 2021-02-04
Form: Version 2.0	Onset: 2022-05-12
Age: 89.0	Days after vaccination: 462
Sex: Male	Submitted: 0000-00-00
Location: Minnesota	Entered: 2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / UNK	- / IM

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

Symptoms: [Acute respiratory failure](#), [COVID-19 pneumonia](#)

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 (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-27**Days after onset:** 15**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: admitted 5/12 for management of acute hypoxic respiratory failure secondary to COVID pneumonia.

VAERS ID: [2304977](#) ([history](#))**Vaccinated:** 2022-04-25**Form:** Version 2.0**Onset:** 2022-05-16**Age:** 69.0**Days after vaccination:** 21**Sex:** Male**Submitted:** 0000-00-00**Location:** D.C.**Entered:** 2022-06-01

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

Administered by: Private **Purchased by:** ?**Symptoms:** [Cardiac arrest](#), [Death](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-22**Days after onset:** 6**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** Aspirin, Glipizide, Atorvastatin, Nifidipene, Labetalol, furosemide,**Current Illness:****Preexisting Conditions:** CKD Type 2 Diabetes

Allergies: Metformin**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Participant admitted to hospital with cardiac arrest 5/16. Expired 5/22.

VAERS ID: [2305068](#) ([history](#)) **Vaccinated:** 2021-12-05
Form: Version 2.0 **Onset:** 2022-05-31
Age: 63.0 **Days after vaccination:** 177
Sex: Male **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045J21A / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-31**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: PMH of high-grade urothelial carcinoma (stage 3) undergoing chemotherapy, s/p cystectomy with ileal conduit, bilateral nephrostomy tubes, L nephroureteral stent, acute hypoxic resp failure, COPD, HTN, ischemic cardiomyopathy, SVT, recurrent DVTs requiring IVC filter placement, disseminated candidemia 2/2 infected port s/p removal, H. pylori gastritis, GI bleed, severe malnutrition, alcoholism, tobacco abuse.

Allergies: NKA**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient expired 5/31/2022.

VAERS ID: [2305081](#) ([history](#)) **Vaccinated:** 2021-02-25
Form: Version 2.0 **Onset:** 2022-05-23
Age: 84.0 **Days after vaccination:** 452
Sex: Female **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011A21A / 2	- / -

Administered by: Public **Purchased by:** ?
Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#)
SMQs: Anaphylactic reaction (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-30

Days after onset: 7

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: diabetes, hypertension, ckd, cva

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Dose 1 given 1/28/2021 Moderna, no lot # available. Pt tested positive for Covid 19, was admitted to the hospital and died from Covid pneumonia/respiratory failure.

VAERS ID: [2305100](#) ([history](#)) **Vaccinated:** 2021-09-28

Form: Version 2.0 **Onset:** 2022-05-22

Age: 84.0 **Days after vaccination:** 236

Sex: Female **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3183 / 3	RA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-22

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** MDS; OSC: COVID-19; a-fib; HZTN; HLD; obesity MYELODYSPLASTIC SYNDROME**Allergies:****Diagnostic Lab Data:** Tested Positive for Covid 04/13/2022, 04/18/2022, 05/18/2022**CDC Split Type:****Write-up:** Tested Positive for Covid 04/13/2022, 04/18/2022, 05/18/2022 Died 05/22/2022**VAERS ID:** [2306038](#) ([history](#)) **Vaccinated:** 2021-02-17**Form:** Version 2.0 **Onset:** 0000-00-00**Age:** **Submitted:** 0000-00-00**Sex:** Unknown **Entered:** 2022-06-02**Location:** Kentucky

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

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USMODERNATX, INC.MOD20210

Write-up: Death; This spontaneous case was reported by a health care professional and describes the occurrence of DEATH (Death) in a patient of an unknown age and gender who received mRNA-1273 (Moderna COVID-19 Vaccine) for COVID-19 vaccination. No Medical History information was reported. On 17-Feb-2021, the patient received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. Death occurred on an unknown date. The cause of death was not reported. It is unknown if an autopsy was performed. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. Concomitant product use was not provided by the reporter. No treatment information was provided. Company comment This is a spontaneous case concerning a patient of an unknown age and gender with no medical

history reported, who experienced the Fatal unexpected, event of death, which occurred on an unknown date, thus latency between vaccination and the event cannot be assessed. The patient received the second dose of mRNA-1273. Death occurred on an unknown date. The cause of death was not reported. It is unknown if an autopsy was performed. No further information regarding the course of events, lab tests, imaging studies and treatment was provided. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. Most recent FOLLOW-UP information incorporated above includes: On 22-Feb-2021: Upon internal Review on 01-Jun-2022, significant correction was made to update report type, suspect product and narrative.; Sender's Comments: This is a spontaneous case concerning a patient of an unknown age and gender with no medical history reported, who experienced the Fatal unexpected, event of death, which occurred on an unknown date, thus latency between vaccination and the event cannot be assessed. The patient received the second dose of mRNA-1273. Death occurred on an unknown date. The cause of death was not reported. It is unknown if an autopsy was performed. No further information regarding the course of events, lab tests, imaging studies and treatment was provided. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: unknown cause of death

VAERS ID:	2306586 (history)	Vaccinated:	2021-10-01
Form:	Version 2.0	Onset:	2021-10-25
Age:	79.0	Days after vaccination:	24
Sex:	Male	Submitted:	0000-00-00
Location:	Alabama	Entered:	2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / OT
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

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

Symptoms: [Anti-neutrophil cytoplasmic antibody positive vasculitis](#), [Autoimmune disorder](#), [Biopsy](#), [Biopsy kidney](#), [Illness](#), [Psoriasis](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Vasculitis (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-05-16

Days after onset: 203

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 30 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: biopsies; Result Unstructured Data: Test Result:Unknown results; Comments: Doctor did 4 biopsies thinking that patient may have psoriasis; Test Name: Kidney biopsy; Result Unstructured Data: Test Result:Unknown results

CDC Split Type: USPFIZER INC202200772229

Write-up: attacked his kidneys(ANCA associated Vasculitis).; autoimmune disease; rash; psoriasis; he was very sick; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from a sales representative. A 79-year-old male patient received BNT162b2 (BNT162B2), in Oct2021 as dose 3 (booster), single (Batch/Lot number: unknown) at the age of 79 years intramuscular, in left arm for covid-19 immunisation; influenza vaccine (FLU), (Batch/Lot number: unknown) for immunisation. Facility type vaccine: Hospital. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Covid-19 vaccine (Dose Number: 2, Batch/Lot No: Unknown. His daughter is the reporter and has the batch info and can provide when contacted, Location of injection: Arm Left, Route of Administration: Intramuscular, Manufacturer unknown), for COVID-19 immunization; Covid-19 vaccine (Dose Number: 1, Batch/Lot No: Unknown. Daughter is reporter and has batch info to provide when contacted, Location of injection: Arm Left, Route of Administration: Intramuscular, Manufacturer unknown), for COVID-19 immunization. If other vaccine in four weeks: Unknown. If covid prior vaccination: Unknown. If covid tested post vaccination: Unknown. Known allergies: Unknown-daughter will know. The following information was reported: ANTI-NEUTROPHIL CYTOPLASMIC ANTI-BODY POSITIVE VASCULITIS (death, hospitalization, disability, medically significant, life threatening) with onset 25Oct2021 at 05:15, outcome "fatal", described as "attacked his kidneys(ANCA associated Vasculitis)."; AUTOIMMUNE DISORDER (death, hospitalization, disability, medically significant, life threatening) with onset 25Oct2021 at 05:15, outcome "fatal", described as "autoimmune disease"; ILLNESS (death, hospitalization, disability, life threatening) with onset 25Oct2021 at 05:15, outcome "fatal", described as "he was very sick"; PSORIASIS (death, hospitalization, disability, life threatening) with onset 25Oct2021 at 05:15, outcome "fatal"; RASH (death, hospitalization, disability, life threatening) with onset 25Oct2021 at 05:15, outcome "fatal". The patient was hospitalized for anti-neutrophil cytoplasmic antibody positive vasculitis, autoimmune disorder, rash, psoriasis, illness (hospitalization duration: 30 day(s)). The events "attacked his kidneys (anca associated vasculitis).", "autoimmune disease", "rash", "psoriasis" and "he was very sick" required physician office visit and emergency room visit. The patient underwent the following laboratory tests and procedures: Biopsy: Unknown results, notes: Doctor did 4 biopsies thinking that patient may have psoriasis; Biopsy kidney: Unknown results. Therapeutic measures were taken as a result of anti-neutrophil cytoplasmic antibody positive vasculitis, autoimmune disorder, rash, psoriasis, illness. The patient date of death was 16May2022. Reported cause of death: "attacked his kidneys (ANCA associated Vasculitis).", "autoimmune disease", "Rash", "psoriasis", "he was very sick". No autopsy was performed. Other medication in two weeks: He had his flu vaccine the day after receiving his 3rd dose on Pfizer's covid vaccine. his daughter reported this to me and does have the batch # information. Patient was 78 years old and received his 3rd vaccine at the end of October and 2 days later came down with a rash. Doctor did 4 biopsies thinking that patient may have psoriasis. Patient continued to get sicker and doctors finally diagnosed him with an autoimmune disease which attacked his kidneys (ANCA associated Vasculitis). They started him on dialysis and ended up giving him steroids and plasmapheresis, which did help temporarily but by that point he was very sick. They ended up having to intubate him and he passed away on 16May2022. AE resulted in: Doctor or other healthcare professional office/clinic visit, Emergency room/department or urgent care, Hospitalization, Life threatening illness (immediate risk of death from the event), Disability or permanent damage, Patient died. No days hospitalization: 30. Date of death: 16May2022. Death cause: ANKA associated Vasculitis/Sepsis/pneumonia. If autopsy performed: No. If treatment ae: Yes. Ae treatment: 4 biopsies, Plasmapheresis, Kidney biopsy, steroids, Intubated Other medical history: He was perfectly healthy and working before he received his 3rd vaccine. He did have a bad reaction to first 2 vaccines but felt he still needed to get his 3rd vaccine. His daughter, (name), will be able to provide much more information The information on the batch/lot number for [BNT162B2] has been requested and will be

submitted if and when received.; Reported Cause(s) of Death: attacked his kidneys(ANCA associated Vasculitis).; autoimmune disease; Rash; psoriasis; he was very sick

VAERS ID: 2306705 (history)	Vaccinated: 2021-03-25
Form: Version 2.0	Onset: 2022-01-06
Age: 68.0	Days after vaccination: 287
Sex: Female	Submitted: 0000-00-00
Location: Michigan	Entered: 2022-06-02

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

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: 2022-01-01

Days after onset: 5

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: Positive COVID test 1/6/2022

CDC Split Type:

Write-up: Pt Deceased - Breakthrough 1st Dose 3/4/2021 - Pfizer - en6202 2nd Dose 3/25/2021 - Pfizer -- en62077

VAERS ID: 2306842 (history)	Vaccinated: 2021-03-29
Form: Version 2.0	Onset: 2022-05-26
Age: 70.0	Days after vaccination: 423
Sex: Male	Submitted: 0000-00-00
Location: Michigan	Entered: 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1802070 / 1	- / -

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

Symptoms: [Acute left ventricular failure](#), [Acute respiratory failure](#), [Blood creatinine increased](#), [Blood culture negative](#), [Blood gases](#), [Blood pH decreased](#), [COVID-19](#), [Carbon dioxide increased](#), [Cardiac](#)

[failure congestive](#), [Chronic left ventricular failure](#), [Chronic obstructive pulmonary disease](#), [Condition aggravated](#), [Dyspnoea](#), [General physical health deterioration](#), [Hepatic enzyme increased](#), [Hyperbilirubinaemia](#), [Hypoxia](#), [Leukocytosis](#), [Lung infiltration](#), [Positive airway pressure therapy](#), [Respiratory failure](#), [Staphylococcus test negative](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Asthma/bronchospasm (broad), Lactic acidosis (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), 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 (narrow), Biliary system related investigations, signs and symptoms (narrow), Biliary tract disorders (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-01

Days after onset: 6

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: acetaminophen (TYLENOL) 650 MG extended release tablet albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) 108 (90 Base) MCG/ACT inhaler amiodarone (PACERONE) 200 MG tablet atorvastatin (LIPITOR) 20 MG tablet clopidogrel (PLAVIX) 75

Current Illness: 3/24/21-3/29/21 Hospital Admission for Acute Cholecystitis

Preexisting Conditions: Subclavian artery stenosis (HCC) Chronic coronary artery disease S/P CABG (coronary artery bypass graft) Ischemic cardiomyopathy Hypertension Dyslipidemia Persistent atrial fibrillation (HCC) Peripheral vascular disease (HCC) Current nicotine use Abnormal serum protein electrophoresis Renal artery stenosis (HCC) Stage 3 chronic kidney disease (HCC) Insomnia, unspecified type Gastroesophageal reflux disease, esophagitis presence not specified Pulmonary HTN (HCC) Microhematuria Orthostatic hypotension Bradycardia BPH (benign prostatic hyperplasia) Biventricular cardiac pacemaker in situ Mitral regurgitation Cardiovascular risk factor Congestive heart failure (HCC) Urinary urgency Abnormal CBC Abnormal alkaline phosphatase test Prediabetes Weakness Paresthesia of upper extremity Paroxysmal ventricular tachycardia (HCC) Cystic mass of pancreas Hematoma of rectus sheath History of cholecystitis Chronic obstructive pulmonary disease, unspecified COPD type (HCC) Cholecystitis Anxiety about health Mesenteric artery stenosis (HCC) Abnormal lung sounds Abdominal fullness in left lower quadrant Macrocytic Anemia

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Discharge Provider: MD Primary Care Physician at Discharge: DO Admission Date:

5/26/2022 PRESENTING PROBLEM: Hyperbilirubinemia [E80.6] Elevated liver enzymes [R74.8] Acute on chronic combined systolic and diastolic CHF (congestive heart failure) (HCC) [I50.43] Acute on chronic respiratory failure with hypoxia and hypercapnia (HCC) [J96.21, J96.22] COVID [U07.1]

HOSPITAL COURSE: Patient is a 71-year-old male with a past medical history significant for recent COVID-19 infection status post treatment and completion of dexamethasone, oxygen-dependent chronic obstructive pulmonary disease, coronary artery disease, chronic systolic and diastolic heart failure who presented with difficulty breathing well as hypoxia. He is usually on 2 L of oxygen via nasal cannula. In the emergency department he was found to be hypoxic with sats 72 on 2 L and VBG showed pH of 7.24 with CO₂ of 59. He was initially placed on non-rebreather and then placed on BiPAP. He has persistent atrial fibrillation which is rate controlled with metoprolol and amiodarone and is also on Xarelto. Patient felt to have chronic combined hypoxic and hypercarbic respiratory failure due to CHF exacerbation and chronic obstructive pulmonary disease exacerbation. There was also concern that he had pneumonia due to infiltrates as well as leukocytosis. Patient was placed on vancomycin and Zosyn. MRSA screen came back negative and therefore vancomycin was discontinued. He was rapidly weaned off BiPAP and placed on 6 L of oxygen via nasal cannula. Patient's home torsemide was held and he was placed on IV Lasix. Cardiology was consulted who agreed with IV diuresis. Patient had improvement of his symptoms. Leukocytosis did improve. Blood cultures did not reveal any growth. He was initially placed on Solu-Medrol and then transitioned to prednisone. Patient had very little improvement in his symptoms with IV Lasix. He also had increase in his creatinine and therefore Nephrology was consulted. Nephrology place patient on Lasix infusion but he still did not have adequate diuresis. Patient's condition declined acutely the morning of 5/31 and he became increasingly short of breath with increased work of breathing. Prior to this he was a full code and when code status was discussed previously, patient stated that he did not wish to change it. However as his condition declined, patient stated that he wished to become a do not resuscitate. His condition declined even further and he was made comfort care late afternoon 5/31. Hospice was consulted and patient was made inpatient hospice.

VAERS ID: 2306849 (history)	Vaccinated:	2021-12-13
Form: Version 2.0	Onset:	2022-05-30
Age: 63.0	Days after vaccination:	168
Sex: Male	Submitted:	0000-00-00
Location: Florida	Entered:	2022-06-02

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

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

Symptoms: [Arthralgia](#), [Cardiac arrest](#), [Death](#), [Feeling abnormal](#), [Flatulence](#), [Laboratory test](#), [Muscle spasms](#), [Pain in extremity](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Dystonia (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Arthritis (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-30

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** Hypertension (not medicated)**Allergies:** None**Diagnostic Lab Data:** Dr should have this**CDC Split Type:**

Write-up: Leg/Hip pain for approx a week before. Complained of gas and cramping. Date of event felt bad and called ambulance. Cardiac Arrest shortly after and doctors unable to restart heart. Death.

VAERS ID: [2306860](#) ([history](#)) **Vaccinated:** 2021-02-24

Form: Version 2.0 **Onset:** 2022-01-19

Age: 80.0 **Days after vaccination:** 329

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-02

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

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

Symptoms: [Abdominal pain](#), [Asymptomatic COVID-19](#), [Death](#), [Dizziness](#), [Gait disturbance](#), [Rectal haemorrhage](#), [SARS-CoV-2 test positive](#)

SMQs: Acute pancreatitis (broad), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Gastrointestinal haemorrhage (narrow), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-03-07**Days after onset:** 47**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 01/19/2022. Patient was asymptomatic and afebrile, and was moved to isolation at facility. On 01/31/2022 patient noted to have a large amount of rectal bleeding in toilet, with abdominal pain and was transferred to ED for evaluation. Patient returned the

following day with orders to set up a GI consult. Patient was noted to have unsteady gait, and felt dizzy. Patient was then transferred to Hospital. Patient expired on 03/07/2022.

VAERS ID: [2306864](#) ([history](#)) **Vaccinated:** 2021-02-05
Form: Version 2.0 **Onset:** 2021-02-05
Age: 64.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Oklahoma **Entered:** 2022-06-02

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-01

Days after onset: 480

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Required hospital admission. Patient expired. Received 3 Pfizer vaccines

VAERS ID: [2306871](#) ([history](#)) **Vaccinated:** 2021-08-24
Form: Version 2.0 **Onset:** 2022-03-08
Age: 71.0 **Days after vaccination:** 196
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002F21A / 3	- / SYR

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

Symptoms: [Angiogram pulmonary abnormal](#), [COVID-19 pneumonia](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Intensive care](#), [Lung infiltration](#), [Tachypnoea](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad),

Interstitial lung disease (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-26

Days after onset: 48

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 presented to ED with SOB while at a skilled nursing facility. The patient had a previous hospitalization with COVID PNA where she was treated on the COVID protocol, discharged on 1 L of oxygen PRN. Patient stated since discharged she has always been short of breath. In the ED CTA of chest had scattered infiltrates suggestive of worsening covid infiltrates. The patient was placed on 4.5 L of oxygen, saturation at 92% and tachypneic. The patient was admitted to ICU and was eventually intubated, she required multiple sedatives which also affected her blood pressure. She continued to require higher FiO2 until family decided to withdraw care. Patient expired on 04/26/2022.

VAERS ID: [2306881](#) ([history](#)) **Vaccinated:** 2021-05-18

Form: Version 2.0 **Onset:** 2021-09-10

Age: 77.0 **Days after vaccination:** 115

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	203A21A / 1	- / SYR

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

Symptoms: [C-reactive protein increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardio-respiratory arrest](#), [Chest X-ray abnormal](#), [Cough](#), [Death](#), [Dyspnoea](#), [Intensive care](#), [Life support](#), [Mechanical ventilation](#), [Oedema peripheral](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious

meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-13

Days after onset: 3

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to ED via EMS due to decrease oxygenation at home. In the ED supplemental oxygen initiated. Chest xray shows changes consistent with COVID-19 PNA. Covid antigen positive, CRP elevated. Patient reports frequent nonproductive cough, ongoing dyspnea, increased lower extremity edema. Patient admitted to hospital and started on BiPap with oxygenation improvement. Patient then was found to be unresponsive with Bipap mask off, code was called and patient went through 2 rounds of ACLS with 2 doses of epi with ROSC on ventilator, patient on epi drip and transfer to ICU. Decision to withdraw care was made and patient passed on 9/13/2021.

VAERS ID: [2306888](#) ([history](#)) **Vaccinated:** 2021-02-01

Form: Version 2.0 **Onset:** 2021-09-07

Age: 77.0 **Days after vaccination:** 218

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9261 / 2	- / SYR

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

Symptoms: [Bradycardia](#), [COVID-19](#), [Cardiac arrest](#), [Cardio-respiratory arrest](#), [Chest X-ray](#)

[abnormal](#), [Death](#), [Dyspnoea](#), [Fall](#), [Lung infiltration](#), [Pain](#), [Resuscitation](#), [SARS-CoV-2 test positive](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Interstitial lung disease (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-09-07**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Presented to ED by her husband because of multiple falls over the last week. She has had some progressive SOB over last week and has no home oxygen. EMS reported saturation of 87%, placed on 6 LNC. She c/o all over body pain and found to be covid positive. Chest xray shows infiltrates in both lungs. Patient had became bradycardic that progressed to asystole, and code blue was called in the ED. Patient had 5 rounds of CPR with epinephrine and hat ROSC. However, patient became bradycardic, atropine given, and patient coded again and was unable to regain a pulse. Patient expired on 09/07/2021.

VAERS ID: [2306892](#) ([history](#))**Vaccinated:** 2022-05-11**Form:** Version 2.0**Onset:** 2022-05-31**Age:** 93.0**Days after vaccination:** 20**Sex:** Female**Submitted:** 0000-00-00**Location:** Oklahoma**Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001MZ1A / 4	LA / IM

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

Symptoms: [Abdominal pain](#), [Abdominal tenderness](#), [Chest pain](#), [Death](#), [Discoloured vomit](#), [Incarcerated hernia](#), [Laboratory test](#), [Malaise](#), [Nausea](#), [Oxygen saturation decreased](#), [Urinary tract infection](#), [Vomiting](#)

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

Life Threatening? Yes**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-01**Days after onset:** 1**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: Memantine HCL 10 mg, B-12 injection, miralax, vitamin D3, zofran, brovana nebulizer, budesonide nebulizer, pantoprazole 40 mg, calcium carbonate antacid, levothyroxine 175 mcg, megestrol acetate 400mg/10ml, metamucil, norco 5/325 mg, hipre

Current Illness: UTI with VRE; Acutely, the main concern for resident in the last month was her weight loss.

Preexisting Conditions: GERD, idiopathic peripheral autonomic neuropathy, hypothyroidism, hypokalemia, personal history of UTIs, vitamin D deficiency, colostomy, age-related cognitive decline, constipation, nutritional deficiency, abnormal weight loss, parastomal hernia with obstruction without gangrene (3/18, surgically repaired)

Allergies: Ampicillin, iodine, egg, latex

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident had received second covid-19 Moderna booster on 5/11/22; Resident has frequent history of UTIs, had VRE in urine on 3/25/22 , resident was taking amikacin 250 mg IM twice a day from 5/16-5/21 for different UTI. Resident was seeming to improve, alert and oriented to person and place. On 5/31 around 10 pm resident began reporting nausea and not feeling well, on 6/1 resident had emesis x 2 prior to am meal, refused meds, was able to eat some jello. No abdomen distention, some tenderness noted to left upper quadrant, VS stable for resident 136/88-98-14-97.1-96% on 2 L via nasal cannula. Later in the afternoon resident began having brown coffee colored liquid emesis on clear liquid diet, labs performed and sent to hospital. Residents oxygen began to drop to 86% so increased oxygen to 3L, resident complaining of abdomen and chest pain and sent to emergency department via ambulance. Medical Center later called to inform staff that resident had passed away and had a incarcerated hernia. Resident was a DNR.

VAERS ID: [2306914](#) ([history](#)) **Vaccinated:** 2021-12-01

Form: Version 2.0 **Onset:** 2021-12-01

Age: 81.0 **Days after vaccination:** 0

Sex: Male **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-06-02

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

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

Symptoms: [Acute kidney injury](#), [Asthenia](#), [Blood loss anaemia](#), [Cardio-respiratory arrest](#), [Cardioversion](#), [Cerebral disorder](#), [Confusional state](#), [Death](#), [Diet refusal](#), [Dizziness](#), [Electroencephalogram abnormal](#), [Fatigue](#), [Gait inability](#), [Gastrointestinal haemorrhage](#), [Haemoglobin decreased](#), [Hypertransaminasaemia](#), [Hypoxic-ischaemic encephalopathy](#), [Intensive care](#), [Laboratory test](#), [Metabolic acidosis](#), [Ophthalmoplegia](#), [Pancreatic mass](#), [Pulse absent](#), [Pulseless electrical activity](#), [Seizure](#), [Seizure like phenomena](#), [Transfusion](#), [Unresponsive to stimuli](#), [Urinary tract infection](#), [Ventricular tachycardia](#)

SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Lactic acidosis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Ischaemic central nervous system vascular conditions (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (broad),

Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Convulsions (narrow), Dystonia (broad), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Ischaemic colitis (broad), Cardiac arrhythmia terms, nonspecific (narrow), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-03

Days after onset: 33

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness:

Preexisting Conditions: Afib Pacemaker BPH Hypertension

Allergies: UNK

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient brought to ED by son for severe weakness and dizziness x 9 days which he attributed to the Moderna booster received 9 days prior. Had also been confused and stopped eating. Weakness was the point where he was unable to ambulate and had to be carried to the restroom. While in triage the patient had seizure like activity with repeated convulsions that stopped. Patient was awake and alert and answering question but appeared fatigued and weak. Patient was given 2mg of Ativan and started on NS fluid bolus, shortly afterwards while labs being drawn, he again began to have convolution-type activity and became unresponsive and pulseless. Code blue called. Patient was initially in v-tach, defibrillated 7 times-unsuccessfully and while code was ongoing, Hgb was 3.6. He went from Vtach to PEA. 2U of blood were given after which ROSC was achieved, and additional 2U were given. Patient admitted to IC with blood loss anemia suspected GIB, anoxic encephalopathy, pancreatic head mass suspected malignancy, sever metabolic acidosis, AKI, transaminitis and UTI. Patient has partial gaze paralysis. EEG showed mod to sever cerebral dysfunction. Patient no progress and later passed after patient family made the patient CMO.

VAERS ID: [2306923](#) ([history](#))

Vaccinated: 2021-02-23

Form: Version 2.0

Onset: 2022-04-13

Age: 83.0

Days after vaccination: 414

Sex: Male

Submitted: 0000-00-00

Location: Kentucky

Entered: 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032M20A / 2	LA / IM

Administered by: Public**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-13**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Unknown**Current Illness:****Preexisting Conditions:** Pain, joints, HTN, insomnia, Type 2 diabetes. Numerous other medical diagnosis.**Allergies:** NKA**Diagnostic Lab Data:** na**CDC Split Type:****Write-up:** No adverse event. Patient died greater than one year after receiving vaccines.**VAERS ID:** [2306938](#) ([history](#))**Vaccinated:** 2021-10-18**Form:** Version 2.0**Onset:** 2022-05-24**Age:** 85.0**Days after vaccination:** 218**Sex:** Male**Submitted:** 0000-00-00**Location:** Florida**Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 1	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN2208 / 2	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3590 / 3	- / -

Administered by: Unknown**Purchased by:** ?**Symptoms:** [Asthenia](#), [Body temperature increased](#), [COVID-19](#), [SARS-CoV-2 test positive](#)**SMQs:**, Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-28**Days after onset:** 4**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:** HTN, HLD, A fib, Hypothyroidism, Seborrheic keratoses**Allergies:** NKA**Diagnostic Lab Data:** SARS CoV2 PCR COVID19 positive on 5/24/22**CDC Split Type:**

Write-up: He received Pfizer COVID vaccines on 3/2/2021, 3/23/2021, and 10/18/2021. On 5/25/22, he presented to local ER with chief complain of generalized weakness. Upon arrival, his temp was 101.4, and found to be COVID PCR positive. He was admitted to a local hospital on 5/25/22. He was given steroids, but he did not develop other symptoms. He was discharged to the inpatient rehabilitation unit on 5/31/22.

VAERS ID: [2306947](#) ([history](#)) **Vaccinated:** 2022-05-19

Form: Version 2.0 **Onset:** 2022-05-21

Age: 89.0 **Days after vaccination:** 2

Sex: Male **Submitted:** 0000-00-00

Location: Illinois **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / 3	LA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#), [No adverse event](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-21**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Medroxprogesterone, Celexa, Depakote, Tamsulosin, senna, B12, Olanzapine, busbar, Vitamin D3 Multivitamin**Current Illness:** Parkinsons, alzheimers, Hypertension, diabetes**Preexisting Conditions:** as listed above**Allergies:** no known allergies**Diagnostic Lab Data:** N/A**CDC Split Type:****Write-up:** no adverse events, resident expired

VAERS ID: [2306974](#) ([history](#)) **Vaccinated:** 2021-03-01
Form: Version 2.0 **Onset:** 2022-05-11
Age: 65.0 **Days after vaccination:** 436
Sex: Female **Submitted:** 0000-00-00
Location: Massachusetts **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	069F21A / 4	- / SYR

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

Symptoms: [Death](#), [Extra dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-11

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness:

Preexisting Conditions: Copd

Allergies: Only known: coconut

Diagnostic Lab Data:

CDC Split Type:

Write-up: On the last booster, #5, Patient passed away in just about 22 hours.

VAERS ID: [2307078](#) ([history](#)) **Vaccinated:** 2022-01-05
Form: Version 2.0 **Onset:** 2022-03-25
Age: 63.0 **Days after vaccination:** 79
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3209 / 3	- / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Epistaxis](#), [Haemoptysis](#), [Haemorrhage](#), [SARS-CoV-2 test positive](#), [Vascular pseudoaneurysm](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-06**Days after onset:** 42**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 1 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient tested positive with Covid-19 on 3/25/22. Patient had history of head and neck cancer. Brought to hospital per ENT for inpatient hospice services. Patient admitted with epistaxis, hemoptysis, right distal common carotid artery pseudoaneurysm. Patient continued to have more bleeding and was seen by palliative care, hospice and admitted to inpatient hospice service. Patient expired on 5/6/22.

VAERS ID: [2307090](#) ([history](#)) **Vaccinated:** 2021-04-01

Form: Version 2.0 **Onset:** 2022-02-11

Age: 66.0 **Days after vaccination:** 316

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-02

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

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

Symptoms: [Aortic valve replacement](#), [COVID-19](#), [Cardiomegaly](#), [Chest X-ray](#), [Death](#), [Dyspnoea](#), [Encephalopathy](#), [Lung opacity](#), [Mental status changes](#), [Pleural effusion](#), [Productive cough](#), [Pyrexia](#), [Renal impairment](#), [SARS-CoV-2 test positive](#), [Wheezing](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-17

Days after onset: 6**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 3 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient admitted to hospital on 02/11/2022 for acute encephalopathy, productive cough, dyspnea requiring use of his home oxygen tank, wheezing, subjective fevers, and was found at the time to be covid positive. Patient was not a candidate for Remdesivir d/t renal dysfunction. CXR showing cardiomegaly status post remote transcatheter aortic valve replacement with interval development of a large dependent left pleural effusion and hazy interstitial opacities present within the mid and lower lungs bilaterally. Patient was weaned from oxygen and mental status improved back to baseline. Patient was discharged home for quarantine x 10 days and dexamethasone x 10 days. Patient expired on 02/17/2022.

VAERS ID: [2307096](#) ([history](#)) **Vaccinated:** 2021-11-15

Form: Version 2.0 **Onset:** 2022-05-26

Age: 84.0 **Days after vaccination:** 192

Sex: Male **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL8982 / 1	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9265 / 2	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	32030BD / 3	- / -

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

Symptoms: [Asthenia](#), [COVID-19](#), [Cardio-respiratory arrest](#), [Cardiomyopathy](#), [Chest pain](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Dyspnoea](#), [Echocardiogram abnormal](#), [Hypotension](#), [Inappropriate schedule of product administration](#), [Lung opacity](#), [Pulmonary septal thickening](#), [Rhinorrhoea](#), [Road traffic accident](#), [SARS-CoV-2 test positive](#), [Ventricular fibrillation](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Respiratory failure (broad), Medication errors (narrow),

Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-28

Days after onset: 2

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: Atrial fibrillation, HTN, pacemaker, Type 2 DM

Allergies: Neosporin, Polysporin, Sulfadiazine

Diagnostic Lab Data: SARS CoV2 PCR COVID19 positive on 5/25/22. CT chest with multifocal patchy groundglass opacities with mild associated intralobular septal thickening.

CDC Split Type:

Write-up: He received Covid vaccines on 1/30/21, 2/27/21, and 11/15/21. On 5/25/22, he was brought to ER due to weakness, SOB, and runny nose. He was recently involved MVC and was released from the other hospital. He tested positive COVID requiring oxygen therapy, so he was admitted to the hospital. He received Remdesivir and Steroid. On 5/28/22, he complained of chest pain. Echo showed cardiomyopathy with EF 35-40%. He went to ventricular fibrillation. He was coded twice. He was able to achieve return of spontaneous circulation but was still hypotensive with maximum support. His family decided DNR and pronounced death at 13:51 on 5/28.

VAERS ID: [2307121](#) ([history](#)) **Vaccinated:** 2021-10-25

Form: Version 2.0 **Onset:** 2022-03-17

Age: 72.0 **Days after vaccination:** 143

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014F210 / 3	- / SYR

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

Symptoms: [Atrial fibrillation](#), [COVID-19](#), [Cardiac failure congestive](#), [Chronic obstructive pulmonary disease](#), [Condition aggravated](#), [Death](#), [Dyspnoea](#), [Prohormone brain natriuretic peptide increased](#), [Respiratory viral panel](#), [SARS-CoV-2 test positive](#), [Urinary tract infection](#), [Urine analysis abnormal](#), [Viral infection](#)

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Supraventricular tachyarrhythmias (narrow), 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: 2022-03-17

Days after onset: 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient presented to ED for SOB, Afib with RVR on arrival, rate improved with metoprolol. Solu-Medrol given, and tolerated home oxygen level, 3 LNC. RVP positive for Covid-19. ProBNP elevated, COPD and mild CHF exacerbation secondary to viral infection, UTI on urinalysis, Rocephin given. Recommended to patient admission to hospital, patient chose to go home. Patient was discharged home on steroids and antibiotics. Patient expired on 03/17/2022.

VAERS ID: 2307129 (history)	Vaccinated: 2021-10-21
Form: Version 2.0	Onset: 2022-01-13
Age: 77.0	Days after vaccination: 84
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3590 / 3	- / SYR

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

Symptoms: [Acute kidney injury](#), [Bladder catheterisation](#), [COVID-19](#), [Chronic kidney disease](#), [Death](#), [Dysphagia](#), [Dyspnoea](#), [Escherichia infection](#), [Hypothermia](#), [Oxygen saturation decreased](#), [Pneumonia aspiration](#), [SARS-CoV-2 test positive](#), [Shock](#), [Urinary tract infection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes

Date died: 2022-03-04**Days after onset:** 50**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient tested positive for Covid-19 on 01/13/2022. Patient admitted to hospital on 02/26/2022 with c/o SOB and was found to have hypothermia along with AKI/CKD. Patient was placed on antibiotics and found to have E. Coli UTI with chronic indwelling foley and had issues with dysphagia, eventually suffering from aspiration PNA with worsening oxygen requirements requiring PAP support. Patients work of breathing continued to increase and palliative measures were introduced, he developed shock which worsening despite vasopressor support and decision was made to transition to comfort measures only. Patient expired on 03/04/2022.

VAERS ID: [2307134](#) ([history](#)) **Vaccinated:** 2021-04-18

Form: Version 2.0 **Onset:** 2022-05-26

Age: 83.0 **Days after vaccination:** 403

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 2	- / IM

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

Symptoms: [Acute kidney injury](#), [Acute respiratory failure](#), [Aggression](#), [Agitation](#), [Asthenia](#), [Blood lactic acid decreased](#), [Brain natriuretic peptide increased](#), [Breath sounds abnormal](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac failure congestive](#), [Chest X-ray abnormal](#), [Chronic obstructive pulmonary disease](#), [Confusional state](#), [Cough](#), [Death](#), [Diabetes mellitus](#), [Disorientation](#), [Dyspnoea](#), [Echocardiogram](#), [Ejection fraction normal](#), [Encephalopathy](#), [Hypervolaemia](#), [Hypoxia](#), [Intensive care](#), [Ischaemic cardiomyopathy](#), [Lung consolidation](#), [Mental status changes](#), [Pleural effusion](#), [Pneumonia](#), [Positive airway pressure therapy](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Sedative therapy](#), [Somnolence](#), [Staphylococcus test positive](#), [Tachycardia](#), [Tobacco abuse](#), [Toxic encephalopathy](#), [Troponin normal](#), [Ventricular tachycardia](#), [White blood cell count normal](#)

SMQs: Torsade de pointes/QT prolongation (narrow), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), Ventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (narrow), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression

(narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Hostility/aggression (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Other ischaemic heart disease (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), 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: 2022-05-28

Days after onset: 2

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: dexAMETHasone (DECADRON) 6 mg tablet Take 1 tablet (6 mg total) by mouth daily for 1 day. guaiFENesin (MUCINEX) 600 mg 12 hr tablet Take 1 tablet (600 mg total) by mouth BID for 1 day. CONTINUE these medications which have NOT CHANGED amiO

Current Illness: inpt 5/21-5/24/22 at Medical Center

Preexisting Conditions: Pre-Existing Active Problems Diagnosis Date Noted POA ? COVID-19 virus detected 05/26/2022 Unknown ? ICD (implantable cardioverter-defibrillator) discharge 03/29/2021 Unknown ? ICD (implantable cardioverter-defibrillator), dual, in situ 02/17/2020 Unknown ? MVA (motor vehicle accident), initial encounter 02/13/2020 Unknown ? Intracranial bleed 02/13/2020 Unknown ? Edema of lower extremity 06/01/2016 Unknown ? Chronic venous insufficiency 05/03/2016 Unknown ? Chronic coronary artery disease 01/15/2016 Unknown ? Hyperlipidemia 01/15/2016 Unknown ? Arthritis 01/04/2016 Unknown ? Hypertension

Allergies: Sulfa drugs - unknown reaction

Diagnostic Lab Data:

CDC Split Type:

Write-up: Deceased (5.28.22); Hospitalized (5.26.22); COVID-19 positive (5.21.22); Fully vaccinated. -moderna x2 HOSPITALS Discharged as Deceased Summary BRIEF OVERVIEW: Discharge Provider: medical doctor Primary Care Physician at Discharge: medical doctor Admission Date: 5/26/2022 Active Hospital Problems Diagnosis Date Noted POA ? Acute kidney injury 05/28/2022 Unknown ? Encephalopathy 05/27/2022 Unknown ? Acute on chronic respiratory failure with hypoxia 05/26/2022 Unknown ? Pneumonia 05/26/2022 Unknown ? Chronic obstructive pulmonary disease 05/26/2022 Unknown ? Narrow complex tachycardia 05/26/2022 Unknown ? Ischemic cardiomyopathy 05/26/2022 Unknown ? Ventricular tachycardia 03/29/2021 Yes ? Intracranial hematoma following injury 02/13/2020 Yes ? Chronic combined systolic and diastolic congestive heart failure 04/19/2016 Yes ? Hypothyroidism 01/15/2016 Yes ? Diabetes mellitus Discharge Disposition: Deceased DETAILS OF HOSPITAL STAY: PRESENTING PROBLEM: Acute on chronic respiratory failure with hypoxia HOSPITAL COURSE: Patient is an 84 y/o M with pmhx of COPD, DMII, HTN, atrial fibrillation, VT, CHF, CAD & ICM with ICD, hypothyroidism and dementia who presented on 5/21/22 to outside hospital ED with c/o dyspnea with cough over weeks time, aggravated by exertion. At that time patient had positive COVID 19 test with CXR showing left basilar consolidation with small left effusion. Troponin 0.023, BNP 1030, WBC 7.2 & Lactic 1.8. Admitted to medical center & treated with 3 days of remdezivir, decadron taper & was weaned back to 2L O2. Patient then sent to a sub-acute-rehab (SAR) facility on 5/24/22 where he had a reported sudden change in mental status with

confusion, agitation, aggressive with staff. Patient was sedated. Per SAR documentation, concern for dementia prior to COVID 19 infection after discussion with son. 5/26/22 transferred to hospital ICU initiated d/t recurrence of respiratory distress in setting of post-COVID 19 pneumonia with oxygen dependent COPD and suspected fluid overload component. MRSA screen positive. Started on broad-spectrum antibiotics and required HFNC at 100% FIO2. Echo not well visualized, but systolic function appeared mildly reduced. Course complicated by intermittent V tach which self-terminated with no shocks delivered. Met with family 5/28/2022 and they were all in agreement to transition to comfort care. Patient was pronounced dead at 16:50 on 5/28/2022 5/26/22 H&P: CHIEF COMPLAINT: Acute on chronic respiratory failure with hypoxia ASSESSMENT / PLAN * Acute on chronic respiratory failure with hypoxia Assessment & Plan Current blood gas is acceptable on 60% high-flow Updated chest x-ray with dense left lower lobe consolidation Plan Titrate FiO2 as able Marginal candidate for BiPAP given depressed mental status Follow serial chest x-rays and fluid status closely Pneumonia Assessment & Plan Found to be COVID positive - however available current imaging is atypical for COVID pneumonia Is status post treatment with remdesivir and Decadron as well as CAP with rocephin and zithromax COVID vaccination x2 no booster Plan Noncontrast chest CT to evaluate pleural versus parenchymal consolidation Zosyn and vancomycin pending culture data Film array/ Panculture Chronic obstructive pulmonary disease Assessment & Plan Active tobacco abuse up until recently No recent PFTs Reportedly noncompliant with request for home O2 Plan Bronchodilators as ordered Systemic steroids for acute exacerbation Congestive heart failure Assessment & Plan Labeled chronic systolic CHF Last EF was 46% ICD is in place Plan is to update echo Monitor fluid status Diabetes mellitus Assessment & Plan On insulin as an outpatient Glycemic control in place NPO for now Intracranial hematoma following injury Assessment & Plan Noted following MVA in 2020 Currently with decreased level of consciousness thought to be due to toxic metabolic encephalopathy - noncontrast head CT pending Hypothyroidism Assessment & Plan On synthroid No recent TSH available - requested SUBJECTIVE: The patient is an 84-year-old male who originally presented to hospital on 05/21/22 with complaints of weakness. He was found to have a pneumonia as well as tested positive for COVID-19. In addition to routine community-acquired pneumonia coverage with antibiotics he was placed on Decadron and remdesivir. His pulmonary status improved and he was discharged on a 2 L of O2 on 05/24/2022 to subacute rehab. Shortly after arriving to rehab he had acute mental status change with confusion, agitation. The day of transfer to our facility described as having marked decrease level responsiveness. Relevant past medical history includes type 2 diabetes mellitus, chronic obstructive pulmonary disease with recent discontinuation of tobacco for which he is supposed to be on home O2, hypothyroidism, chronic systolic congestive Heart failure last EF 46%, status post ICD placement, history of intracranial hematoma after MVA in 2020 OBJECTIVE: BP 112/88 | Pulse 76 | Temp 36.7 °C (Oral) | Resp 18 | Ht 1.7 m | Wt 119.3 kg | SpO2 (!) 88% | BMI 41.28 kg/m² FIO2 (%): 60 % Physical Exam Constitutional: Comments: Somnolent Arouses to noxious stimuli HENT: Mouth/Throat: Mouth: Mucous membranes are moist. Pharynx: Oropharynx is clear. Eyes: Pupils: Pupils are equal, round, and reactive to light. Cardiovascular: Rate and Rhythm: Normal rate and regular rhythm. Pulmonary: Comments: Prolonged expiratory phase with marked decrease in breath sounds bilaterally Abdominal: General: There is no distension. Palpations: Abdomen is soft. Tenderness: There is no abdominal tenderness. Musculoskeletal: Right lower leg: No edema. Left lower leg: No edema. Skin: General: Skin is warm and dry. Neurological: Mental Status: He is disoriented. Comments: Moving all 4 extremities spontaneously Briefly interactive with noxious stimuli

VAERS ID:	2307141 (history)	Vaccinated:	2021-02-26
Form:	Version 2.0	Onset:	2022-03-07
Age:	53.0	Days after vaccination:	374
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010M20A / 2	- / SYR
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Administered by: Unknown **Purchased by:** ?

Symptoms: [Death](#), [Endotracheal intubation](#), [Intensive care](#), [Ketogenic diet](#), [Seizure](#), [Status epilepticus](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Angioedema (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-28

Days after onset: 51

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 21 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient admitted on 04/04/2022 due to seizures. Patient was initially admitted to neurostepdown unit, was found to be NCSE, he was transferred to the NSICU for higher level of care and was intubated for airway protection. Patient was placed on ketamine infusion, versed infusion, Propofol infusion, which did not stop his seizures. He was placed on a ketogenic diet while adjusting antiseizure medications and this improved his seizures. He remained on clobazam, lacosamide, keppra, fycompa, depakote and phenobarbital which was not suppressing his epileptiform discharges. He was also tried on empiric solumedrol for possible autoimmune encephalitis, this did not resolve seizures. Patient was transitioned to palliative level of care. Patient expired 04/28/2022.

VAERS ID: [2307880](#) ([history](#)) **Vaccinated:** 0000-00-00

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

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

Sex: Male **Entered:** 2022-06-03

Location: Maryland

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

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

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

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USJNJFOC20220600703

Write-up: DEATH; ANEURYSM; This spontaneous report received from a consumer concerned a 33 year old male of unspecified race and ethnicity. The patient's height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient previously received covid-19 vaccine ad26.cov2.s (dose number in series 1) (suspension for injection, route of admin not reported, batch number: unknown, expiry: unknown) dose was not reported, 1 total administered on an unspecified date for prophylactic vaccination. It was unknown whether patient had any adverse events following vaccination with first dose of covid-19 vaccine ad26.cov2.s (dose number in series 1). The patient additionally received booster covid-19 vaccine ad26.cov2.s (dose number in series 2) (suspension for injection, route of admin not reported, batch number: unknown, expiry: unknown) dose, start therapy date were not reported, 1 total administered on an unspecified date for prophylactic vaccination. The batch number was not reported and has been requested. No concomitant medications were reported. On an unspecified date, the reporter stated that the patient got the Johnson and Johnson vaccine. Then he got the booster and got aneurysm (dose number in series 2). The reporter also mentioned that the patient passed away at the age of 33 (dose number in series 2). On an unspecified date, the patient died from unknown cause of death. It was unknown if the autopsy was performed. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient died of death was fatal, and the outcome of aneurysm was not reported. This report was serious (Death, and Other Medically Important Condition). This case, from the same reporter is linked to 20220600785.; Sender's Comments: V0: 20220600703-covid-19 vaccine ad26.cov2.s- Death, Aneurysm. The event(s) has a unknown/unclear temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). Therefore, this event(s) is considered unassessable.; Reported Cause(s) of Death: UNKNOWN CAUSE OF DEATH

VAERS ID: [2308281](#) ([history](#)) **Vaccinated:** 2021-04-16

Form: Version 2.0 **Onset:** 2022-03-06

Age: 42.0 **Days after vaccination:** 324

Sex: Female **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8733 / 1	UN / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	UN / IM

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

Symptoms: [Asthma](#), [COVID-19](#), [Cardiac arrest](#), [Chronic obstructive pulmonary disease](#), [Condition aggravated](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Gastrooesophageal reflux disease](#), [Hypertension](#), [Hypoxic-ischaemic encephalopathy](#), [Pneumonia pneumococcal](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), 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 encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-12

Days after onset: 6

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: triamterene-hydroCHLORothiazide (MAXZIDE) 37.5-25 MG PO Tab

Current Illness: None

Preexisting Conditions: Cardiopulmonary arrest Acute respiratory failure with hypoxia Chronic obstructive pulmonary disease with acute exacerbation Drug-induced hypokalemia Hypokalemia Electrolyte imbalance Obesity (BMI 30-39.9) Polysubstance abuse Hypertensive urgency Cardiac arrest End stage heart failure

Allergies: None

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Pt admitted 2/26 with past medical history of hypertension, COPD, obesity, multisubstance drug abuse presented with acute respiratory distress, shortness of breath, which then led to cardiac arrest while she was in the emergency room. Pt was intubated, but the patient's weaning process was difficult. Pt was unresponsive and condition was worsened. Several diagnoses while pt was hospitalized including anoxic hypoxic encephalopathy, asthma, COPD exacerbation, poorly-controlled hypertension, as well as COVID-19 infection confirmed 3/6, Strep pneumoniae as well. Family elected to transition over hospice and she was transferred 3/9. Patient was placed on comfort measures, and expired on 3/12.

VAERS ID: [2308318](#) ([history](#)) **Vaccinated:** 2021-03-13
Form: Version 2.0 **Onset:** 2022-01-01
Age: 45.0 **Days after vaccination:** 294
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013A21A / 2	- / -

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

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

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-20

Days after onset: 77

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: Down Syndrome, GERD, CKD stage III, congenital heart defect, aortic insufficiency, osteoarthritis, sleep apnea on BiPAP

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Moderna COVID vaccine #3 given 10/29/21, lot # 071F21A; pt had a positive COVID test in Rehab and Healing; medical records reviewed with no mention of COVID; last History and Physical was from Medical Center on 12/27/21 for fever, hypotension, bilateral pneumonia

VAERS ID: [2308361](#) ([history](#)) **Vaccinated:** 2021-02-02
Form: Version 2.0 **Onset:** 2022-04-13
Age: 89.0 **Days after vaccination:** 435
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011M20A / 1	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027L20A / 2	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	060H21A / 3	UN / IM

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

Symptoms: [Abdominal pain](#), [COVID-19](#), [Cardiac monitoring](#), [Crepitations](#), [Discoloured vomit](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Tachycardia](#), [Tachypnoea](#), [Terminal state](#)

SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-15

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: acetaminophen (TYLENOL) 650 MG PR Suppos ... acetaminophen (TYLENOL) 650 MG PR Suppos albuterol (PROVENTIL, VENTOLIN, PROAIR) HFA 108 (90 Base) MCG/ACT INHAL Aero Soln Aspirin Low Dose 81 MG PO Tablet Delayed Response busPIRone (BUSPAR) 10

Current Illness: None

Preexisting Conditions: Hematemesis

Allergies: Penicillins

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Pt presents to ED from assisted living facility with reported abdominal pain for 2 days and a brown emesis on 4/13. COVID positive 4/13. Placed on nasal o2 at 6l due to vomiting. Pt placed on cardiac monitor, with audible crackles noted. Pt very tachypneic increasingly tachycardic, SPO2 66% RA with good pleth on monitor. Pt placed on O2 via NRB at 15lpm 4/13. Patient admitted to inpatient hospice services for terminal wean from 15l/NRB and management of respiratory distress. Morphine drip initiated at 1mg/hr and titrated as appropriate per order. Decreased O2 2L per hour as tolerated by pt on 4/14. Discharged 4/14.

VAERS ID: [2308414](#) ([history](#)) **Vaccinated:** 2021-04-29

Form: Version 2.0 **Onset:** 2021-09-09

Age: 77.0 **Days after vaccination:** 133

Sex: Male **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-06-03

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

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

Symptoms: [Acute respiratory distress syndrome](#), [Acute respiratory failure](#), [COVID-19 pneumonia](#),

[Death, Endotracheal intubation, Extubation, Pneumonia](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Interstitial lung disease (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), 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: 2021-09-18

Days after onset: 9

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: During the hospitalization , patient was treated for following diagnosis 1. Acute hypoxic respiratory failure with ARDS secondary to COVID-19 bilateral pneumonia (POA): Patient was intubated on 09/12/2021 Patient was extubated on 09/18/2021 and within few minutes of extubation patient passed away comfortably with family members bedside Patient was pronounced dead at 12:31 p.m. on 09/18/2021

VAERS ID: 2308415 (history)	Vaccinated: 2021-02-23
Form: Version 2.0	Onset: 2021-10-26
Age: 92.0	Days after vaccination: 245
Sex: Male	Submitted: 0000-00-00
Location: Texas	Entered: 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6198 / 2	UN / UN

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

Symptoms: [Acute kidney injury](#), [Blood creatinine increased](#), [Bronchitis](#), [COVID-19](#), [Cardiac arrest](#), [Death](#), [Dialysis](#), [Fall](#), [Haemoglobin decreased](#), [Oxygen saturation decreased](#), [Pneumonia](#), [Positive airway pressure therapy](#), [Red blood cell transfusion](#), [SARS-CoV-2 test positive](#), [X-ray abnormal](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Arrhythmia related investigations, signs and symptoms (broad),

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), Accidents and injuries (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-04

Days after onset: 9

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: Pt readmitted from 10/16 - 10/21 stay for AKI & falls; returned d/t worsening creatinine of 5.0; admitted for AKI, acute bronchitis; pt COVID+ & xray showed pneumonia; tx w/Azithromycin, Cefipime, Vit C, steroids & zinc; 10/20 - started 5 day course of remdesivir; O2 status & creatinine worsened and pt started dialysis 10/30; Hgb dropped to 5.7 w/ no evidence of bleeding; 2 U PRBCs transfused; pt did not improve w/ dialysis & oxygenation status continued to deteriorate and required OptiFlow & BiPAP. Pt made DNR, went into asystole 11/4 and subsequently passed away.

VAERS ID: [2308497](#) ([history](#)) **Vaccinated:** 2021-09-15

Form: Version 2.0 **Onset:** 2022-05-15

Age: 74.0 **Days after vaccination:** 242

Sex: Female **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 1	UN / UN
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	UN / UN
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2587 / 3	UN / UN

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

Symptoms: [Blood product refusal](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray](#), [Complication](#)

[associated with device](#), [Death](#), [Dyspnoea](#), [Electrocardiogram](#), [Endotracheal intubation](#), [Enteral nutrition](#), [Gastric haemorrhage](#), [Gastritis erosive](#), [Hypoxia](#), [Laboratory test](#), [Melaena](#), [Normocytic anaemia](#), [Oesophagogastroduodenoscopy abnormal](#), [Pneumonia bacterial](#), [Pulmonary fibrosis](#), [Respiratory disorder](#), [SARS-CoV-2 test positive](#), [Superinfection](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic erythropenia (broad), Haemorrhage terms (excl laboratory terms) (narrow), Interstitial lung disease (narrow), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal ulceration (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific inflammation (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Respiratory failure (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: 2022-05-30

Days after onset: 15

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 15 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: Unknown

Preexisting Conditions: Lymphoma CHF CAD with stents Anemia

Allergies: Unknown

Diagnostic Lab Data: lab chest Xray EKG

CDC Split Type:

Write-up: This patient had an extensive past medical history including breast cancer, lymphoma, CAD s/p stents. Patient was vaccinated with Pfizer vaccine x3. She presented to the hospital with shortness of breath, hypoxia after being evaluated at urgent care. Patient had tested positive for COVID-19 approximately 3 weeks prior to Hospital on 5/15/2022. The patient had a prolonged and complex hospitalization, with numerous consultants during her stay including infectious disease, intensivist/pulmonology, nephrology, gastroenterology, palliative care teams. She was treated for COVID-19 pneumonia with steroids, duo nebs at the direction of infectious disease. This patient was also thought to have superimposed bacterial pneumonia and completed a course of ceftriaxone and doxycycline. She was suspected to have post COVID pneumonitis/pulmonary fibrosis as well contributing to worsening shortness of breath and respiratory decline. Patient was DNR. She was initially hesitant to be intubated but did elect intubation. Patient did not improve, and her respiratory status continued to decline. Hospitalization was complicated by acute on chronic normocytic anemia. She also had melena and underwent EGD with findings of slow oozing blood likely from NG tube gastric erosions. She was treated with APC. Of note, patient would not accept blood products. Nephrology followed closely and assisted with volume management during her stay. Patient had aggressive treatment by pulmonologist/intensivist, multiple consultants input, but patient respiratory continued to decline. Palliative care followed and family elected to transition the patient to comfort measures. Family was able to visit and she was compassionately extubated at 11 AM and given IV morphine for comfort. Time of death was 11:14.

VAERS ID: [2308722](#) ([history](#)) **Vaccinated:** 2021-01-25
Form: Version 2.0 **Onset:** 2022-01-01
Age: 76.0 **Days after vaccination:** 341
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN9581 / 2	- / -

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

Symptoms: [Atrial flutter](#), [COVID-19](#), [Chest X-ray abnormal](#), [Chills](#), [Death](#), [Encephalopathy](#), [Gastrostomy](#), [General physical health deterioration](#), [Hypoxia](#), [Mechanical ventilation](#), [Pneumonia](#), [Productive cough](#), [SARS-CoV-2 test positive](#), [Thrombosis](#), [Tracheostomy](#)

SMQs: Angioedema (broad), Asthma/bronchospasm (broad), Supraventricular tachyarrhythmias (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-23

Days after onset: 80

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 58 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: COPD - on home O2; lung abscesses, mantle cell lymphoma on chronic leukemia

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer COVID vaccine #3 given 8/25/21, lot # FC3184; 1/12/22 pt went to dr's office with productive cough, negative COVID test, CXR showed pneumonia; treated with steroids, and ABX and sent home; later in the week, he developed chills and hypoxia (on 4L O2 via NC and O2 sats in 70s); 1/24/22 brought to ED via EMS and admitted; positive COVID test; increased O2 to 15 L; given remdesivir, ABX, and dexamethasone; increased O2 demands requiring ventilator; developed acute thrombosis; condition worsened; Atrial flutter; tracheostomy performed; G tube placed; continued encephalopathy; wife made pt a DNR but not to withdraw care; 3/5/22 pt transferred to Hospital where he passed away

VAERS ID: [2633945](#) ([history](#)) **Vaccinated:** 2022-05-25
Form: Version 2.0 **Onset:** 2022-05-26
Age: 95.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: New Jersey **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	RA / IM

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

Symptoms: [Agonal respiration](#), [Death](#), [Decreased appetite](#), [Depressed level of consciousness](#), [Diarrhoea](#), [Lethargy](#), [Nausea](#), [Pallor](#), [Pulse absent](#), [Somnolence](#)

SMQs: Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Noninfectious diarrhoea (narrow), Respiratory failure (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-28

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Spironolactone; Gabapentin; Escitalopram Oxalate; tramadol HCl; Furosemide; Silvadene Cream; Memantine HCl; Melatonin; Lorazepam; Metoprolol Tartrate; Levo-T; Senna; Simethicone; Multivitamin; Potassium Chloride ER; Acetaminophen; Docusate

Current Illness:

Preexisting Conditions: Hordeolum Externum left eye, unspecified eyelid; Other specified anxiety disorders; Dizziness and giddiness; Other injury of unspecified body region; Edema, unspecified; Pain, unspecified; Unspecified mood [affective] disorder; Other reduced mobility; Cough; Urinary tract infection, site not specified; Shortness of breath; Cellulitis of right lower limb; History of falling; Nutritional deficiency, unspecified; Other chronic pain; Primary pulmonary hypertension; Hypothyroidism, unspecified; Hyperlipidemia, unspecified; Other disorders of peripheral vascular nervous system; Essential (primary) hypertension; Other forms of angina pectoris; Unspecified systolic (congestive) heart failure; Other seasonal allergic rhinitis; Mild intermittent asthma, uncomplicated; Gastro-esophageal reflux disease with esophagitis; Constipation, unspecified; Idiopathic gout, unspecified site

Allergies: Adhesive Tape

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident noted as having lethargy, difficulty in arousing from sleep & napping periods. No reports of pain or discomfort from resident. Resident c/o sleepy and wanted to rest. Appetite - poor;

c/o nausea loose stool. Agonal breathing, pallor, no pulse note 5/28/22 in AM. Pronounced @ 9:33/AM

VAERS ID: [2309681](#) ([history](#)) **Vaccinated:** 2022-06-04
Form: Version 2.0 **Onset:** 2022-06-04
Age: 81.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Texas **Entered:** 2022-06-05

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

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

Symptoms: [Death](#), [Dyspnoea](#), [Nausea](#), [Vomiting](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-04

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: Tylenol, Tylenol-Codeine, Allegra, Amiodarone HCl, Apixaban, Bupropion HCl, Boniva, Furosemide, guaifenesin, Ipratropium-Albuterol, Isosorbide Mononitrate, Levothyroxine, Lomotil, Megestrol, Mirtazapine, Ondansetron HCl, Protonix, Potassium

Current Illness:

Preexisting Conditions: COPD, Acute Kidney failure, heart failure, episodic tension-type headache, major depressive disorder, essential hypertension, unspecified atrial fibrillation, age-related osteoporosis, hypothyroidism, irritable bowel syndrome with constipation, GERD

Allergies: Tramadol, Levaquin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Nausea, vomiting, shortness of breath, death

VAERS ID: [2310090](#) ([history](#)) **Vaccinated:** 2021-06-19
Form: Version 2.0 **Onset:** 2022-06-04
Age: 53.0 **Days after vaccination:** 350
Sex: Male **Submitted:** 0000-00-00
Location: Oklahoma **Entered:** 2022-06-06

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	NOT AVAILABLE / 2	- / -
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Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Inappropriate schedule of product administration](#), [SARS-CoV-2 test positive](#)**SMQs:** Medication errors (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-06-05 **Days after onset:** 1**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 5 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Lung cancer**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** death of a fully vaccinated COVID positive pt.**VAERS ID:** [2310169](#) ([history](#)) **Vaccinated:** 2022-05-26**Form:** Version 2.0 **Onset:** 2022-05-27**Age:** 83.0 **Days after vaccination:** 1**Sex:** Male **Submitted:** 0000-00-00**Location:** Ohio **Entered:** 2022-06-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A22B / 3	LA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#), [Haematemesis](#)**SMQs:** Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-05-27 **Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Lisinopril 20mg , Flomax 0.4mg, Tadalafil 20mg, Therapeutic multivitamin with mineral, naproxen 500mg, Zofran 8mg, Brimonidine Tartrate ophthalmic solution, dorzolamide HCL Timolol Mal Ophthalmic Solution, Vitamin B 12, hydrochlorothiazide

Current Illness: malignant neoplasm of rectum s/p colostomy placement

Preexisting Conditions: glaucoma, pulmonary hypertension, benign intracranial hypertension, GERD

Allergies: ciprofloxacin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resident was vomiting blood and ended up with death in facility.

VAERS ID: 2310214 (history)	Vaccinated: 2021-08-17
Form: Version 2.0	Onset: 2021-12-08
Age: 30.0	Days after vaccination: 113
Sex: Female	Submitted: 0000-00-00
Location: Michigan	Entered: 2022-06-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0175 / 1	RA / IM

Administered by: Public

Purchased by: ?

Symptoms: [Abdominal X-ray](#), [Allergy test negative](#), [Asthenia](#), [Blood bicarbonate increased](#), [Blood gases](#), [Blood magnesium normal](#), [Blood test normal](#), [Carbon dioxide increased](#), [Chest X-ray normal](#), [Constipation](#), [Death](#), [Diaphragmatic disorder](#), [Discomfort](#), [Dysphagia](#), [Dyspnoea](#), [Dysstasia](#), [Epigastric discomfort](#), [Erythema](#), [Failure to thrive](#), [Full blood count normal](#), [Gastrostomy](#), [Heavy menstrual bleeding](#), [Hypophagia](#), [Insomnia](#), [Menstrual disorder](#), [Metabolic function test normal](#), [Nasoendoscopy](#), [Odynophagia](#), [Oesophagogastroduodenoscopy abnormal](#), [Pain in extremity](#), [Peripheral coldness](#), [Peripheral swelling](#), [Pneumonia aspiration](#), [Restlessness](#), [Skin discolouration](#), [Skin warm](#), [Spinal X-ray normal](#), [Urinary tract infection](#), [Weight bearing difficulty](#), [Weight decreased](#), [Wheezing](#), [White blood cell count increased](#), [X-ray dental normal](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Akathisia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Neonatal disorders (broad), Hypotonic-hypo responsive episode (broad), Hypersensitivity (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-04-12

Days after onset: 124

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Methenamine & vit c (for prevention of recurring UTIs); vit D 1,000 iu 1x daily; omeprazole 20 mg & famotidine 20 mg (she was in the process of weaning from omeprazole 2x day to 1x day in the a.m. and 1 20 mg Pepcid at night); Miralax, 1-2

Current Illness: None

Preexisting Conditions: Cerebral palsy, recurring UTIs, kidney & bladder stones, GERD and chronic constipation; intermittent urine retention -- straight cathing as needed.

Allergies: None aware of

Diagnostic Lab Data: I no longer have access to pt."s electronic medical file so this is from notes & memory: Abdominal x-ray on Jan. 3 (constipation); chest x-rays on Jan. 6 & 9 were clear; EGD on Jan. 12 showed mild irritation at stomach/esophagus juncture but otherwise looked good; Swallow study on Jan. 20 of limited value since pt. was unable to participate; Neck x-ray on Feb. 3 looked normal; visit to pulmonologist on Feb 3 where we were given referrals to ENT & neurologist; ENT visit on Feb. 9 with a nasal/throat upper airway scope -- all normal; Feb. 17 dental exam & x-rays all normal ... no indication dental problem was contributing to difficulty swallowing. Blood work included multiple CBCs, metabolic panels, magnesium, allergy, etc. all returned normal until arterial blood gas tests done after admission to the hospital on April 6 showed increased CO2/bicarbonates & elevated white count. She couldn't get into the neurology app't until May.

CDC Split Type:

Write-up: First odd event was 15-day menstrual period that began around Dec. 8 and began again on Jan. 4 for six days. Right around Christmas she began faint wheezing (patient was non-verbal & cognitively impaired) and by Dec. 30 she was having difficulty swallowing and breathing -- which sounded like it was from throat tightening or spasms. She was also rapidly losing weight. By late January she seemed very weak and was no longer able or willing to stand/support her weight (she normally could walk with assistance and support her weight) and by February was having a lot of difficulty sleeping because she seemed particularly uncomfortable lying down -- especially on her back and appeared to be very uncomfortable & restless most of the time. Always seemed to want to sit up and lean forward. Swallowing liquids appeared to be painful ... she would cry briefly after swallowing liquids, but not food. Intermittently one or both feet would be purple & cold or become hot, red, puffy & painful. Treatment consisted of changing to a pureed diet, increase dosage of omeprazole (40 mg. 2x day for 4 wks following a Jan. 12 EGD) and eventual placement of a g-tube on March 30 because she was losing so much weight and unable to eat more than 1/3-1/2 cup of food at meals; and using a cool-mist humidifier to relieve throat spasm (if that's what it was) episodes. Also took mag citrate chews as needed to alleviate constipation. Her symptoms did not improve, she was finally admitted to the hospital on April. 6 from the emergency department where she was taken for difficulty breathing. Arterial blood gas tests showed increased CO2/bicarbonate levels & elevated white count; pulmonologist described her as failing to thrive, her diaphragm was failing and our choice was to either place her on a ventilator or take her home w/Hospice care. There was a consensus from critical care staff that she would not come off the ventilator so we took her home w/Hospice and she died on April 12. The cause of death on the death certificate was listed as aspiration pneumonia ... but that was never mentioned to us while she was hospitalized.

Pulmonologist said he thought the increased white count was from the UTI, but she had been on cefpodoxime for that for more than a week already. Patient had zero previous problems with difficulty swallowing or breathing. When she died she was being treated for a UTI with cefpodoxime; and had been treated for another UTI in early Feb. with 5-days of IV levaquin.

VAERS ID: [2310234](#) ([history](#)) **Vaccinated:** 2022-05-12
Form: Version 2.0 **Onset:** 2022-05-31
Age: 93.0 **Days after vaccination:** 19
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-06-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	004M21A / 4	LA / IM

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

Symptoms: [Acute left ventricular failure](#), [COVID-19](#), [Cardiac failure congestive](#), [Condition aggravated](#), [SARS-CoV-2 test positive](#)

SMQs: Cardiac failure (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-31

Days after onset: 0

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: Positive for COVID-19 lab based 05/19/2022; OSC: HTN; CAD; CHF; HLD; non-ischemic cardiomyopathy; paroxysmal a-fib

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Acute systolic CHF (congestive heart failure) 5/19/22 COVID-19 virus detected 5/19/22

VAERS ID: [2310289](#) ([history](#)) **Vaccinated:** 2021-09-22
Form: Version 2.0 **Onset:** 2022-06-03
Age: 77.0 **Days after vaccination:** 254
Sex: Male **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2022-06-06

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

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

Symptoms: [Death](#)

SMQs:**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-03**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:** COPD, gout**Allergies:** No known allergies**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient expired 6/3/2022**VAERS ID:** [2310326](#) ([history](#)) **Vaccinated:** 2021-12-03**Form:** Version 2.0 **Onset:** 2022-05-11**Age:** 73.0 **Days after vaccination:** 159**Sex:** Female **Submitted:** 0000-00-00**Location:** West Virginia **Entered:** 2022-06-06

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

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19 pneumonia](#), [Cardiac arrest](#), [Death](#), [Intensive care](#), [Pneumonia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-18**Days after onset:** 7**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Extended hospital stay?** Yes

Previous Vaccinations:**Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient was in the hospital for pneumonia and developed Covid pneumonia and was transferred to the ICU where she went into cardiac arrest and passed.

VAERS ID: 2311601 (history)	Vaccinated: 2022-03-07
Form: Version 2.0	Onset: 2022-06-06
Age: 41.0	Days after vaccination: 91
Sex: Female	Submitted: 0000-00-00
Location: Minnesota	Entered: 2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045L21A / 3	LA / IM

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

Symptoms: [Dyspnoea](#), [Positive airway pressure therapy](#), [Tachycardia](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Respiratory failure (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-12-15

Days after onset: 192

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: Locally metastatic squamous cell carcinoma of esophagus on chemotherapy for this currently. Interpreter needed.

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Hospitalized with dyspnea and tachycardia treated BiPAP with O2, refused intubation. also treated with dexamethasone and remdesivir

VAERS ID: [2311602](#) ([history](#)) **Vaccinated:** 2021-08-26
Form: Version 2.0 **Onset:** 2022-01-04
Age: 74.0 **Days after vaccination:** 131
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939901 / 3	LA / IM

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

Symptoms: [Abdominal discomfort](#), [Aphasia](#), [COVID-19](#), [Cardiac failure](#), [Cardiogenic shock](#), [Cardiomegaly](#), [Coagulopathy](#), [Death](#), [Dysphagia](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Endotracheal intubation](#), [Intensive care](#), [Laboratory test](#), [Loss of consciousness](#), [Lower gastrointestinal haemorrhage](#), [Multiple organ dysfunction syndrome](#), [Myocarditis](#), [Nasopharyngitis](#), [Pyrexia](#), [Renal impairment](#), [SARS-CoV-2 test positive](#), [Upper respiratory tract congestion](#), [Ventricular assist device insertion](#), [Withdrawal of life support](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), 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), Dementia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal haemorrhage (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Cardiomyopathy (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Sepsis (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-03

Days after onset: 58

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Emgality jardiance

Current Illness: None

Preexisting Conditions: Non insulin dependent diabetes mellitus, migraine headaches

Allergies:

Diagnostic Lab Data: Positive Abbott covid test on 1-5-22. Additional tests and results too numerous

for this report.

CDC Split Type:

Write-up: congestion like head cold started on 1-4-22 . Low grade fever and abdominall discomfort on 1-5-22. Told to isolate at home since vaccinated x2 and boosted. O2 stats ok. On morning of 1-6-22 found unconscious at home by my son. Was able to be aroused and coherent. Taken to Hospital ER. In acute distress with STAT echocardiogram showing massively dilated left heart and ejection fraction 10% Admitted with acute covid myocarditis and cardiogenic shock. To cardiac ICU intubated and placement left ventricular assist device. Transferred to another Hospital for advanced heart failure team in that ICU. Multisystem organ failure. 9 weeks of ICU care no renal function, could not speak or swallow, covid coagulopathy,, lower GI bleed and other complication. Finally taken off life support. Expired 3-3-22.

VAERS ID: 2311673 (history)	Vaccinated: 2021-10-18
Form: Version 2.0	Onset: 2022-02-07
Age: 80.0	Days after vaccination: 112
Sex: Female	Submitted: 0000-00-00
Location: Michigan	Entered: 2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014F21A / 1	- / -

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: 2022-02-01

Days after onset: 6

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: Positive PCR Covid test - 2/7/2022

CDC Split Type:

Write-up: Pt Deceased - Unknown Breakthrough

VAERS ID: 2311777 (history)	Vaccinated: 2021-06-06
Form: Version 2.0	Onset: 2022-05-26
Age: 84.0	Days after vaccination: 354
Sex: Female	Submitted: 0000-00-00
Location: Wisconsin	Entered: 2022-06-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0187 / UNK	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0217 / UNK	- / -

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

Symptoms: [Acute kidney injury](#), [Asthenia](#), [COVID-19](#), [Chest X-ray](#), [Computerised tomogram abdomen](#), [Computerised tomogram head](#), [Computerised tomogram normal](#), [Confusional state](#), [Dehydration](#), [Electrocardiogram](#), [Fatigue](#), [Laboratory test](#), [Leukocytosis](#), [Mental status changes](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Speech disorder](#), [Tachycardia](#), [Urinary tract infection](#), [Urine odour abnormal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (narrow), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-27

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: UNKNOWN

Current Illness: UNKNOWN

Preexisting Conditions: CKD, GOUT, Heart murmur, Hyperlipidemia, Hypertension, Iron Deficiency anemia, GERD

Allergies: Ciprofloxacin AND Clonidine

Diagnostic Lab Data: LABS,HEAD CT ,ABD CT,EKG ,CXR

CDC Split Type:

Write-up: Patient presented to ER with difficulty talking and increase confusion and had putrid smelling urine. Patient was found to be septic with tachycardia, leukocytosis, altered mental status, and acute kidney injury. Patient was severely dehydrated. CT was negative for acute findings. Patient was discharged from hospital 4/11/2022 for complicated UTI. Rehab facility has noted that patient had been fatigued, weak, and confused over the past week and symptoms have progressively worsened. Goals of care discussed were discussed with patient's daughter/POA. Patient was COVID positive 5/25/22, and Pfizer vaccinated 5/16/21 and 6/6/21. Patient was not expected to survive hospitalization. Patient was transitioned to hospice.

VAERS ID: [2313060](#) ([history](#)) **Vaccinated:** 2021-05-28
Form: Version 2.0 **Onset:** 2022-06-04
Age: 67.0 **Days after vaccination:** 372
Sex: Female **Submitted:** 0000-00-00
Location: Indiana **Entered:** 2022-06-08

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-04

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient vaccinated 5/28/21, tested positive for COVID-19 3/7/22 and expired 6/4/22.

VAERS ID: [2313099](#) ([history](#)) **Vaccinated:** 2021-03-16
Form: Version 2.0 **Onset:** 2021-10-07
Age: 62.0 **Days after vaccination:** 205
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-08

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

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

Symptoms: [Acute kidney injury](#), [Azotaemia](#), [COVID-19](#), [Computerised tomogram thorax abnormal](#), [Confusional state](#), [Death](#), [Dehydration](#), [Hyporesponsive to stimuli](#), [Intensive care](#), [Pulmonary mass](#), [Squamous cell carcinoma of lung](#), [Tremor](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and

neurogenic shock conditions (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Non-haematological malignant tumours (narrow), Infective pneumonia (broad), Dehydration (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-18

Days after onset: 11

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient with hx of multiple medical problems lung cancer on chemo, colon and renal cancer, obesity , COPD, former smoker and Oxygen dependent was recently discharged from hospital d/t Covid-19 infection, presented back to ED on 10/07/2021 with confusion, tremors, and found to be in acute renal failure, severely dehydrated and was uremic. Patient was admitted to ICU. CT scan revealed cavitary lung lesion on right lower lobe, known to be squamous cell CA. On 10/18/2021, patient remained minimally responsive, comfort measures in place. Patient expired on 10/18/2021.

VAERS ID: [2313126](#) ([history](#))

Vaccinated: 2021-11-22

Form: Version 2.0

Onset: 2022-01-25

Age: 75.0

Days after vaccination: 64

Sex: Female

Submitted: 0000-00-00

Location: Michigan

Entered: 2022-06-08

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

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: 2022-02-01

Days after onset: 7**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:** Positive Covid Test - 1/25/2021**CDC Split Type:****Write-up:** Breakthrough - Pt Deceased, cant confirm Vaxx 1st dose - pfizer - 3/10/2021 - EN6207 2nd Dose - pfizer - 3/31/2021 - EP7533 3rd dose - pfizer - 11/22/2021**VAERS ID:** [2313146](#) ([history](#)) **Vaccinated:** 2021-05-21**Form:** Version 2.0 **Onset:** 2022-01-01**Age:** 74.0 **Days after vaccination:** 225**Sex:** Female **Submitted:** 0000-00-00**Location:** Michigan **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023C21A / 2	- / -

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:** 2022-01-01**Days after onset:** 0**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:** Positive Covid Test - 1/1/2022**CDC Split Type:****Write-up:** Breakthrough - PT Deceased cant confirm VAX 1st dose - 4/23/2021 - moderna - 038B21A 2nd dose - 5/21/2021 - moderna - 023C21A

VAERS ID: [2313154](#) ([history](#)) **Vaccinated:** 2021-11-11
Form: Version 2.0 **Onset:** 2022-05-19
Age: 81.0 **Days after vaccination:** 189
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	034F21A / 3	- / -

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

Symptoms: [COVID-19](#), [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: 2022-05-01

Days after onset: 18

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: Positive COVID test 5/19/2021

CDC Split Type:

Write-up: Breakthrough - cant confirm database 1st dose moderna - 2nd dose moderna - 2/19/2021 - 010m20a 3rd dose moderna - 11/11/2021 - 034f21a

VAERS ID: [2313178](#) ([history](#)) **Vaccinated:** 2021-03-04
Form: Version 2.0 **Onset:** 2022-01-10
Age: 74.0 **Days after vaccination:** 312
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6202 / 2	- / SYR

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

Symptoms: [Brain oedema](#), [COVID-19](#), [Cerebral mass effect](#), [Cerebrovascular accident](#), [Computerised tomogram head abnormal](#), [Death](#), [Endotracheal intubation](#), [Fall](#), [Influenza like illness](#), [Intensive care](#), [Mental status changes](#), [Neurological examination abnormal](#), [SARS-CoV-2 test positive](#), [Skull fractured base](#), [Subarachnoid haemorrhage](#), [Subdural haemorrhage](#)

SMQs: Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Ischaemic central

nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-15

Days after onset: 5

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to ED on 01/10/2022 with AMS, the onset was abrupt. The patient was transferred from small clinic for evaluation and management of a head bleed after a fall, and Covid positive. CT showed occipital fracture, subdural bleed, bilateral subarachnoid frontal bleed. Prior to presentation, history of flu like symptoms for the past week. Patient was admitted to NCCU. On 01/13/2022 patient presented with worsening neurological exam, extensor posturing, not protecting airway, patient was intubated, repeat CT head with worsening edema and evolving left pica stroke with mass effect. Patient code status was changed to DNR. Patient expired on 01/15/2022.

VAERS ID: 2313180 (history)	Vaccinated: 2021-08-06
Form: Version 2.0	Onset: 2022-03-14
Age: 72.0	Days after vaccination: 220
Sex: Male	Submitted: 0000-00-00
Location: Massachusetts	Entered: 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FC3180 / 2	UN / UN

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

Symptoms: [Creutzfeldt-Jakob disease](#), [Death](#), [Laboratory test](#), [Lumbar puncture abnormal](#)

SMQs: Dementia (narrow), Guillain-Barre syndrome (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-14

Days after onset: 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:**

Diagnostic Lab Data: Spinal tap confirmed CJD after he died. They studied his brain and it was ruled spontaneous; not genetic.

CDC Split Type:

Write-up: He got Creutzfeldt-Jakob disease (CJD) and died a horrific death.

VAERS ID:	2313199 (history)	Vaccinated:	2021-04-07
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Form:	Version 2.0	Onset:	2022-01-05
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Age:	61.0	Days after vaccination:	273
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Sex:	Female	Submitted:	0000-00-00
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Location:	Tennessee	Entered:	2022-06-08
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030B21A / 2	- / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Endotracheal intubation](#), [Lung neoplasm malignant](#), [Mental status changes](#), [Metastases to central nervous system](#), [Metastases to liver](#), [SARS-CoV-2 test positive](#), [Seizure](#), [Status epilepticus](#)

SMQs: Torsade de pointes/QT prolongation (broad), Angioedema (broad), Systemic lupus erythematosus (broad), Dementia (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (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:** 2022-01-11**Days after onset:** 6**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:**

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient recently diagnosed with lung cancer with metastatic disease to liver, presented to ED with altered mentation secondary to seizure with status epilepticus and subsequently intubated. Etiology of seizures appeared to be related to metastatic brain disease from lung cancer. Family wished to make the patient DNR.. Patient also tested positive for Covid-19. Patient expired on 1/11/2022.

VAERS ID: [2313205](#) ([history](#)) **Vaccinated:** 2021-03-29

Form: Version 2.0 **Onset:** 2021-08-08

Age: 55.0 **Days after vaccination:** 132

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8730 / 2	- / SYR

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

Symptoms: [COVID-19](#), [Cardiac arrest](#), [Cardiomegaly](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Dyspnoea exertional](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Intensive care](#), [Lower gastrointestinal haemorrhage](#), [Lung infiltration](#), [Mechanical ventilation](#), [Pleural effusion](#), [Productive cough](#), [SARS-CoV-2 test positive](#), [Streptococcal bacteraemia](#), [Transfusion](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Interstitial lung disease (narrow), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-07

Days after onset: 30

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:**CDC Split Type:**

Write-up: Patient presented to ED on 08/08/2021 with difficulty breathing with h/o DM, renal transplant. She was covid positive on presentation. Patient had severe SOB with exertion, placed on oxygen with NC. Patient also c/o productive cough. Chest xray in ED was consistent with cardiomegaly and bilateral infiltrates with small pleural effusion. The patient was admitted on supplemental oxygen which was escalated to high-flow nasal cannula, continued to worsen and required mechanical ventilation and intubation on 08/17/2021. She was on mechanical ventilation, the patient continued to decline. ICU course was complicated by streptococcus bacteremia and lower GI bleed which resolved with supportive transfusions and surveillance. On 09/07/2021, patient had multiple cardiac arrests and subsequently died.

VAERS ID: [2313209](#) ([history](#)) **Vaccinated:** 2021-10-22

Form: Version 2.0 **Onset:** 2022-02-04

Age: 92.0 **Days after vaccination:** 105

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	076C21A / 3	- / SYR

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

Symptoms: [Acute kidney injury](#), [Asthenia](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Lung infiltration](#), [Metabolic acidosis](#), [Ultrasound abdomen normal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (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 (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-08

Days after onset: 4

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 recently diagnosed with Covid-19 prior hospitalization, presented with increasing SOB and weakness. She was hospitalized, she was placed on IV antibiotics. She developed worsening oliguric renal failure, metabolic acidosis. She was placed on a bicarbonate drip. Abdominal US did not show hydronephrosis or other abdominal catastrophe. Chest xray showed worsening bilateral infiltrates. She expired unexpectedly on 02/08/2022.

VAERS ID: 2313214 (history)	Vaccinated: 2021-03-05
Form: Version 2.0	Onset: 2022-01-05
Age: 79.0	Days after vaccination: 306
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / SYR

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

Symptoms: [Acute kidney injury](#), [Blood test](#), [COVID-19](#), [Death](#), [Enterococcus test positive](#), [Hypotension](#), [Presyncope](#), [SARS-CoV-2 test positive](#), [Staphylococcus test positive](#), [Syncope](#), [Urine analysis](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Cardiomyopathy (broad), Hypotonic-hypo responsive episode (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-29

Days after onset: 82

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 tested positive for covid-19 on 01/05/2022. Patient then presented to ED on 03/19/2022 with presyncope/syncope complicated by past medical history of AMS, recent VRE/MRSA in urine and blood, GERD, CAD s/p CABG, HTN. Patient was discharged to SNF on 03/23/22. Discharge diagnosis included Hypotension, Near syncope, AKI. Patient expired on 03/29/2022

VAERS ID: 2313228 (history)	Vaccinated: 2021-12-16
Form: Version 2.0	Onset: 2022-04-11
Age: 56.0	Days after vaccination: 116
Sex: Male	Submitted: 0000-00-00
Location: Missouri	Entered: 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9264 / 1	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8027 / 3	- / -

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

Symptoms: [Cytology](#), [Dyspnoea](#), [Magnetic resonance imaging](#), [Non-small cell lung cancer](#), [Paracentesis](#), [Positron emission tomogram](#)

SMQs: Anaphylactic reaction (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Non-haematological malignant tumours (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-06

Days after onset: 56

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: alprazolam, venlafaxine

Current Illness: none

Preexisting Conditions: anxiety, depression

Allergies: NKDA

Diagnostic Lab Data: Paracentesis with cytology, MRI, PET scan

CDC Split Type:

Write-up: Patient seen for SOB and subsequently found to have Non-Small Cell Cancer, LLL.

VAERS ID: 2313454 (history)	Vaccinated: 2021-02-23
Form: Version 2.0	Onset: 2022-01-11
Age: 75.0	Days after vaccination: 322
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	- / SYR

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

Symptoms: [Asthenia](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Failure to thrive](#), [General physical health deterioration](#), [Impaired self-care](#), [Lung opacity](#), [Pulmonary embolism](#), [Urinary tract infection](#)

SMQs: Interstitial lung disease (narrow), Dementia (broad), Embolic and thrombotic events, venous (narrow), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Neonatal disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-02

Days after onset: 80

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 9 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to ED on 03/05/2022 with generalized weakness. Patient was previously hospitalized at facility on 01/11/2022 to 02/09/2022 with failure to thrive and Covid-19, Right segmental PE. Since discharge from the facility, the patient has became progressively worse, and unable to care for himself. In ED chest xray revealed bibasilar airspace opacities, and UTI, started on antibiotics. Patient was discharged on 03/14/2022 to hospice. Patient expired on 04/02/2022.

VAERS ID: 2313458 (history)	Vaccinated: 2021-04-28
Form: Version 2.0	Onset: 2022-01-16
Age: 70.0	Days after vaccination: 263
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-08

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

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

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

SMQs: Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic

procedures (narrow), Noninfectious diarrhoea (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-07

Days after onset: 50

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 70 year old patient recently hospitalized for aspiration PNA directly admitted from TCC after testing positive for Covid-19 at their facility. Patient reports intermittent diarrhea. Patient was discharged from facility and expired on 03/07/2022.

VAERS ID: [2313467](#) ([history](#)) **Vaccinated:** 2021-02-25

Form: Version 2.0 **Onset:** 2021-12-28

Age: 78.0 **Days after vaccination:** 306

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-08

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

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

Symptoms: [COVID-19](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Endarterectomy](#), [Interstitial lung disease](#), [Oxygen saturation decreased](#), [Pain](#), [SARS-CoV-2 test positive](#)

SMQs: Interstitial lung disease (narrow), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-30

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient had recent endarterectomy presented to ED with c/o of stating her oxygen has been dropping. Patient has mild pain on left side, in ED CT showed severe bilateral multifocal mixed interstitial alvelolar PNA. Patient was placed on NC oxygen. Patient was admitted to hospital services. On 12/28/2021, rapid response called, family requested hospice services. Covid-19 PCR came back positive on 12/29/2021. Patient expired on 12/30/2021.

VAERS ID: [2313470](#) ([history](#)) **Vaccinated:** 2021-09-27

Form: Version 2.0 **Onset:** 2022-01-19

Age: 96.0 **Days after vaccination:** 114

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3592 / 3	- / SYR

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-01-30 **Days after onset:** 11**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**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 01/19/2022 at PCP office. Patient expired on 01/30/2022. Patients PCP office located.

VAERS ID: [2313471](#) ([history](#)) **Vaccinated:** 2021-11-26
Form: Version 2.0 **Onset:** 2022-01-03
Age: 72.0 **Days after vaccination:** 38
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	211D21A / 1	- / SYR

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

Symptoms: [Acute respiratory failure](#), [COVID-19 pneumonia](#), [Cardio-respiratory arrest](#), [Death](#), [Unresponsive to stimuli](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), 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), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-13

Days after onset: 10

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient arrived to ER via EMS d/t being found unresponsive. Patient admitted to hospital for comfort measures. Diagnosed with cardiopulmonary arrest, Covid-19 PNA, acute hypoxic respiratory failure. Patient expired on 01/13/2022.

VAERS ID: [2313972](#) ([history](#)) **Vaccinated:** 2022-01-25
Form: Version 2.0 **Onset:** 2022-04-09
Age: 93.0 **Days after vaccination:** 74
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	059H21A / 3	- / SYR

Administered by: Public **Purchased by:** ?**Symptoms:** [COVID-19](#), [Chest X-ray abnormal](#), [Cough](#), [Death](#), [Dyspnoea](#), [Hypoxia](#), [Lung infiltration](#), [Urinary tract infection](#)**SMQs:** Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-13**Days after onset:** 34**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: Presented to ED, Hospital, with c/o cough and hypoxia. Patient was diagnosed with Covid-19 on 04/10/2022. Since then he has had SOB and nonproductive cough. Chest Xray revealed some bilateral pulmonary infiltrates. Patient was also found to have a UTI and started on Macrobid for 7 days. Patient was discharged home with home health. Patient expired on 05/13/2022.

VAERS ID: [2313973](#) ([history](#)) **Vaccinated:** 2021-10-12

Form: Version 2.0 **Onset:** 2022-02-22

Age: 90.0 **Days after vaccination:** 133

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045C21A / 3	- / SYR

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Hypophagia](#), [Mental status changes](#), [Pneumonia](#), [Renal failure](#), [Therapy non-responder](#)**SMQs:** Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Lack of efficacy/effect (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad),

Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (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: 2022-03-11

Days after onset: 17

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient admitted 03/08/2022 after he stopped eating and drinking after having contracted Covid-19 at home. He was admitted to the hospitalist service and he was in renal failure as well as having an AMS and PNA. His renal function worsened and he was not responding to therapy, family decided to make him DNR/Comfort care. Patient expired on 03/11/2022.

VAERS ID: [2314020](#) ([history](#)) **Vaccinated:** 2021-07-09

Form: Version 2.0 **Onset:** 2022-03-02

Age: 83.0 **Days after vaccination:** 236

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-09

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

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

Symptoms: [Aknesia](#), [COVID-19](#), [Cardiac arrest](#), [Death](#), [Endotracheal intubation complication](#), [Haemorrhage](#), [Inappropriate schedule of product administration](#), [Pulse absent](#), [Pupillary reflex impaired](#), [SARS-CoV-2 test positive](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Parkinson-like events (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Medication errors (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-08

Days after onset: 6**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient arrived to ED on 03/08/2022 in cardiac arrest. By the time the patient arrived to ED patient without a pulse for approximately 1 hour or more. ET tube was beginning to fill with blood. Patient had no reactivity to her pupils and was making no spontaneous movements. Rapid covid-19 antigen returned positive. Patient expired on 03/08/2022.

VAERS ID: [2314038](#) ([history](#))**Vaccinated:** 2021-11-17**Form:** Version 2.0**Onset:** 2022-02-15**Age:** 91.0**Days after vaccination:** 90**Sex:** Male**Submitted:** 0000-00-00**Location:** Tennessee**Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FG3527 / 3	- / SYR

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Fall](#), [Femur fracture](#), [Gait disturbance](#), [Hip arthroplasty](#), [SARS-CoV-2 test positive](#), [Walking aid user](#)**SMQs:** Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Osteoporosis/osteopenia (broad), Osteonecrosis (broad), Arthritis (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-02-19**Days after onset:** 4**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**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 resident of healthcare facility. Patient with dementia was trying to use walker at home and stumbled and fell at home breaking his left femur. He is s/p total hip arthroplasty. Admitted to hospital on 02/08/2022. Patient tested positive for Covid-19 on 02/15/2022. Patient expired on 02/19/2022.

VAERS ID: [2314042](#) ([history](#)) **Vaccinated:** 2021-04-13
Form: Version 2.0 **Onset:** 2022-03-03
Age: 86.0 **Days after vaccination:** 324
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-09

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

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

Symptoms: [Asthenia](#), [COVID-19](#), [Death](#), [Decreased appetite](#), [Fatigue](#), [Headache](#), [Nausea](#), [SARS-CoV-2 test positive](#)

SMQs: Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-03

Days after onset: 60

Permanent Disability? No

Recovered? No

Office Visit? Yes

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 reported to PCP on 03/04/2022 with loss of appetite, fatigue/weakness, nausea, and headache for 5 days. Patient tested positive for Covid-19. Patient received antibodies on 03/04/2022, since then patient has been in bed. Patient was admitted to home hospice services. Patient expired on 05/03/2022.

VAERS ID: [2314046](#) ([history](#)) **Vaccinated:** 2021-09-21
Form: Version 2.0 **Onset:** 2022-02-07
Age: 76.0 **Days after vaccination:** 139
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047C21A / 3	- / SYR

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

Symptoms: [Arterial therapeutic procedure](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Cough](#), [Death](#), [Dyspnoea](#), [Loss of consciousness](#), [Lung infiltration](#), [Pneumonia](#), [Pulmonary oedema](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-06

Days after onset: 57

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 13 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to ED on 02/07/2022 with increased SOB. Patient had chronic hypoxic respiratory failure on 3 L O2 at home. Patient experienced several syncope episodes. Recently had a carotid surgery back in December 2021. Patient stated he developed increase cough over past several days and coughed to point of passing out. Patient tested Covid-19 positive on 02/07/2022. Patient presented to ED in hypoxic respiratory failure. Chest Xray shows edema and infiltrates. Patient admitted to hospital. Patient was started on Remdesivir, dexamethasone, and baricitinib due to bilateral covid-19 PNA. Patient was started on Vapotherm. Patient was discharged home with home health and oxygen on 02/20/2022. Patient expired on 04/06/2022.

VAERS ID: [2314209](#) ([history](#)) **Vaccinated:** 2021-04-28
Form: Version 2.0 **Onset:** 2022-05-31
Age: 83.0 **Days after vaccination:** 398
Sex: Male **Submitted:** 0000-00-00
Location: West Virginia **Entered:** 2022-06-09

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

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

Symptoms: [COVID-19 pneumonia](#), [Chills](#), [Death](#), [Dyspnoea](#), [Hypotension](#), [Hypoxia](#), [Mechanical ventilation](#), [Pyrexia](#)

SMQs: Anaphylactic reaction (narrow), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-08

Days after onset: 8

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 9 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient came to ED with worsening shortness of breath, fever, and chills. Patient admitted to hospital with Covid pneumonia treated with baricitinib. Patient placed on ventilator 6/4 due to declining respiratory status. Patient became hypotensive and hypoxic on 6/8 and passed away.

VAERS ID: [2314241](#) ([history](#)) **Vaccinated:** 2021-02-03
Form: Version 2.0 **Onset:** 2022-02-10
Age: 84.0 **Days after vaccination:** 372
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	007M20A / 1	UN / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	023M20A / 2	UN / IM

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

Symptoms: [Blood lactic acid](#), [Bradycardia](#), [COVID-19](#), [Cardiac arrest](#), [Cardiac telemetry](#), [Death](#), [Hypotension](#), [Hypoxia](#), [Mental status changes](#), [Renal replacement therapy](#), [Respiratory arrest](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [White blood cell count increased](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excluding torsade de pointes) (narrow), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-12

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: amLODIPine (NORVASC) 10 MG PO Tab Ascorbic Acid (Vitamin C) 500 MG PO Chew Tab aspirin (ECOTRIN) 81 MG PO Tablet Delayed Response atorvastatin (LIPITOR) 40 MG PO Tab Cyanocobalamin (B-12) 100 MCG PO Tab finasteride (PROSCAR) 5 MG PO Tab hyd

Current Illness: None

Preexisting Conditions: Pneumonia due to COVID-19 virus, TIA (transient ischemic attack)

Allergies: None

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Pt presents to ED via EMS for mental status changes and hypoxia 2/10. COVID positive 2/10, on 6 liters nasal oxygen with a saturation of 100%. On 2/11 pt firing up sepsis; wbc 28.3; lactic 6.1, 4.8, and 7.5; patient received 1L bolus in ER; on IV Zosyn, Vanco, and NS at 125cc. 2/12 RRT called for hypotension and hypoxia. Pt placed on 15L HF with non rebreather, but he remains hypotensive and hypoxic. Pt asystole on the telemetry monitor. Writer checked on patient. Pt bradycardic, not breathing. Pt became deceased 2/12.

VAERS ID: [2314365](#) ([history](#)) **Vaccinated:** 2021-12-08

Form: Version 2.0 **Onset:** 2022-06-08

Age: 79.0 **Days after vaccination:** 182

Sex: Male **Submitted:** 0000-00-00

Location: Minnesota **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045J21A / 3	LA / IM

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Endotracheal intubation](#), [Fall](#), [Haemorrhage intracranial](#), [Mechanical ventilation](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Subdural haematoma](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhagic central nervous system vascular conditions (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), Accidents and injuries (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-08**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 8 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:**

Preexisting Conditions: End stage heart failure, renal failure, OSA, HTN, pt with LVAD as destination therapy.

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Hospitalized with a fall, intracranial bleed, COVID + on admit. Remdesivir x 3 days. Required intubation and vent for resp failure 6/2/2022, subdural hematoma increased in size, 6/7/2022 progressed to comfort care due to no hope of meaningful recovery from intracranial bleed.

VAERS ID: [2314516](#) ([history](#)) **Vaccinated:** 2021-07-08

Form: Version 2.0 **Onset:** 2022-05-15

Age: 86.0 **Days after vaccination:** 311

Sex: Male **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 1	UN / UN
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA6780 / 2	UN / UN

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Ageusia](#), [Anosmia](#), [COVID-19](#), [Cough](#), [Dyspnoea](#), [Malaise](#), [Pyrexia](#), [SARS-CoV-2 test positive](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-30

Days after onset: 15

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: unknown

Preexisting Conditions: unknown

Allergies: unknown

Diagnostic Lab Data: unknown

CDC Split Type:

Write-up: Admitted to Hospital with COVID Symptoms. with cough, sob, fever, loss of taste and smell. COVID -19 positive. no other details provided in submitted Web report. patient was vaccinated Pfizer x2.

VAERS ID: [2314566](#) ([history](#)) **Vaccinated:** 2021-04-01

Form: Version 2.0 **Onset:** 2022-05-16

Age: 91.0 **Days after vaccination:** 410

Sex: Female **Submitted:** 0000-00-00

Location: Montana **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 2	RA / SYR

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

Symptoms: [COVID-19](#), [Chronic obstructive pulmonary disease](#), [Death](#), [Influenza A virus test](#), [Influenza B virus test](#), [Malaise](#), [Mental status changes](#), [Pyrexia](#), [Respiratory syncytial virus test](#), [SARS-CoV-2 test positive](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-19

Days after onset: 3**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 3 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: acetaminophen (TYLENOL) 500 mg tablet Take 1-2 tablets by mouth every 6 hours as needed for Pain. In addition to the scheduled morning dose acetaminophen (TYLENOL) 500 mg tablet Take 1 tablet by mouth Daily. albuterol 2.5 mg/3 mL nebulizer

Current Illness: Anxiety ? CHF (congestive heart failure), 5/5/2019 ? Dementia ? Diverticulitis 5/5/2019 ? GERD (gastroesophageal reflux disease) ? Hemorrhage after stent replacement ? Hyperlipidemia ? Hypertension ? Presence of inferior vena cava filter

Preexisting Conditions: Anxiety ? CHF (congestive heart failure), 5/5/2019 ? Dementia ? Diverticulitis 5/5/2019 ? GERD (gastroesophageal reflux disease) ? Hemorrhage after stent replacement ? Hyperlipidemia ? Hypertension ? Presence of inferior vena cava filter

Allergies: Allergies: Sulfa

Diagnostic Lab Data: Ordered Test: FLUABV+SARS-CoV-2+RSV RNA Pnl Resp NAA+P (SARS CoV2-Flu-RSV PCR) Ordered Test Codes: Status: Final Specimen Source: Nasopharynx Specimen Site: Specimen Collection Date/Time: 2022-05-16 08:17:00.0 * Resulted Test: SARS-CoV-2 RNA Resp QI NAA+probe (SARS CoV-2 PCR (COVID-19)) Coded Result: Positive (LOCAL) Numeric Result: Units: Text Result: Reference Range From: Negative Reference Range To: Performing Facility Details: Date/Time: 2022-05-16 09:15:46.0 Performing Facility: Med Cntr Interpretation: Abnormal Result Method: (Xpert Xpress SARS-Co) Status: Final Result Code: (SCT/Positive (L LOCAL) Result Comments: Positive results are indicative of active infection with SARS-CoV-2. Positive results do not rule out bacterial infection or co-infection with other viruses.

CDC Split Type: 1478243

Write-up: Case completed primary Covid vaccine in April 2021, then died of Covid in May 2022. Hospitalized at Medical Center. Was admitted to hospital with Change in mental status, fevers and exacerbation of COPD. She progressively grew more ill, and died in hospital after 3 days of care.

VAERS ID:	2315184 (history)	Vaccinated:	2021-01-07
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Form:	Version 2.0	Onset:	2021-04-25
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Age:	63.0	Days after vaccination:	108
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Sex:	Female	Submitted:	0000-00-00
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Location:	Florida	Entered:	2022-06-10
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 2	- / OT

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

Symptoms: [Blood iron](#), [Blood test](#), [Chest X-ray](#), [Dyspnoea](#), [Electrocardiogram](#), [Fatigue](#), [Heart rate](#), [Immunisation reaction](#), [Joint injury](#), [Meniscus injury](#), [Oxygen saturation](#), [Pulmonary embolism](#), [Pulmonary function test](#)

SMQs: Anaphylactic reaction (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Accidents and injuries (narrow), Cardiomyopathy (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes

Date died: 2022-04-26**Days after onset:** 366**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: Comments: The patient never a smoker and did not had any unhealthy habits. Since Covid started in March 2020, she never got sick once. Never a cold or sniffles.

Allergies:

Diagnostic Lab Data: Test Name: Iron; Result Unstructured Data: Low iron; Test Name: Blood analysis; Result Unstructured Data: Normal; Test Name: chest x-ray; Result Unstructured Data: Normal; Test Name: EKG; Result Unstructured Data: normal; Test Date: 20210426; Test Name: Pulse; Result Unstructured Data: never got a pulse; Test Date: 20210426; Test Name: Oxygen saturation; Result Unstructured Data: no reading showed; Test Date: 20210425; Test Name: Pulmonary function test; Result Unstructured Data: Normal

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: mild side effects (after both doses); died of a pulmonary embolism/shower of tiny blood clots" in her lungs; she hurt her knee exercising.; She had torn her minescos.; shortness of breath/trouble catching my breath/looked like she stopped breathing; she felt tired; This spontaneous case was reported by a consumer and describes the occurrence of PULMONARY EMBOLISM (died of a pulmonary embolism/shower of tiny blood clots" in her lungs) in a 63-year-old female patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 039K20A and 029K20A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. The patient never a smoker and did not had any unhealthy habits. Since Covid started in March 2020, she never got sick once. Never a cold or sniffles. On 07-Jan-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 04-Feb-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) dosage was changed to 1 dosage form. On 25-Apr-2021, the patient experienced FATIGUE (she felt tired). In September 2021, the patient experienced DYSPNOEA (shortness of breath/trouble catching my breath/looked like she stopped breathing). In October 2021, the patient experienced JOINT INJURY (she hurt her knee exercising.) and MENISCUS INJURY (She had torn her minescos.). On 26-Apr-2022, the patient experienced PULMONARY EMBOLISM (died of a pulmonary embolism/shower of tiny blood clots" in her lungs) (seriousness criteria death and medically significant). On an unknown date, the patient experienced IMMUNISATION REACTION (mild side effects (after both doses)). The patient died on 26-Apr-2022. The reported cause of death was Pulmonary embolism. An autopsy was performed. At the time of death, IMMUNISATION REACTION (mild side effects (after both doses)), DYSPNOEA (shortness of breath/trouble catching my breath/looked like she stopped breathing), JOINT INJURY (she hurt her knee exercising.), MENISCUS INJURY (She had torn her minescos.) and FATIGUE (she felt tired) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 25-Apr-2021, Pulmonary function test: normal (normal) Normal. On 26-Apr-2021, Heart rate: never got a pulse (abnormal) never got a pulse. On 26-Apr-2021, Oxygen saturation: no reading showed (abnormal) no reading showed. On an unknown date, Blood iron: low (Low) Low iron. On an unknown date, Blood test: normal (normal) Normal. On an unknown date, Chest X-ray: normal (normal) Normal. On an unknown date, Electrocardiogram: normal (normal) normal. No concomitant product was provided. The patient was in medical field as a certified registered nurse anesthetist. She experienced mild side effects post shot. In Sep 2021 she and her husband went to state. She complained of shortness of breath the first day out there, but that was it. She felt fine the rest of the trip. In Oct 2021, she hurt her knee exercising. She had torn her meniscus. The tear was so small, the orthopedic doctor said surgery was not required. He suggested

her to take 12 weeks off. She rested her knee for 12 weeks to let it heal. On 05 Apr 2021 she told her daughter that she was experiencing shortness of breath when going up the stairs. She went to a pulmonologist. The blood work she had gotten done was to test to see if she was genetically predisposed to any clotting disorders. All of those came back negative. On Monday 25 April 2021 pulmonary functions test done. That night she told she felt tired, but that was normal for her after a work day. On April 26, at 7:58 am ambulance called as she had trouble breathing. She reached hospital around 8:30 am. In emergency room it was told that she passed. She had trouble catching breath. Her heart and lungs sounded fine. The pulse oximeter and no reading, she was still talking and suddenly stopped talking and then shortly thereafter, looked like she stopped breathing. Her husband started doing CPR. At one point while he was doing CPR on her, her eyes popped back open and she started to lift her head up, but then it fell back to the floor and her eyes closed again. The medics in the ambulance never got a pulse on her and the ER doctor never got a pulse on her in the hospital. The autopsy was done. The medical examiner found a shower of tiny blood clots in her lungs and told her she died of a pulmonary embolism. Medical examiner thought that a big clot formed in her sleep Monday night. The reporter believed that the vaccine made her and sedentary. Patient died on 26 Apr 2022 around 8:30 am. Company Comment This spontaneous case concerns a 63-year-old female patient with relevant medical history of knee injury and prolonged rest, who experienced the unexpected serious(death) AESI of Pulmonary embolism, 1-year 3months after receiving the 2nd dose of mRNA-1273 vaccine. Immediately after the shot, the patient had experienced mild symptoms (unspecified). Seven months later she had brief episode of shortness of breath. A month later she suffered knee injury with a small meniscal tear. An orthopaedician saw her, ruled out the need for surgery and advised rest for 12 weeks. The patient rested her knee for the said period and by the end, developed shortness of breath while climbing stairs. She consulted a pulmonologist and was screened for any genetic predisposition for clotting disorders ? they all were negative. Pulmonary function test was done which turned out to be normal. The same night she complained of tiredness, but later resolved. The next day she was found unconscious, CPR was attempted at home but by the time the ambulance and medics arrived, she did not have any pulse or O2 saturation. An autopsy was done which revealed pulmonary embolism. Details of concurrent conditions, concomitant medications, detailed clinical course, further investigation reports and treatment were not provided. The patient has received the two primary doses of mRNA-1273 vaccine. Age of the patient could be a risk factor. Medical history of knee injury and prolonged rest remains a confounder. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-584085.; Sender's Comments: This spontaneous case concerns a 63-year-old female patient with relevant medical history of knee injury and prolonged rest, who experienced the unexpected serious(death) AESI of Pulmonary embolism, 1-year 3months after receiving the 2nd dose of mRNA-1273 vaccine. Immediately after the shot, the patient had experienced mild symptoms (unspecified). Seven months later she had brief episode of shortness of breath. A month later she suffered knee injury with a small meniscal tear. An orthopaedician saw her, ruled out the need for surgery and advised rest for 12 weeks. The patient rested her knee for the said period and by the end, developed shortness of breath while climbing stairs. She consulted a pulmonologist and was screened for any genetic predisposition for clotting disorders ? they all were negative. Pulmonary function test was done which turned out to be normal. The same night she complained of tiredness, but later resolved. The next day she was found unconscious, CPR was attempted at home but by the time the ambulance and medics arrived, she did not have any pulse or O2 saturation. An autopsy was done which revealed pulmonary embolism. Details of concurrent conditions, concomitant medications, detailed clinical course, further investigation reports and treatment were not provided. The patient has received the two primary doses of mRNA-1273 vaccine. Age of the patient could be a risk factor. Medical history of knee injury and prolonged rest remains a confounder. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: Pulmonary embolism

VAERS ID: [2315273](#) ([history](#)) **Vaccinated:** 2021-05-18
Form: Version 2.0 **Onset:** 2022-05-09
Age: 66.0 **Days after vaccination:** 356
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005C21A / 2	- / -

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

Symptoms: [Acute myocardial infarction](#), [Anticoagulant therapy](#), [Blood creatinine increased](#), [COVID-19](#), [Chest X-ray abnormal](#), [Chest pain](#), [Condition aggravated](#), [Death](#), [Dialysis](#), [Dyspnoea](#), [End stage renal disease](#), [Lung adenocarcinoma](#), [Lung infiltration](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Troponin increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Interstitial lung disease (narrow), Myocardial infarction (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Non-haematological malignant tumours (narrow), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-02

Days after onset: 24

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 25 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is fully vaccinated. COVID positive on 5/9/2022. 67-year-old female, history of end-stage renal disease on peritoneal dialysis daily, CAD hypertension hyperlipidemia, COPD and CHF, oxygen dependent on 5 L presented to the ED with substernal chest pain and shortness of breath that was occurring all day yesterday that acutely worsened overnight while she was doing dialysis.no abdominal pain, no cough, no fatigue, no fever, no headache, no nausea, no numbness, no palpitations, no vomiting and no weakness.Adenocarcinoma of left lung. CXR revealed Infiltrative changes in the region of left upper lobe. ESRD. Cr 11.03.Chronic respiratory failure with hypoxia.

NSTEMI. Troponin level 3.18. SpO2 95%. Treatment: Solu=Medrol, oxygen, breathing treatments, Spiriva, metoprolol, dialysis, lasix, aspirin. Admitted to hospice. Expired on 6/2.

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

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-03

Days after onset: 9

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Sodium, 129, glucose, 327, pH 6.89, O2 sats 70.6, lacatate 13.08, WBC 19.15, respiratory panel COVID-19, adenovirus, and rhinovirus/enterovirus positive. EEG- diffuse low voltage. ECHO: mild tricuspid and mitral valve regurgitation. CT head: tonsillar herniation.

CDC Split Type:

Write-up: Exposed to COVID at school. Symptoms May 25th, to emergency care, given Tessalon pearls, fluticasone, and Tylenol. Progressed, back to ED next day. Given IV acetaminophen and IV

saline bolus, decadron and reglan. Discharged with acetaminophen, ibuprophen, phenergan and zofran. Still progressed, found unresponsive on May 28th, to ED. Unresponsive, brain dead. May 28: redesivir, dexamethasone, vancomycin ceftriaxone, and metronidazole.

VAERS ID: [2315396](#) ([history](#)) **Vaccinated:** 2021-02-04
Form: Version 2.0 **Onset:** 2021-12-13
Age: 68.0 **Days after vaccination:** 312
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012L20A / 2	- / -

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

Symptoms: [Death](#), [Laboratory test abnormal](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-19

Days after onset: 6

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: Positive Lab Test - 12/13/2021

CDC Split Type:

Write-up: Pt. Deceased cant confirm if in which system. 1st dose Moderna 1/7/2021 - 026L20a 2nd Dose Moderna 2/4/2021 - 012L20A

VAERS ID: [2315475](#) ([history](#)) **Vaccinated:** 2022-03-23
Form: Version 2.0 **Onset:** 2022-06-04
Age: 75.0 **Days after vaccination:** 73
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-10

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

Administered by: Private**Purchased by:** ?**Symptoms:** [Cardio-respiratory arrest](#), [Death](#), [Interchange of vaccine products](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Respiratory failure (broad), Medication errors (broad), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-04**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 133 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Booster given 3/23/2022, patient had a code blue in the facility on 6/4/2022 and expired**VAERS ID:** [2315847](#) ([history](#))**Vaccinated:** 2021-05-11**Form:** Version 2.0**Onset:** 2021-06-16**Age:** 92.0**Days after vaccination:** 36**Sex:** Female**Submitted:** 0000-00-00**Location:** California**Entered:** 2022-06-10

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

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Death](#), [Laboratory test normal](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-28**Days after onset:** 346**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No

Previous Vaccinations: eye problems after flu vaccine yearly

Other Medications: Lovasatin, atenonal

Current Illness: -

Preexisting Conditions: high blood pressure, heart murmur

Allergies: -

Diagnostic Lab Data: all labs came back normal

CDC Split Type:

Write-up: 3 er visits, sent home told to keep her feet raised. Wouldn't allow anyone in with her. Died 5/28/22

VAERS ID: 2315916 (history)	Vaccinated: 2021-01-31
Form: Version 2.0	Onset: 2021-10-14
Age: 89.0	Days after vaccination: 256
Sex: Female	Submitted: 0000-00-00
Location: South Dakota	Entered: 2022-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011M20A / 2	RL / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Malaise](#), [Product administered at inappropriate site](#), [SARS-CoV-2 test positive](#), [Vaccine breakthrough infection](#)

SMQs: Drug abuse and dependence (broad), Medication errors (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-24

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:

Current Illness:

Preexisting Conditions: Atrial Fibrillation, Congestive Heart Failure, Hypertension, Peripheral Artery Disease, Unspecified Type of Dementia The individual was a resident of the nursing home indicated in the Address portion of this form.

Allergies: Calamine (reaction: red rash) Aspirin (reaction: "not able to take while on coumadin") [this seems to be a medication contraindication, not an allergy]

Diagnostic Lab Data: Positive COVID-19 test on 10/14/2021 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 01/03/2021 and 01/31/2021. They were vaccinated in the thigh, which is not a preferred site for an adult. I do not have any further information about why the thigh was used instead of the deltoid. They became symptomatic for COVID-19 on 10/14/2021 and tested positive for COVID-19 same day, at the nursing home at which they were a resident. I see no indication this person was hospitalized related to this illness. They died on 10/24/2021. COVID-19 is in part one of the death certificate.

VAERS ID: [2316608](#) ([history](#)) **Vaccinated:** 2021-03-18
Form: Version 2.0 **Onset:** 2021-03-19
Age: 100.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9267 / 2	LA / -

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

Symptoms: [Cerebrovascular accident](#)

SMQs: Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-03-22

Days after onset: 3

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIKER INC202200825103

Write-up: within 24 hours of this vaccine, the patient had a stroke; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). An 101-year-old female patient (not pregnant) received BNT162b2 (BNT162B2), on 18Mar2021 as dose 2, single (Lot number: EL9267) at the age of 100 years, in left arm for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. There were no known allergies. No covid prior vaccination. Vaccination history included: BNT162b2 (Prev dose lot number: EL9269, Prev dose administration date: 25Feb2021, Prev dose dose number 1, Prev dose vaccine location: Left arm), administration date: 25Feb2021, when the patient was 100-year-old, for Covid-19 Immunization. No other vaccine was taken in four weeks. The following information was reported: CEREBROVASCULAR ACCIDENT (death, disability, medically significant) with onset 19Mar2021, outcome "fatal", described as "within 24 hours of this vaccine, the patient had a stroke". Therapeutic measures were not taken as a result of cerebrovascular accident. No covid tested post vaccination. The patient date of death was 22Mar2021. Reported cause of death: "within 24 hours of this vaccine, the patient had a stroke". It was not reported if an autopsy was performed. The patient was not tested covid post vaccination.; Reported Cause(s) of Death: within 24 hours of this vaccine, the patient had a stroke

VAERS ID: [2316637](#) ([history](#)) **Vaccinated:** 2022-05-02
Form: Version 2.0 **Onset:** 2022-05-05
Age: 87.0 **Days after vaccination:** 3
Sex: Male **Submitted:** 0000-00-00
Location: Arizona **Entered:** 2022-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 4	AR / SYR

Administered by: Military **Purchased by:** ?

Symptoms: [Arthralgia](#), [Bacterial test](#), [Blood iron decreased](#), [Blood test abnormal](#), [C-reactive protein increased](#), [Cardiac arrest](#), [Death](#), [General physical health deterioration](#), [Immunology test abnormal](#), [Intensive care](#), [Lumbar puncture](#), [Magnetic resonance imaging spinal abnormal](#), [Mechanical ventilation](#), [Muscle strain](#), [Musculoskeletal disorder](#), [Mycobacterium tuberculosis complex test negative](#), [Neck pain](#), [Neutrophil toxic granulation present](#), [Pain](#), [Pneumonia](#), [Protein urine present](#), [Red blood cell morphology abnormal](#), [Red blood cell sedimentation rate increased](#), [Renal impairment](#), [Resuscitation](#), [Rheumatoid factor](#), [Seizure](#), [Serum ferritin increased](#), [Spinal cord abscess](#), [Urine analysis](#), [White blood cell morphology abnormal](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Convulsions (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Generalised convulsive seizures following immunisation (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Arthritis (broad), Myelodysplastic syndrome (broad), Tumour lysis syndrome (broad), Proteinuria (narrow), Tubulointerstitial diseases (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-18

Days after onset: 13

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 12 days

Extended hospital stay? No

Previous Vaccinations: Mild soreness and fever from prior Pfizer Covid vaccines.

Other Medications: Levothyroxine , Divalproex, Allopurinol (as needed for gout), Ergocalcif, Metronidazole, Cholecalciferol, Famotidine (as needed), Azelastine HCL Nasal Solution (as needed), Sucralfate (as needed), Rosuvastatin

Current Illness: Complained of shoulder pain. Hospital diagnosed it as a pulled muscle, but then it spread to his other shoulder and his neck by 5/5. When he entered the Hospital on 5/6/22, he had a cardiac arrest and seizures. After resuscitating him, they diagnosed him as having pneumonia, an abscess in his neck at the discs that he had fused and on on his spine (per MRI results) and gout in his knee and feet. He also had pain over his entire body that he rated as a 12 on a 10 point scale.

Preexisting Conditions: Gout in his feet. Fused spine and neck.

Allergies: None

Diagnostic Lab Data: The Clinic and Hospital both conducted blood tests. Hospital also conducted MRIs (2), spinal tap to check for menangitis (none), blood and urine tests including auto-immune tests, and bacteria tests (no TB found). The auto-immune tests on 5/10 were off the charts. His Sed Rate was 90 (acceptable range is 0-20). His C Reactive Protein was 186.3 (<4.9 is acceptable). His Rheuatoif Factor was 16 (acceptable range is <13). His Protein UR was 100. On 5/12 his toxic granulations and vacuolated neutrophils were abnormal. His RBC morphology, ovalocytes and teardrop cells were abnormal. His iron and ferritin were low and high respectively.

CDC Split Type:

Write-up: See prior notes. Patient went to the clinic because he thought that he pulled a muscle in his shoulder while lifting a case of water. Doctor diagnosed it as a pulled muscle and told him to ice it. Over the next few days the pain moved to his other shoulder and his neck. On May 5 he slid to the floor and fireman were called to put him into bed at home. On the morning of May 6, he was still in pain and called the clinic. They told him to go to the emergency room at the nearest hospital because his blood work on 5/2 showed low kidney function. On May 6 or 7 he had a cardiac arrest and seizures. He was put on a ventilator. Pneumonia was suspected. He was in ICU until May 10 or 11. His health went downhill thereafter and he died on May 18 he died.

VAERS ID: [2316705](#) ([history](#))

Vaccinated: 2022-06-02

Form: Version 2.0

Onset: 2022-06-02

Age: 27.0

Days after vaccination: 0

Sex: Male

Submitted: 0000-00-00

Location: Georgia

Entered: 2022-06-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 3	LA / IM

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

Symptoms: [Injection site pain](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-02

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Site: Pain at Injection Site-Mild, Systemic: patient seemed ok prior to leaving-Mild

VAERS ID: [2316748](#) ([history](#)) **Vaccinated:** 2021-04-05
Form: Version 2.0 **Onset:** 2021-12-12
Age: 61.0 **Days after vaccination:** 251
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6202 / 2	- / IM

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

Symptoms: [Acute kidney injury](#), [Acute respiratory failure](#), [Areflexia](#), [Blood creatinine increased](#), [Blood lactic acid](#), [Blood potassium decreased](#), [Bradycardia](#), [Brain injury](#), [Breath sounds absent](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Cerebral ischaemia](#), [Chest X-ray abnormal](#), [Coma scale](#), [Computerised tomogram head normal](#), [Corneal reflex decreased](#), [Cough](#), [Death](#), [Electroencephalogram abnormal](#), [Endotracheal intubation](#), [Haemoglobin decreased](#), [Hyporesponsive to stimuli](#), [Intensive care](#), [Laboratory test](#), [Lung opacity](#), [Myoclonus](#), [Neurological symptom](#), [Oxygen saturation decreased](#), [Platelet count normal](#), [Positive airway pressure therapy](#), [Post-anoxic myoclonus](#), [Procalcitonin normal](#), [Pulseless electrical activity](#), [Pupil fixed](#), [Respiratory arrest](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Seizure](#), [Status epilepticus](#), [Syncope](#), [Toxicologic test normal](#), [Troponin normal](#), [Unresponsive to stimuli](#), [Urine analysis normal](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Haematopoietic erythropenia (broad), Peripheral neuropathy (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ischaemic central nervous system vascular conditions (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), Convulsions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Corneal disorders (narrow), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-19

Days after onset: 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: Acetaminophen (TYLENOL) 325 MG CAPS amLODIPine (NORVASC) 10 MG tablet aspirin 81 MG chew tablet cholecalciferol (VITAMIN D-3) 50000 UNIT capsule clonazePAM (KLONOPI) 0.5 MG tablet famotidine (PEPCID) 20 MG tablet fluvoxamine (LUVOX)

Current Illness:

Preexisting Conditions: 7/25/2018 Incarcerated incisional hernia Date Unknown Cancer Date Unknown HTN (hypertension) Date Unknown Mental disorder Date Unknown Mental retardation Date Unknown Sleep apnea

Allergies: Abilify**Diagnostic Lab Data:** Positive COVID 19 test 12/12/2021. CRx: showing bilateral patchy opacities.**CDC Split Type:**

Write-up: Pt was admitted on 12/12 after presenting to the ECC after a witnessed cardiac arrest. The patient lived in an group home and was noted to stand up from the dinner table and suddenly collapsed. CPR was started by staff. Arrival of EMS noted a PEA arrest. Two rounds of CPR and 2 mg of epi were administered prior to ROSC. Upon arrival to the ECC, he was noted to have minimal neurologic response with no gag reflex, no corneal reflex, and pupils fixed and dilated. He also had a witnessed seizure of 15-30 seconds in the ECC and received Ativan with termination of the seizure activity. CT of the head was performed which resulted as negative. Lab work showed no leukocytosis, hemoglobin 12.5, platelets normal, potassium 3.3, creatinine 1.4, troponin negative, lactic acid 6.3, negative procalcitonin, UA negative, urine tox screen negative, COVID-19 positive. Cardiology was consulted. Patient was admitted to the ICU. 12/13-12/14 patient remained intubated and sedated on propofol. Receiving Jevity 30. Noted to have myoclonic jerks and intermittent episodes of severe hacking and coughing. Neurology consulted. EEG reported to be severely abnormal consistent with post-anoxic mild clonus status epilepticus after cardiac arrest/severe diffuse anoxic ischemic brain injury and with an extremely poor prognosis for survival. 12/16: Remained intubated, off infusions, unresponsive, myoclonic jerks and seizure-like activity was noted. Episodes of emesis. 12/17: Patient was extubated to BiPAP. Remained unresponsive. GCS 3. Continued myoclonic jerks. Neurology resumed home medications of Klonopin. Depakote added. 12/18: Early a.m., patient was noted to have episodes of desaturation of 83-87% on 6 L O₂. He was transitioned back to BiPAP. Patient remained in significant distress in spite of multiple doses of morphine. Patient was continued on BiPAP/Ativan/morphine for comfort. The evening of 12/18, patient was found to have marginal blood pressures. He continued on BiPAP with high settings. Guardian was contacted again-requested no escalation of care. 12/19: Patient remained on supportive care . He developed significant bradycardia with decreasing SpO₂. Clergy was called in for bedside prayer. The patient developed asystole with no breath sounds or respirations noted at 0220 hr with a five-minute confirmation. Discharge Diagnoses: PEA cardiac arrest, acute hypoxic respiratory failure, anoxic brain injury, COVID-19 pneumonia, AKI, death.

VAERS ID: [2316995](#) ([history](#))**Vaccinated:** 2022-06-07**Form:** Version 2.0**Onset:** 2022-06-08**Age:** 90.0**Days after vaccination:** 1**Sex:** Female**Submitted:** 0000-00-00**Location:** Texas**Entered:** 2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / UNK	LA / IM

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

Symptoms: [Cardiac disorder](#), [Chest discomfort](#), [Chest pain](#), [Cough](#), [Death](#), [Dyspnoea](#), [Pyrexia](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-08

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Systemic: Chest Tightness / Heaviness / Pain-Severe, Additional Details: Patient received vaccine on 6/7/2022 around 3pm. Patient starting experiencing coughing, fever and shortness of breath at 7:15am on 6/8/2022. Patient passed away by 8:15am from a sudden cardiac event.

VAERS ID: [2317155](#) ([history](#)) **Vaccinated:** 2021-02-04

Form: Version 2.0 **Onset:** 2022-06-11

Age: 82.0 **Days after vaccination:** 492

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012M20A / 3	- / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-11

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Fully vaccinated with Moderna x 3. Tested positive for Covid 19 on 05/11/2022. Admitted to Medical Center 05/14/2022-05/24/2022. Expired on 06/11/2022.

VAERS ID: [2317212](#) ([history](#)) **Vaccinated:** 2021-10-13

Form: Version 2.0 **Onset:** 2021-12-09

Age: 72.0 **Days after vaccination:** 57

Sex: Male **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301558A / 3	- / -

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

Symptoms: [Death](#), [Deep vein thrombosis](#), [Pulmonary thrombosis](#)

SMQs: Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-01-02

Days after onset: 24

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:

Allergies:

Diagnostic Lab Data: During hospital stay from Dec 10-Dec 22, 2022 EMT called on 01/02/2022

Patient taken to hospital by ambulance

CDC Split Type:

Write-up: Developed DVT Blood clot in leg-lung noted during hospital stay from 12/10/2021-12/22/2021 Death-01/02/2022

VAERS ID: [2317257](#) ([history](#)) **Vaccinated:** 2022-04-20

Form: Version 2.0 **Onset:** 2022-06-01

Age: 58.0 **Days after vaccination:** 42

Sex: Male **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031H21A / 1	LA / IM

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

Symptoms: [Arthralgia](#), [Blood culture positive](#), [Chest pain](#), [Chills](#), [Cold sweat](#), [Dyspnoea](#), [Dyspnoea exertional](#), [Gram stain positive](#), [Hypoxia](#), [Laboratory test normal](#), [Pain](#), [Pyrexia](#), [Tachycardia](#)

SMQs: Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (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), Sepsis (broad), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-09

Days after onset: 8

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 is a 58 y.o. male with PMH follicular lymphoma s/p bendamustine/obinutuzumab, hypogammaglobulinemia s/p IVIG, hx of COVID-19 PNA (2/1/22) with subsequent cryptogenic organizing pneumonia (per 4/2022 surgical lung biopsy) who presents on 6/1/22 from Pulmonary Clinic with hypoxia, tachycardia, and chills. Patient initially diagnosed with follicular lymphoma on 1/19/2021 and has been following with outpatient Hematology. He was hospitalized 3/4/2022-3/12/2022 for COVID-19 pneumonia and has had a difficult course since then. He was again hospitalized from 3/19/2022-3/27/2022 for persistent fevers felt to be related to COVID-19 and given his immunosuppressed status there is a possibly he is unable to clear the infection. He was hospitalized again from 4/4/22-4/18/22 for acute hypoxic respiratory failure and is s/p bronch+BAL with extensive infectious workup which was unrevealing except for persistently positive COVID antigen. Open lung biopsy on 4/12/2022 showed organizing for which the patient was started on steroids. He was hospitalized again from 4/30/22-5/3/22 for recurrent fevers with negative infectious workup was discharged on prednisone and Bactrim prophylaxis. He was hospitalized again from 5/13/22-5/15/22 when a single blood culture was positive for GPC (felt to be contaminant) and repeat blood cultures were negative. Bactrim prophylaxis was changed to atovaquone for PJP prophylaxis. The patient presents to pulmonary clinic follow-up today and was noted to be hypoxic, tachycardic, and experiencing chills. Upon my evaluation the patient tells me he had a fever 102? F 2 days ago. He continues to have intermittent chills throughout the day in addition to cold sweats. Other symptoms include shortness of breath with activity and bilateral knee pain that started several days ago. Early this morning he did have some chest pain which felt like dull ache under his left rib cage

that lasted about 30 minutes. Denies palpitations, dyspnea at rest, nausea, vomiting, hematemesis, cough, hemoptysis, abdominal pain, dysuria, hematuria, constipation, diarrhea, melena hematochezia.

VAERS ID: [2317404](#) ([history](#)) **Vaccinated:** 2021-03-03
Form: Version 2.0 **Onset:** 2021-03-31
Age: 70.0 **Days after vaccination:** 28
Sex: Female **Submitted:** 0000-00-00
Location: New York **Entered:** 2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EP7533 / 2	LA / IM

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

Symptoms: [Abnormal behaviour](#), [Aggression](#), [Alopecia](#), [Balance disorder](#), [Blood test](#), [Computerised tomogram](#), [Death](#), [Dysgraphia](#), [Eating disorder](#), [Electrocardiogram](#), [Electroencephalogram](#), [Hyperacusis](#), [Hyperesthesia](#), [Hypersomnia](#), [Hypophagia](#), [Hyporesponsive to stimuli](#), [Impaired driving ability](#), [Impaired self-care](#), [Loss of personal independence in daily activities](#), [Lumbar puncture](#), [Magnetic resonance imaging](#), [Mania](#), [Memory impairment](#), [Mood altered](#), [Mood swings](#), [Obsessive-compulsive disorder](#), [Panic reaction](#), [Patient uncooperative](#), [Respiration abnormal](#), [Speech disorder](#), [Thinking abnormal](#), [Treatment noncompliance](#), [Tremor](#), [Ultrasound scan](#), [Urinary incontinence](#), [Weight decreased](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (narrow), Depression (excl suicide and self injury) (broad), Hearing impairment (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-20

Days after onset: 415

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Levothyroxine, Duloxetine, Levocetirizine, Atorvastatin, Ambien, Aspirin, & Folic Acid

Current Illness: None

Preexisting Conditions: Fibromyalgia, Hypothyroidism, Urticaria, Hyperlipidemia, & Thalassemia Anemia

Allergies: None Known

Diagnostic Lab Data: (7/19-7/24: Bloodwork, CT Scan, MRI, EKG, EEG, Lumbar Puncture, Ultrasound. (12/22, 12/29): Bloodwork, Lumbar Puncture. Local Center for the Disease Study (after 2nd lumbar puncture).

CDC Split Type:

Write-up: The following behaviors started in early April 2021, about two weeks after patient's second Covid-19 shot and increased in severity until her death they are not all in order. Understand that patient was extremely modest and meticulous prior to this condition. Used her cell phone less, did not return calls, still carries on a conversation. Throw items away or putting them in odd places. Could not remember how to turn on the car's windshield wipers, called me at home, could not fasten seatbelt, can no longer figure out how to drive, keys taken away. Becomes offended quickly, dressing a nightmare. Walks with rollers in her hair, no make-up, dresses inappropriately for occasions.

Displayed odd behavior in restaurants (ordering too much food, starting to eat napkin or drink salad dressing, going to other people's tables, talking loudly, swirling bread in butter dish). Unable to open door locks. Let dog out of daughter's house while holding granddaughter and yelling, I've got him. Often had faraway look, could not use her credit card or calculate tips, wore chipped fingernail/toe polish, hair in disarray, said, I think I have a condition. Asks same question repeatedly. Takes 45 minutes to get a pair of mismatched shoes on, often on the wrong feet. Unable to tie shoes. Becomes manic with clothing, often manipulating the same item in her hands for up to 30 minutes. Puts several pairs of panties on, over her pants sometimes. Could not get her bra on, tried to put bra on her feet arguing that it was socks. Could not get blouses/pants on; pulls blouses on like a skirt. Unable to put pierced earrings on. Would not wear pajamas or change, wears same clothes to bed. Tears bed clothes off bed. Not accountable for wallet, keys, credit cards, handbag, and phone. Unable to remember alarm code and panicked Obsessed with the color purple, purchased odd merchandise, especially at holiday time. Unable to cook or operate oven/microwave. Put a frozen piece of pizza on a paper plate, then on a wicker plate holder, and put entire assembly in heated oven. Went to make fruit drink, stopped to clean floor with Clorox wipe, then squeezed it into the drink. Cleans shoes with sponge, then uses it to wash dishes. Lacks ability to reason, becoming extremely sensitive to sound, touch, and quick movement. Cannot find light switches, panics in dark rooms, starts grabbing/knocking over things. Hangs on to towels and tears pictures from the wall. At nail salon, put feet in soaking tub with shoes on, became upset when told not to do so. At hair salon, forgot wallet and could not pay, became very upset. Started seeing people in the house that weren't there or playing peekaboo with her granddaughter who was not present. Asked characters on TV if they wanted me to make breakfast for them. Difficulty speaking in sentences, cannot finish thoughts. When verbally profane, could often speak in full sentences. Showered with clothes on, refuses to bathe anymore; Hospice got her to bathe twice, then never again, just sponge baths. Incontinence started small and grew worse, she would urinate on the floors/rugs, sit on the toilet seat with the lid down and urinate, Depends helped. She would throw used toilet paper on the floor, in the sink, tub, and hamper, wiped herself with a towel and put it in the bowl. Put a full roll of toilet paper in the toilet. Started stuffing odd things down the bathroom sink drain. Often walked out of the bathroom with toilet paper still between her legs and trailing the entire roll behind her. She stopped brushing her teeth. Can no longer write. Once a prodigious reader she no longer reads. December 2021 (+/-): Thinner, stringy hair unkempt. Will not leave house. Walks around naked, argues she has beige pants on. Talked about past often, laughed often when speaking to visitors. Slept for extended periods of time, not eating or drinking for the entire day. Sat on couch for extended periods of time, crossing and uncrossing legs, manipulating a blanket for hours. Will attempt to twist off a non-existent bottle cap for long periods of time. Would say something, and when responding in an attempt to clarify what she wanted, she would deny saying it. Would answer "yes" to most questions, would not ask for anything, did not talk about grandchildren, asked constantly about her dog and its location (she did not have a dog). Watched TV shows she never would have watched, and baby/puppy videos for hours on end. Smiled when grandchildren visited but did not address them by name. Sang all TV commercials and started reacting to people on TV. Became extremely empathetic, but moods changed rapidly, became verbally aggressive and profane. Resistant to taking medications. Started arguing with TV show characters, then mood would suddenly change and she would be pleasant. Polite with strangers/visitors, very oppositional, uncooperative and profane with caregivers (husband and sister).

Eventually, family members witnessed mood swings and they became targets of profanity. Would repeat same thought for hours sometimes. Hearing remained excellent throughout. February 2022 on: Most of the above, plus, no longer walked around, very profane when in a mood, pleasant when not. Hands starting to shake and balance becoming unstable. Feed her and hydrate her as much as she allowed us, weight loss extreme. No longer walking. Last month of her life would not eat, last three weeks would not drink. Breathing started to change, responded less, slept more.

VAERS ID: 2317423 (history)	Vaccinated: 2021-11-11
Form: Version 2.0	Onset: 2021-11-20
Age: 45.0	Days after vaccination: 9
Sex: Female	Submitted: 0000-00-00
Location: Vermont	Entered: 2022-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039F21A / UNK	LA / IM
FLUC4: INFLUENZA (SEASONAL) (FLUCELVAX QUADRIVALENT) / SEQIRUS, INC.	308485 / UNK	RA / IM

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

Symptoms: [Autopsy](#), [Death](#), [Exercise lack of](#), [Fatigue](#), [Malaise](#), [Pulmonary embolism](#), [Respiratory disorder](#), [Unresponsive to stimuli](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Embolic and thrombotic events, venous (narrow), 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: 2021-11-21

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Possibly Topiramate, Sertraline hydrochloride, Clonazepam, Desogestrel; ethinyl estradiol

Current Illness: unknown

Preexisting Conditions: migraines, anxiety

Allergies: unknown

Diagnostic Lab Data: autopsy

CDC Split Type:

Write-up: Decedent was reportedly feeling unwell with respiratory complaints for several days to week prior to death, progressively became more ?wiped out? and tired, staying in bed most of the time. She was found unresponsive in the bathroom where she was pronounced dead by EMS. Autopsy confirmed bilateral pulmonary thromboemboli as cause of death, with multiple risk factors

including obesity (BMI 46.9), recently sedentary, COVID-19 and Influenza vaccinations, and Desogestrel/ethinyl estradiol

VAERS ID: [2318603](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 0000-00-00
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-06-13
Location: Texas

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

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

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

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Clonazepam 1mg; Carbamazepine ER 100mg; Cephalexin 500mg; Adderall 30mg; Enoxaparin 80mg/0.8ml; Fenofibrate 160mg; Finasteride 5mg; Gabapentin 600mg; Lisinopril 10mg; Mekinist 2mg; Tafinlar 75mg; Pantoprazole 40mg; Prezcobix 800mg-150mg; Ro

Current Illness:

Preexisting Conditions: Cancer, HIV, Anxiety, Pain, ADHA, Clotting disorder, hypercholesterolemia, HTN, GERD, Geriatric

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Caregiver/Partner reported patient had surgery but did not make it and passed. No other details provided at this time.

VAERS ID: [2318158](#) ([history](#)) **Vaccinated:** 2021-03-05
Form: Version 2.0 **Onset:** 0000-00-00
Age: 78.0 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-06-14
Location: Virginia

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011A21A / 1	- / OT

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

Symptoms: [Cerebral haemorrhage](#), [Fall](#), [Ischaemic stroke](#), [Magnetic resonance imaging](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Ischaemic central nervous system

vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, arterial (narrow), Accidents and injuries (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-24

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Seasonal allergy

Preexisting Conditions: Medical History/Concurrent Conditions: Short-term memory loss (Short term memory problems even before the 1st dose for about 2 years.)

Allergies:

Diagnostic Lab Data: Test Date: 20210807; Test Name: MRI; Result Unstructured Data: Little/Mini ischemic strokes in the brain (Lungs were clear, carotid arteries were clear, but, in the brain, he was having "little/mini ischemic strokes")

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: Got a brain bleed; started falling multiple times a day, Started falling, patient fell; In the brain, he was having little/mini ischemic strokes (Dysarthria, Balance disorder, Gait disturbance and Cognitive disorder); This spontaneous case was reported by a consumer and describes the occurrence of ISCHAEMIC STROKE (In the brain, he was having little/mini ischemic strokes (Dysarthria, Balance disorder, Gait disturbance and Cognitive disorder)), CEREBRAL HAEMORRHAGE (Got a brain bleed) and FALL (started falling multiple times a day, Started falling, patient fell) in a 79-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch nos. 018B21A and 011A21A) for COVID-19 prophylaxis. The patient's past medical history included Short-term memory loss (Short term memory problems even before the 1st dose for about 2 years.). Concurrent medical conditions included Seasonal allergy. On 05-Mar-2021, the patient received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) 1 dosage form. On 06-Apr-2021, received second dose of mRNA-1273 (Moderna COVID-19 Vaccine) (Intramuscular) dosage was changed to 1 dosage form. On an unknown date, the patient experienced ISCHAEMIC STROKE (In the brain, he was having little/mini ischemic strokes (Dysarthria, Balance disorder, Gait disturbance and Cognitive disorder)) (seriousness criteria death and medically significant), CEREBRAL HAEMORRHAGE (Got a brain bleed) (seriousness criteria death, hospitalization and medically significant) and FALL (started falling multiple times a day, Started falling, patient fell) (seriousness criterion death). The patient was hospitalized for 3 days due to CEREBRAL HAEMORRHAGE. The patient died on 24-Sep-2021. The reported cause of death was Ischemic stroke, Hemorrhage brain, Slurred speech, Balance difficulty, Gait disturbance, Falling and Cognitive disturbance. It is unknown if an autopsy was performed. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 07-Aug-2021, Magnetic resonance imaging: little/mini ischemic strokes in the brain Little/Mini ischemic strokes in the brain (Lungs were clear, carotid arteries were clear, but, in the brain, he was having "little/mini ischemic strokes"). No Concomitant Medication provided. The patients slurred speech worsened within 4 to 5 hours, started having balance and gait issues and was leaning to the right and his balance was off and from that day forward, he started falling multiple times a day. The doctors did MRI to see if he was clotting, lungs were clear, carotid arteries were clear but, in the brain, he was having "little/mini ischemic strokes". Patient started having balance issues, he started falling and there was decline in cognitive function, decline in slurred speech, decline in balance. Eventually the patient fell and got a brain bleed and was hospitalized for the brain bleed as he was in ICU for 3 days and then was discharged to skilled

nursing facility. Patient had treated with memory medication. Company Comment: This is a Spontaneous case concerning a 79-year-old male patient, with relevant medical history of short-term memory loss, who experienced the unexpected, fatal AESIs of Cerebral haemorrhage (also seriousness criteria of hospitalization) and Ischaemic stroke, and the unexpected and fatal event of Fall. Within 4 to 5 hours after the second dose of mRNA-1273 vaccine, the patient's slurred speech worsened, he started having balance and gait issues and was leaning to the right. His balance was off and from that day forward, he started falling multiple times a day. MRI was performed and showed that lungs were clear, carotid arteries were clear but, in the brain, he was having "little/mini ischemic strokes". Once started having balance issues, he started falling and there was decline in cognitive function, decline in slurred speech, decline in balance. Eventually the patient fell and got a brain bleed and was hospitalized as he was in ICU for 3 days and then was discharged to skilled nursing facility. Patient's death occurred approximately 5 months and 2 weeks after the second dose of mRNA-1273 vaccine. The reported cause of death was ischemic stroke, hemorrhage brain and falling. It is unknown if an autopsy was performed. Patient's elderly age, as well as relevant medical history of short-term memory loss, could be confounders for Ischaemic stroke, which could be a contributory factor for patient's fall and consequent cerebral haemorrhage. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-585136 (Patient Link).; Sender's Comments: This is a Spontaneous case concerning a 79-year-old male patient, with relevant medical history of short-term memory loss, who experienced the unexpected, fatal AESIs of Cerebral haemorrhage (also seriousness criteria of hospitalization) and Ischaemic stroke, and the unexpected and fatal event of Fall. Within 4 to 5 hours after the second dose of mRNA-1273 vaccine, the patient's slurred speech worsened, he started having balance and gait issues and was leaning to the right. His balance was off and from that day forward, he started falling multiple times a day. MRI was performed and showed that lungs were clear, carotid arteries were clear but, in the brain, he was having "little/mini ischemic strokes". Once started having balance issues, he started falling and there was decline in cognitive function, decline in slurred speech, decline in balance. Eventually the patient fell and got a brain bleed and was hospitalized as he was in ICU for 3 days and then was discharged to skilled nursing facility. Patient's death occurred approximately 5 months and 2 weeks after the second dose of mRNA-1273 vaccine. The reported cause of death was ischemic stroke, hemorrhage brain and falling. It is unknown if an autopsy was performed. Patient's elderly age, as well as relevant medical history of short-term memory loss, could be confounders for Ischaemic stroke, which could be a contributory factor for patient's fall and consequent cerebral haemorrhage. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.; Reported Cause(s) of Death: Ischemic stroke; Hemorrhage brain; Slurred speech; Balance difficulty; Gait disturbance; Falling; Cognitive disturbance

VAERS ID: 2319044 (history)	Vaccinated: 2021-06-02
Form: Version 2.0	Onset: 2021-06-03
Age: 74.0	Days after vaccination: 1
Sex: Male	Submitted: 0000-00-00
Location: North Carolina	Entered: 2022-06-14

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

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

Symptoms: [Arteriosclerosis](#), [Autopsy](#), [Condition aggravated](#), [Death](#), [Drug level increased](#), [Hypertension](#), [Toxicologic test abnormal](#), [Unresponsive to stimuli](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Drug abuse and dependence (broad), Guillain-Barre syndrome (broad), Noninfectious

encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypertension (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-06-04

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Donezepil

Current Illness: See chronic issues below.

Preexisting Conditions: Dementia, hypertensive and atherosclerotic cardiovascular disease, and pulmonary emphysema

Allergies: Unknown

Diagnostic Lab Data: Autopsy exam: Evidence of hypertensive and atherosclerotic cardiovascular disease. No laryngeal edema. No trauma. Toxicology: Elevated level of donezepil.

CDC Split Type:

Write-up: This patient reportedly received his COVID vaccination at the hospital on 6/2/2021. The following morning, he was found lying on the bathroom floor. His brother checked on him throughout the day, and the following day (6/4/2021) he was found in the same place but unresponsive. An autopsy examination was performed, and the cause of death was determined to be hypertensive and atherosclerotic cardiovascular disease. No definitive direct link could be made between the vaccine and death during the autopsy examination, but it was decided to report the death. I have no further details of the vaccination.

VAERS ID: [2319049](#) ([history](#)) **Vaccinated:** 2021-03-09

Form: Version 2.0 **Onset:** 2022-05-30

Age: 91.0 **Days after vaccination:** 447

Sex: Male **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805029 / UNK	- / -

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

Symptoms: [Asymptomatic COVID-19](#), [Cardiac failure congestive](#), [Condition aggravated](#), [Death](#), [Mental status changes](#), [Pulmonary oedema](#), [Treatment failure](#)

SMQs:, Cardiac failure (narrow), Lack of efficacy/effect (narrow), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-11

Days after onset: 12

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:** COPD, CHF, Cad, Afib, CKD, Dementia**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Presented to hospital with altered mental status. pt was asymptomatic for Covid. Pt treated for pulmonary edema from CHF. Diuretics given. Pt failed to respond to diuretics and was put on hospice. Pt deceased on 6/11.

VAERS ID: [2319086](#) ([history](#)) **Vaccinated:** 2022-04-22

Form: Version 2.0 **Onset:** 2022-04-25

Age: 51.0 **Days after vaccination:** 3

Sex: Male **Submitted:** 0000-00-00

Location: North Carolina **Entered:** 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN, NOT GI / UNK	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN / UNK	- / -

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

Symptoms: [Apathy](#), [Blood testosterone normal](#), [Blood thyroid stimulating hormone normal](#), [Completed suicide](#), [Condition aggravated](#), [Fatigue](#), [Full blood count normal](#), [Gun shot wound](#), [Inappropriate schedule of product administration](#), [Laboratory test normal](#), [Metabolic function test normal](#), [Restless legs syndrome](#), [Sleep disorder](#), [Thyroxine free normal](#)

SMQs:, Suicide/self-injury (narrow), Dementia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Medication errors (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** desmopressin, Rexulti, Trintellix, methadone, testosterone**Current Illness:** depression, RLS, overactive bladder, testosterone def.

Preexisting Conditions: depression, RLS, overactive bladder, testosterone def.

Allergies: Penicillin

Diagnostic Lab Data: Normal labs 4/25/2022 CBC, Basic metabolic panel, TSH, FreeT4, Testosterone level.

CDC Split Type:

Write-up: Patient committed suicide 05/18/22 (self inflicted gunshot wound). Family all had COVID19 Oct 2021, and patient never recovered from fatigue and lack of motivation. Wife thinks his symptoms (fatigue) got worse after Pfizer-BioNTech COVID-19 Vaccine 03/30/2022 & 04/22/2022. Wife says his underlying restless leg syndrome got worse with more sleep disturbance. Seen in PCP office 4/25/22 with overwhelming sense of fatigue. Little motivation to do anything. Said everything in his life "feels like a chore". Actively treated long-term for depression, followed by psychiatrist. Actively treated long-term for restless leg syndrome, requiring low dose Methadone with better success than any other RLS medicine, Rx by neuro.

VAERS ID: 2319106 (history)	Vaccinated: 2022-06-08
Form: Version 2.0	Onset: 2022-06-11
Age: 67.0	Days after vaccination: 3
Sex: Male	Submitted: 0000-00-00
Location: Florida	Entered: 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9893 / UNK	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	301358A / UNK	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL8982 / UNK	- / -

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

Symptoms: [COVID-19 pneumonia](#), [Computerised tomogram abdomen abnormal](#), [Death](#), [Deep vein thrombosis](#), [Hepatic lesion](#), [Metastatic neoplasm](#), [Pulmonary embolism](#), [Respiratory failure](#), [Sepsis](#)

SMQs: Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (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), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow), Non-haematological malignant tumours (narrow), Infective pneumonia (narrow), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (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? Yes, ? days

Extended hospital stay? No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** HTN, HLD, Hypothyroidism , Epilepsy Cerebral palsy**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt presented with respiratory failure and sepsis related to covid pneumonia, he developed a saddle PE and DVTs. Pt was moved to hospice and expired. CT showed hepatic lesions suggesting metastatic disease.

VAERS ID: [2319306](#) ([history](#)) **Vaccinated:** 2021-01-27

Form: Version 2.0 **Onset:** 2021-09-16

Age: 90.0 **Days after vaccination:** 232

Sex: Male **Submitted:** 0000-00-00

Location: Kentucky **Entered:** 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL8982 / 1	RA / IM

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

Symptoms: [Death](#), [Vaccine breakthrough infection](#)

SMQs:**Life Threatening?** No**Birth Defect?** No**Died?** Yes

Date died: 2021-09-16

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:** Unknown**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient had breakthrough infection and passed away.

VAERS ID: [2319319](#) ([history](#)) **Vaccinated:** 2021-04-06

Form: Version 2.0 **Onset:** 2021-10-19

Age: 57.0 **Days after vaccination:** 196

Sex: Female **Submitted:** 0000-00-00

Location: Kentucky **Entered:** 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 1	RA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8737 / 2	RA / IM

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

Symptoms: [COVID-19](#), [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: 2021-10-19

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 35 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: aspirin 81 MG EC tablet clopidogrel (Plavix) 75 MG tablet insulin glargine (Lantus) 100 UNIT/ML 3ml Pen metoclopramide (Reglan) 5 MG tablet mycophenolate (Myfortic) 360 MG EC tablet sofosbuvir-velpatasvir (Epclusa) 400-100 MG tabl

Current Illness: Unknown

Preexisting Conditions: HCV EBV Toxoplasmosis Kidney transplant hypotension diabetic retinopathy and neuropathy Diabetes Mellitus Atherosclerotic disease

Allergies: Unknown

Diagnostic Lab Data: Positive COVID-19 lab on 9/22/2021.

CDC Split Type:

Write-up: Patient had breakthrough infection.

VAERS ID: [2319338](#) ([history](#)) **Vaccinated:** 2021-11-26

Form: Version 2.0 **Onset:** 2021-12-23

Age: 80.0 **Days after vaccination:** 27

Sex: Female **Submitted:** 0000-00-00

Location: Kentucky **Entered:** 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8028 / 1	RA / IM

Administered by: Unknown **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: 2021-12-23**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Aspirin furosemide gabapentin hydrocodone lisinopril duloxetine alendronate Vitamin D clonidine HCL Colace Flonase Amitiza Metoprolol succinate naproxen Patanol omeprazole pravastatin

Current Illness:**Preexisting Conditions:** HTN hyperlipidemia GERD**Allergies:** No known allergies**Diagnostic Lab Data:** First positive COVID-19 test on 9/22/21 and second positive on 12/2/21.**CDC Split Type:****Write-up:** Patient had breakthrough infection and passed away.**VAERS ID:** [2319538](#) ([history](#))**Vaccinated:** 2022-05-29**Form:** Version 2.0**Onset:** 2022-05-29**Age:** 78.0**Days after vaccination:** 0**Sex:** Male**Submitted:** 0000-00-00**Location:** Florida**Entered:** 2022-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Death](#), [Malaise](#), [Multiple organ dysfunction syndrome](#)

SMQs: 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), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sepsis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-11**Days after onset:** 13**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 10 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** N/A**Current Illness:** Refer to treating physician

Preexisting Conditions: Refer to treating physician

Allergies: None on pharmacy files

Diagnostic Lab Data: According to the patients daughter the doctors in those facilities have his records, however, according to her they are not sure what triggered all that but the vaccine is one factor!

CDC Split Type:

Write-up: The patient, as per his daughter's account was not well after few hours of the vaccine and went into the hospital then later to another hospital during this few days after the vaccine he suffered multiple organ failure and he died after few days

VAERS ID: 2320117 (history)	Vaccinated: 2022-01-20
Form: Version 2.0	Onset: 2022-01-22
Age: 61.0	Days after vaccination: 2
Sex: Female	Submitted: 0000-00-00
Location: Utah	Entered: 2022-06-15

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

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

Symptoms: [Abdominal neoplasm](#), [Abdominal pain](#), [Chemotherapy](#), [Death](#), [Lymphoma](#), [Renal failure](#), [White blood cell count](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Chronic kidney disease (narrow), Malignant lymphomas (narrow), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow), Non-haematological tumours of unspecified malignancy (narrow)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-04-01

Days after onset: 68

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: lupus erythematosus

Allergies:

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

Write-up: The patient received her first booster following an initial double dose without complaint nine months before. She developed extreme abdominal pain in the days immediately following the booster injection. This was diagnosed the next month as occult source malignant lymphoma with accompanying lower abdominal tumors, some or all of which presumably were already present before the booster injection. Chemotherapy was begun but failed to arrest the spread and growth of tumors and resultant kidney failure. Leukocyte count remained unproblematic. The patient passed away 3 months after the booster injection. Other than proximity in time, the relationship, if any, of her adverse event with the booster or the earlier injections is unclear.

VAERS ID: [2320331](#) ([history](#)) **Vaccinated:** 2021-03-31

Form: Version 2.0 **Onset:** 2022-01-27

Age: 80.0 **Days after vaccination:** 302

Sex: Female **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / 2	- / -

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-01

Days after onset: 5

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: Positive COVID Test - 1/27/2022

CDC Split Type:

Write-up: Pt. Deceased - Cant confirm in system. Johnson and Johnson Dose 3/31/2021 042a21a

VAERS ID: [2320342](#) ([history](#)) **Vaccinated:** 2021-04-09

Form: Version 2.0 **Onset:** 2022-05-27

Age: 48.0 **Days after vaccination:** 413

Sex: Male **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047A21A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	005C21A / 2	- / -

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

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

SMQs: Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-04

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: 5/27 SARS-CoV-2 by NAA, Detected

CDC Split Type:

Write-up: 5/27 This is a 49y.o. male here for dysphagia and point toward throat - he was agreeable to try a quick EGD to rule out esophageal etiology. There are no active hospital problems to display for this patient.

VAERS ID: [2320363](#) ([history](#)) **Vaccinated:** 2021-05-03

Form: Version 2.0 **Onset:** 2022-01-06

Age: 81.0 **Days after vaccination:** 248

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0153 / 2	- / -

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-11

Days after onset: 5**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: 1/6/22 COVID test positive; ordered by Medical Center; no medical records on this patient; pt per Death Certificate died at Hospice on 1/11/22

VAERS ID: [2320379](#) ([history](#)) **Vaccinated:** 2021-03-21

Form: Version 2.0 **Onset:** 2021-04-08

Age: 54.0 **Days after vaccination:** 18

Sex: Male **Submitted:** 0000-00-00

Location: Massachusetts **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Arrhythmia](#), [Autopsy](#), [Death](#), [Laboratory test normal](#), [Left ventricular enlargement](#)**SMQs:** Cardiac failure (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2021-04-08**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:** Multivitamin Centrum Silver**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Found deceased at home, less than two weeks after second Pfizer vaccine. Had no complaints of illness, chest pain, dizziness, dyspnea or SOB on exertion, ME exam tox negative,

enlarged left ventricle , likely dysrhythmia . Very active man, without significant PMH ED, borderline HTN when at MD office once, (140/84), normal EKG at age 50. No family history of sudden cardiac death.

VAERS ID: [2320497](#) ([history](#)) **Vaccinated:** 2021-03-09
Form: Version 2.0 **Onset:** 2022-05-01
Age: 95.0 **Days after vaccination:** 418
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / 2	LA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-18

Days after onset: 17

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: unknown

Current Illness: unknown

Preexisting Conditions: congestive heart failure, chronic a. fib., COPD, hypertension, hypernatremia

Allergies: unknown

Diagnostic Lab Data: tested positive for COVID 5-4-2022

CDC Split Type:

Write-up: Tested positive and was hospitalized with COVID pneumonia

VAERS ID: [2320511](#) ([history](#)) **Vaccinated:** 2021-11-09
Form: Version 2.0 **Onset:** 2022-06-09
Age: 93.0 **Days after vaccination:** 212
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043L20A / 1	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012A21A / 2	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058F21A / 3	UN / UN

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

Symptoms: [Acute myocardial infarction](#), [Bladder catheterisation](#), [Bladder irrigation](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac failure congestive](#), [Chest X-ray abnormal](#), [Chronic kidney disease](#), [Condition aggravated](#), [Creatinine renal clearance decreased](#), [Death](#), [Dyspnoea](#), [Haematuria](#), [Laboratory test](#), [Lung infiltration](#), [Mental status changes](#), [Oedema](#), [Pneumonia](#), [Pulmonary congestion](#), [SARS-CoV-2 test positive](#), [Tachypnoea](#), [Unresponsive to stimuli](#), [Urinary retention](#), [Urinary tract infection](#), [Urine analysis](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-09

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: unknown

Current Illness: unknown

Preexisting Conditions: CAD DM Enlarged Prostate HTN Hyperlipidemia memory changes

Allergies: none

Diagnostic Lab Data: chest X Ray Lab urinalysis

CDC Split Type:

Write-up: Patient presented to the medical center on 6/8/2022 complaining of change in mental status, hematuria and SOB. Patient was a memory care resident who was initially brought to the ED on 06/07 due to hematuria. Patient had indwelling Foley catheter due to urinary retention. Foley catheter was exchanged and he was sent back to the memory care facility. Patient was brought back to ER again with recurrent hematuria and change in mental status. His vitals were stable. He was slightly tachypneic. Chest x-ray was suggestive of worsening congestive heart failure with increasing edema as well as increasing bilateral infiltrates suggestive of bilateral pneumonia. He was COVID positive. ED physician discussed patient with cardiologist, considering hematuria no anticoagulation/antiplatelets, continue beta-blockers. Hospitalist team was called to admit patient for further management. Patient with Bilateral COVID-19 pneumonia. This likely triggered his change in mental status and pulmonary congestion. Remdesivir not started as noted CKD with creatinine clearance less than 30. Supportive care was provided. Suspected UTI due to indwelling Foley catheter with gross hematuria. Foley catheter was exchanged on 06/07 on the initial ED visit. Persistent hematuria. Patient had CBI started in the ED with some improvement. When CBI was stopped in the ED hematuria recurred. Patient was started on vancomycin cefepime. NSTEMI.

Known CAD. Likely triggered by acute infectious process as discussed above. Metoprolol was started in the ED. No anticoagulation or antiplatelets agents due to gross hematuria. Patient was admitted to floor. Physician was called to patient room due to patient being found unresponsive. Patient died 6/9/2022 at 19:55

VAERS ID: [2320588](#) ([history](#)) **Vaccinated:** 2021-02-09
Form: Version 2.0 **Onset:** 2021-08-28
Age: 84.0 **Days after vaccination:** 200
Sex: Male **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	015M20A / 2	LA / IM

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

Symptoms: [Pneumonia](#), [SARS-CoV-2 antibody test positive](#)

SMQs: Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-07

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: unknown

Current Illness: unknown

Preexisting Conditions: COPD

Allergies: unknown

Diagnostic Lab Data: tested positive for COVID antibodies on 8-27-21

CDC Split Type:

Write-up: got pneumonia and was hospitalized

VAERS ID: [2320635](#) ([history](#)) **Vaccinated:** 2021-12-21
Form: Version 2.0 **Onset:** 2022-05-22
Age: 88.0 **Days after vaccination:** 152
Sex: Female **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037K20A / 1	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043L20A / 2	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045521A / 3	UN / UN

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

Symptoms: [Acute left ventricular failure](#), [Arthralgia](#), [Atrial fibrillation](#), [Back pain](#), [Chest X-ray](#), [Chronic left ventricular failure](#), [Computerised tomogram head](#), [Computerised tomogram thorax](#), [Death](#), [Dyspnoea](#), [General physical health deterioration](#), [Hypoxia](#), [Laboratory test](#), [Leukocytosis](#), [Magnetic resonance imaging spinal abnormal](#), [Pneumonia](#), [Spinal cord neoplasm](#)

SMQs: Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Arthritis (broad), Respiratory failure (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Non-haematological tumours of unspecified malignancy (narrow), Infective pneumonia (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-01**Days after onset:** 10**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, ? days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** unknown**Current Illness:** unknown

Preexisting Conditions: Depression Hyperlipidemia CAD (coronary artery disease) COPD (chronic obstructive pulmonary disease) with chronic bronchitis Chronic pain syndrome CVA (cerebral vascular accident) Hypothyroidism Permanent atrial fibrillation History of CVA (cerebrovascular accident) Chronic diastolic heart failure Hypoxia Gastroesophageal reflux disease Closed wedge compression fracture of T2 vertebra

Allergies: unknown**Diagnostic Lab Data:** Labs MRI-T-spine and C-Spine CT Head and chest without contrast XR chest**CDC Split Type:**

Write-up: Patient was admitted through ED, hypoxia, leukocytosis, acute chronic diastolic heart failure, A. fib with RVR. admitted initially on 5/22/2022 with pneumonia and shortness of Breath. Patient was placed on broad-spectrum antibiotics. ID was consulted, patient continued to worsen despite aggressive treatment. Patient also found to have 1 to 1-1/2-month of severe shoulder and back pain in upper back. MRI spine done and found to have likely tumor, possible metastasis versus primary malignancy. Patient transitioned to hospice with overall worsening, patient and family in agreement. Patient passed away 6/02/2022.

VAERS ID: [2320652](#) ([history](#))**Vaccinated:**

2021-03-09

Form: Version 2.0**Onset:**

2022-05-16

Age: 64.0**Days after vaccination:** 433**Sex:** Female**Submitted:**

0000-00-00

Location: Tennessee**Entered:**

2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031L20A / 1	- / IM

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	040A21A / 2	- / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	003J21-2A / 3	- / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 antibody test positive](#)**SMQs:**, Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-31**Days after onset:** 15**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:** Atorvastatin Isosorbide mononitrate Metoprolol succinate Aspirin Gabapentin Oxycodone/apap Furosemide Sevelamer Docusate Famotidine Ascorbic acid Cholecalciferol B complex**Current Illness:****Preexisting Conditions:** Essential hypertension Diabetes mellitus type 2 Dyslipidemia CVA With residual aphasia End-stage renal disease on hemodialysis on Monday Wednesday Friday Peripheral arterial disease Physical debility sacral decubitus ulcer**Allergies:** hydrocodone**Diagnostic Lab Data:** Positive covid test**CDC Split Type:****Write-up:** Patient death from COVID S/p COVID vaccine

VAERS ID: 2320655 (history)	Vaccinated: 2021-12-10
Form: Version 2.0	Onset: 2021-12-10
Age: 71.0	Days after vaccination: 0
Sex: Male	Submitted: 0000-00-00
Location: Oregon	Entered: 2022-06-15

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

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Communication disorder](#), [Muscle rigidity](#), [Nephrolithiasis](#), [Pyrexia](#), [Sepsis](#), [Tremor](#), [Urinary tract infection](#)**SMQs:**, Neuroleptic malignant syndrome (narrow), Anticholinergic syndrome (broad), Parkinson-like events (narrow), Noninfectious encephalopathy/delirium (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Sepsis (narrow), Opportunistic infections (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-10**Days after onset:** 31

Permanent Disability? No**Recovered? No****Office Visit? No****ER Visit? No****ER or Doctor Visit? Yes****Hospitalized? Yes, ? days****Extended hospital stay? No****Previous Vaccinations:****Other Medications:** BP med, anti anxiety med**Current Illness:** He had had health problems for lots of years. His meds had been adjusted and he was doing well until her received the first vaccine.**Preexisting Conditions:** hx of mild strokes in the past. Anxiety hx of drug abuse**Allergies:****Diagnostic Lab Data:** Transferred to hospital for UTI, kidney stone, and sepsis.**CDC Split Type:****Write-up:** He came home and went to bed, had a fever for 5 days. Shaking, rigid, unable to communicate. Was transferred to the hospital on 12-16-21. He was released home but returned 12-25-21 and was there until released on hospice on 1-1-22.**VAERS ID:** [2321481](#) ([history](#)) **Vaccinated:** 2021-06-14**Form:** Version 2.0 **Onset:** 2022-04-10**Age:** 74.0 **Days after vaccination:** 300**Sex:** Female **Submitted:** 0000-00-00**Location:** Michigan **Entered:** 2022-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	042A21A / 1	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [COVID-19 pneumonia](#), [Chemotherapy](#), [Condition aggravated](#), [Hypoxia](#), [Plasma cell myeloma](#), [Platelet transfusion](#), [SARS-CoV-2 test](#), [SARS-CoV-2 test positive](#), [Sudden death](#), [Thrombocytopenia](#), [X-ray](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Asthma/bronchospasm (broad), Haematopoietic thrombocytopenia (narrow), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow), Infective pneumonia (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:** 2022-04-13**Days after onset:** 3**Permanent Disability? No****Recovered? No****Office Visit? No****ER Visit? No****ER or Doctor Visit? No****Hospitalized? No****Previous Vaccinations:**

Other Medications: Florinef; Folic Acid; Revlimid; Prilosec [Omeprazole]; Effexor; Vitamin D3; Decadron [Dexamethasone]

Current Illness: Anxiety; Blood loss of (NOS); Breast tumor malignant; Chronic kidney disease stage 3; Chronic renal failure anemia; Depression; Drug allergy (Flomax); Failure to thrive; Iron deficiency anemia; Leukopenia; Myeloma; Osteolytic lesion (On X-ray); Protein-calorie malnutrition; Refractory anemia with an excess of blasts; Secondary pancytopenia; Secondary thrombocytopenia; Vitamin B12 deficiency; Vitamin D deficiency

Preexisting Conditions: Medical History/Concurrent Conditions: Compression of fractured vertebra; Thrombosis of leg deep venous

Allergies:

Diagnostic Lab Data: Test Date: 20220410; Test Name: COVID-19 PCR TEST; Result Unstructured Data: Covid; Test Date: 20220413; Test Name: SARS-COV-2 TEST; Test Result: Positive; Test Name: X-RAY; Result Unstructured Data: Lytic lesion of bone.

CDC Split Type: USJNJFOC20220501006

Write-up: This spontaneous report received from a health care professional by a Regulatory Authority, Vaccine Adverse Event Reporting System (VAERS Inbound Unit) concerned a 74 year old female of an unspecified race and ethnicity. The patient's height, and weight were not reported. The patient's past medical history included: compression fracture of T12 (twelfth thoracic) vertebra, and deep vein thrombosis (DVT) of lower extremity, and concurrent conditions included: X-Ray showed lytic lesion of bone, malignancy breast, anxiety, depression, B12 deficiency, iron deficiency anemia due to chronic blood loss, anemia in stage 4 chronic kidney disease, lambda light chain myeloma, stage 3b chronic kidney disease, chemotherapy induced thrombocytopenia, leukopenia due to antineoplastic chemotherapy, severe protein calorie malnutrition, vitamin D deficiency, antineoplastic chemotherapy induced pancytopenia, refractory anemia with excess of blasts 1, failure to thrive in adult (FTT) and drug allergy (Flomax). The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: 042A21A, expiry: unknown) dose was not reported, single dose, 1 total administered on 14-JUN-2021 for an unspecified indication. Age at time of vaccination 74 years old. The latency was 303 days. Concomitant medications included colecalciferol, dexamethasone, fludrocortisone acetate, folic acid, lenalidomide, omeprazole, and venlafaxine hydrochloride. On 10-APR-2022, the patient had a COVID-19 PCR (polymerase chain reaction) test which detected Covid-19. On 13-APR-2022, the patient was admitted with Covid-19 pneumonia which quickly progressed to the need for HFNC (high flow nasal cannula) despite treatment with steroid. The patient experienced severe thrombocytopenia and was not safe to add anticoagulation despite platelet transfusion. The patient experienced advanced multiple myeloma (coded as plasma cell myeloma) and was on chemotherapy, condition aggravated and was sars-cov-2 (severe acute respiratory syndrome coronavirus 2) test positive. On 13-APR-2022, the patient had a sudden death and died from hypoxia. It was unknown if an autopsy was performed. The action taken with Covid-19 vaccine ad26.cov2.s was not applicable. The patient died of sudden death, hypoxia, plasma cell myeloma, Covid-19 pneumonia, thrombocytopenia, Covid-19, condition aggravated, sars-cov-2 test positive, chemotherapy and platelet transfusion on 13-APR-2022. This report was serious (Death). This report was associated with a product quality complaint. The suspected product quality complaint has been confirmed to be the reported allegation was not confirmed and the root cause was determined to be not manufacturing related, batch and lot tested and found within specifications based on the product quality complaint evaluation/investigation performed. Additional information received from Complaint Department on 10-JUN-2022. The following information was updated and incorporated into the case narrative: Product quality complaint number and investigation result. Upon review, the following information was corrected: event level medically confirmed corrected to blank from yes. Sender's Comments: V2 Additional information in this version updates of Product quality complaint number and investigation result. Upon review, the following information was corrected: event level medically confirmed corrected to blank from yes. This updated information does not change the prior causality assessment of reported events. Covid-19 vaccine ad26.cov2.s- Sudden death, Covid-19 pneumonia, Covid-19, condition aggravated, sars-cov-2 test positive, Hypoxia, The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors

potentially associated with the event(s). Therefore, this event(s) is considered unassessable. Covid-19 vaccine ad26.cov2.s-Plasma cell myeloma, chemotherapy. The event(s) shows an incompatible temporal relationship. Therefore, this event(s) is considered not related. (Additionally patient has medical history of light chain Myeloma). Covid-19 vaccine ad26.cov2.s-Thrombocytopenia, platelet transfusion. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There are other factors more likely to be associated with the event(s) than the drug. Specifically: MEDICAL HISTORY. Therefore, this event(s) is considered not related. (Also patient has medical history of chemotherapy induced thrombocytopenia); Reported Cause(s) of Death: HYPOXIA.

VAERS ID: [2321494](#) ([history](#)) **Vaccinated:** 2022-02-21

Form: Version 2.0 **Onset:** 2022-02-01

Age: 30.0 **Submitted:** 0000-00-00

Sex: Male **Entered:** 2022-06-16

Location: Texas

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027L21A / 1	- / OT

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

Symptoms: [Body temperature](#), [COVID-19](#), [Death](#), [Erythema](#), [Fall](#), [Hypoesthesia](#), [SARS-CoV-2 test](#), [Swelling face](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-26

Days after onset: 25

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: LANTUS

Current Illness: Allergy to antibiotic; Diabetes (Ongoing up until death)

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Name: Body temperature; Result Unstructured Data: 35F-36F; Test Name: COVID-19 virus test; Test Result: Positive ; Result Unstructured Data: Positive

CDC Split Type: USMODERNATX, INC.MOD20225

Write-up: passed away; he fell down 3 times but like in slow motion, he fell on the floor with his face down; face was more swollen; face started changing colors, it became burgundy, blue, and kind of red; his legs and arms were going numb; tested twice for COVID and the results came back as positive; This spontaneous case was reported by a consumer and describes the occurrence of DEATH (passed away) and COVID-19 (tested twice for COVID and the results came back as positive) in a 30-year-old male patient who received mRNA-1273 (Spikevax) (batch no. 027L21A) for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. Concurrent

medical conditions included Allergy to antibiotic and Diabetes (Ongoing up until death) since 2021. Concomitant products included INSULIN GLARGINE (LANTUS) for Diabetes. On 21-Feb-2022, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) .5 milliliter. In February 2022, the patient experienced COVID-19 (tested twice for COVID and the results came back as positive) (seriousness criterion death) and HYPOAESTHESIA (his legs and arms were going numb). On 21-Feb-2022, the patient experienced SWELLING FACE (face was more swollen) and ERYTHEMA (face started changing colors, it became burgundy, blue, and kind of red). On 25-Feb-2022, the patient experienced FALL (he fell down 3 times but like in slow motion, he fell on the floor with his face down). The patient died on 26-Feb-2022. The cause of death was not reported. An autopsy was not performed. At the time of death, SWELLING FACE (face was more swollen), FALL (he fell down 3 times but like in slow motion, he fell on the floor with his face down), HYPOAESTHESIA (his legs and arms were going numb) and ERYTHEMA (face started changing colors, it became burgundy, blue, and kind of red) outcome was unknown. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On an unknown date, Body temperature: 35-36 35F-36F. On an unknown date, SARS-CoV-2 test: positive (Positive) Positive. No treatment drug was provided by reporter. It was reported that for an unknown concomitant medication description was given as Antidepressant. Company Comment: This spontaneous case concerns a 30-year-old male patient, with relevant medical history of Allergy to antibiotic and Diabetes, who experienced the unexpected serious event of Death, the unexpected AESI of COVID-19. The events Swelling Face, Hypoesthesia, and Erythema, occurred approximately 1 day after receiving the first dose of mRNA-1273 Vaccine. The patient suddenly experienced Fall 4 days later that led to an emergency call to paramedics. However, upon evaluation of vital signs, the patient was reported to have suffered a fatal event. The cause of death was not reported. An autopsy was not performed due to the positive SARS-CoV-2 test. The benefit-risk relationship of mRNA-1273 Vaccine is not affected by this report.; Sender's Comments: This spontaneous case concerns a 30-year-old male patient, with relevant medical history of Allergy to antibiotic and Diabetes, who experienced the unexpected serious event of Death, the unexpected AESI of COVID-19. The events Swelling Face, Hypoesthesia, and Erythema, occurred approximately 1 day after receiving the first dose of mRNA-1273 Vaccine. The patient suddenly experienced Fall 4 days later that led to an emergency call to paramedics. However, upon evaluation of vital signs, the patient was reported to have suffered a fatal event. The cause of death was not reported. An autopsy was not performed due to the positive SARS-CoV-2 test. The benefit-risk relationship of mRNA-1273 Vaccine is not affected by this report.; Reported Cause(s) of Death: Unknown cause of death

VAERS ID: 2321949 (history)	Vaccinated: 2021-11-21
Form: Version 2.0	Onset: 2022-06-12
Age: 87.0	Days after vaccination: 203
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-16

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

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

Symptoms: [COVID-19](#), [Confusional state](#), [Ejection fraction decreased](#), [Heart rate increased](#), [Hypoxia](#), [Pneumonia](#), [Renal failure](#), [Respiratory rate increased](#), [SARS-CoV-2 test positive](#), [White blood cell count increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade

de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-12

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: metastatic bladder cancer on immunotherapy, Afib, CKD, Hypertension, HLD

Allergies: lisinopril, sulfa

Diagnostic Lab Data:

CDC Split Type:

Write-up: Came to ED on 5/19 with hypoxia, O2 sat 72%. Diagnosed with pneumonia on 5/9 and had taken levaquin. Admitted and placed on broad spectrum antibiotics. Cardiology consulted due to drop in EF to 15%. Given amiodarone and metoprolol. Had episodes of confusion. On 5/29 HR, respirations and WBC increased. Restarted antibiotics. 5/30 tested + for COVID 19. Placed on steroids with confusion increasing. Signs of worsening renal failure. Extended family met on 6/7 and decided on comfort care.

VAERS ID: [2321954](#) ([history](#)) **Vaccinated:** 2022-01-21

Form: Version 2.0 **Onset:** 2022-06-14

Age: 64.0 **Days after vaccination:** 144

Sex: Male **Submitted:** 0000-00-00

Location: Minnesota **Entered:** 2022-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031A21A / 1	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047B21A / 2	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022J21A / 3	LA / IM

Administered by: Private

Purchased by: ?

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-14**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:** PMH includes HTN, morbid obesity, COPD**Allergies:** No known allergies**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient expired 6/14/2022**VAERS ID:** [2322023](#) ([history](#)) **Vaccinated:** 2022-04-21**Form:** Version 2.0 **Onset:** 2022-06-01**Age:** 67.0 **Days after vaccination:** 41**Sex:** Female **Submitted:** 0000-00-00**Location:** Tennessee **Entered:** 2022-06-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 3	RA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Acute kidney injury](#), [Aspiration](#), [Bradycardia](#), [Condition aggravated](#), [Death](#), [Dysphagia](#), [Embolic stroke](#), [Haemodialysis](#), [Herpes zoster](#), [Magnetic resonance imaging abnormal](#), [Pneumonia serratia](#), [Pseudomonas infection](#), [Red blood cell transfusion](#), [Secretion discharge](#), [Staphylococcal bacteraemia](#), [Tracheostomy](#), [Vascular catheterisation](#)**SMQs:** Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Angioedema (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Ischaemic central nervous system vascular conditions (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), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Sepsis (broad), Opportunistic infections (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-01**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: Tylenol Norvasc Lipitor ASA Prezista Tivicay Zetia Pepcid Flonase Lantus insulin Lispro insulin Selzentry Rozicodone Norvir Bactrim

Current Illness: L medullary CVA, R hemiplegia Acute hypoxemic resp failure COPD MRSA pneumonia HTN Hyperlipidemia AKI, worse Hyperkalemia, mild DM2 (A1c 9.8) HIV Anemia of chronic disease and critical illness Dysphagia, Severe protein calorie malnutrition Severely debilitated state after prolonged critical illness

Preexisting Conditions: See above diagnoses

Allergies: NKA

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

Write-up: 4/9 IV vanc for MRSA pneumonia completed 4/18 1 PRBC 4/20 R thoracentesis 350 ml 4/21 Moderna COVAX booster administered 4/28 bronch: moderate mucoid secretions, all lobar bronchi patent. Pooled wash sent for GS/cx post-bronch CXR not done. Nephrology consult 5/2 Zoster R face. FEES "moderate pharyngeal dysphagia, silent macro aspiration of mixed consistencies and thin liquids. 5/4 ID consult 5/7 1 PRBC, AKI worsening 5/9 MRI new small strokes, likely embolic 5/10 HD initiated, RIJ vascath placed. Trach changed to 8 Bivona. Acyclovir resumed for POSSIBLE varicella encephalitis 5/11 LP, varicella in CSF, bradycardia worse. I spoke with Dr. - he reviewed the MRI - large old strokes but the new lesions are tiny and do not require intervention, recommends ongoing observation 5/25 1 PRBC, Pseudomonas and Serratia pneumonia, Staph epi bacteremia 5/30 comfort care 6/1/22 pt died

VAERS ID: [2322134](#) ([history](#)) **Vaccinated:** 2021-03-22

Form: Version 2.0 **Onset:** 2022-06-11

Age: 62.0 **Days after vaccination:** 446

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-16

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

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

Symptoms: [Acute kidney injury](#), [Anticoagulant therapy](#), [Blood gases](#), [Chronic obstructive pulmonary disease](#), [Condition aggravated](#), [Death](#), [Gastrointestinal tube insertion](#), [Haemoptysis](#), [Mechanical ventilation](#), [Mental status changes](#), [Pneumonia klebsiella](#), [Pneumonia pseudomonal](#), [Pulmonary oedema](#), [Pyrexia](#), [Red blood cell transfusion](#), [Sepsis](#), [Supraventricular tachycardia](#), [Urinary tract infection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Supraventricular tachyarrhythmias (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), Dementia (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad),

Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Sepsis (narrow), Opportunistic infections (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-11

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown-Pt not hospitalized at time of vaccination

Current Illness: Unknown

Preexisting Conditions: obesity, BMI 34, dementia (mild), COPD, HTN, hyperlipidemia, HIV, GERD, chronic pain, L elbow fx/ORIF 3/2022, lumbar surgery, bilateral hip surgery, L shoulder surgery.

Allergies: Cefepime, Demerol, Haldol, PCN's

Diagnostic Lab Data:

CDC Split Type:

Write-up: Hospital Course: 4/9 off vent 4/11 RRT for AMS, back on vent (was not hypercapnic on ABG done before being put back on vent), sepsis, ID consult 4/14 AECOPD/pulm edema, steroids and lasux started, FEES: pureed diet/thin liquids 4/17 ceftriaxone completed 4/20 LUE WBAT per ortho 4/21 TF changed to nocturnal 4/25 minced/moist diet with thin liquids 5/6 prednisone taper completed 5/8 AKI, IVF started 5/13 junctional tachycardia, sepsis, Klebsiella pneumonia and UTI 5/15 1 PRBC 5/17 1 PRBC 5/19 recurrent fever 5/24 Pseudomonas pneumonia 5/31 Merrem completed 6/6 hemoptysis, subQ heparin stopped 6/7 1 PRBC 6/11 pt expired

VAERS ID: [2323028](#) ([history](#)) **Vaccinated:** 2021-02-26

Form: Version 2.0 **Onset:** 2022-05-16

Age: 83.0 **Days after vaccination:** 444

Sex: Female **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	047A21A / 2	- / -

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

Symptoms: [COVID-19](#), [Cardiac arrest](#), [Dyspnoea](#), [Intensive care](#), [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), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Respiratory failure (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-27

Days after onset: 11

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: Gadolinium-containing contrast media, Iodinated contrast media, lanolin, levofloxacin, methocarbamol, adhesvie

Diagnostic Lab Data:

CDC Split Type: 16888

Write-up: Hospitalization for shortness of breath and cardiac arrest, positive for COVID on dates 5/15/2022- 5/27/2022. Treated with dexamethasone, methylprednisolone, zinc, and other IV drips in the ICU for organ support.

VAERS ID: [2323058](#) ([history](#))

Vaccinated: 2021-03-19

Form: Version 2.0

Onset: 2022-06-06

Age: 75.0

Days after vaccination: 444

Sex: Male

Submitted: 0000-00-00

Location: Michigan

Entered: 2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6207 / 1	UN / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0158 / 2	UN / IM

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

Symptoms: [Atrial fibrillation](#), [COVID-19](#), [Condition aggravated](#), [Death](#), [Echocardiogram](#), [Heart sounds abnormal](#), [Laboratory test abnormal](#), [Mechanical ventilation](#), [Oxygen saturation abnormal](#), [Pleural effusion](#), [Positive airway pressure therapy](#), [Pulse absent](#), [Renal failure](#), [Renal impairment](#), [Respiratory distress](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Tachypnoea](#), [Unresponsive to stimuli](#), [Urine output decreased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (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 (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypotonic-hypo responsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-14

Days after onset: 8

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 9 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Acute respiratory failure with hypoxia, Acute respiratory failure with hypoxia Atelectasis of left lung Pneumonia due to COVID-19 virus Sepsis Acute renal failure with tubular necrosis

Allergies: Iodinated Diagnostics Agents

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Pt to ED 6/6 by EMS for respiratory distress, arrived to ED on bipap. COVID+ 6/6, maintained on vancomycin and zosyn. 6/8 pt in respiratory failure due to COVID-19 and large pleural effusion, paroxysmal atrial fibrillation, pt is on vent. 6/9 pt remains on the vent; no respiratory difficulties noted. 6/11 pt remains on the vent; no respiratory difficulties noted, labs show worsening renal function. 6/12 pt remains sedated & on vent, tachypneic, Prop & fent gtt infusing per order. Pt with decreased urine output, worsening kidney function, and worsening oxygenation. 6/13 pt unresponsive, kidney started to deteriorate. 6/14 no pulse on doppler, no heart sounds noted, no response to stimuli. Pt deceased 6/14.

VAERS ID: 2323242 (history)	Vaccinated: 2021-12-08
Form: Version 2.0	Onset: 2022-06-13
Age: 82.0	Days after vaccination: 187
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-17

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

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

Symptoms: [Angiogram cerebral abnormal](#), [Aphasia](#), [Brain oedema](#), [COVID-19](#), [Cerebral artery occlusion](#), [Cerebral infarction](#), [Colonoscopy](#), [Computerised tomogram head abnormal](#), [Dysarthria](#), [Exposure to SARS-CoV-2](#), [Hemiparesis](#), [Hypoxia](#), [Magnetic resonance imaging abnormal](#), [Neurological symptom](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Thrombectomy](#)

SMQs: Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Ischaemic central nervous system vascular conditions (narrow), Dementia (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hyponatraemia/SIADH (broad),

Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-16

Days after onset: 3

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, coronary artery disease, chronic kidney disease stage 3, atrial fibrillation on anticoagulation

Allergies: codeine, hydrocodone

Diagnostic Lab Data:

CDC Split Type: 11895

Write-up: Arrived to ED on 6/8 with stroke symptoms, aphasia, slurred speech, left hemiparesis. Had had a colonoscopy earlier in the day where anticoagulation was held. CTH/CTA revealed right MCA occlusion. Given tPA and taken for thrombectomy. No improvement post procedure. MRI and CT head showed large evolving infarct with developing cerebral edema. Hyperosmolar therapy initiated. Fever and hypoxia developed on 6/12. Patient's family COVID + and patient tested and + also. Discussion with family members and desired to proceed with comfort care.

VAERS ID: [2323258](#) ([history](#)) **Vaccinated:** 2022-04-13

Form: Version 2.0 **Onset:** 2022-04-19

Age: 74.0 **Days after vaccination:** 6

Sex: Female **Submitted:** 0000-00-00

Location: California **Entered:** 2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM0698 / 4	RA / SC

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

Symptoms: [Acute respiratory failure](#), [Death](#), [Distributive shock](#), [Intestinal ischaemia](#), [Pneumonia aspiration](#)

SMQs: Anaphylactic reaction (broad), Shock-associated circulatory or cardiac conditions (excluding torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Acute central respiratory depression (narrow), Ischaemic colitis (narrow), Hypersensitivity (narrow), Respiratory failure (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-27**Days after onset:** 8**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 8 days**Extended hospital stay?** No**Previous Vaccinations:** Fever, Weakness, Myocarditis, Abdominal Pain**Other Medications:** None**Current Illness:** None.**Preexisting Conditions:** Coronary bypass surgery 2016.**Allergies:** Penicillin**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Mesenteric Ischemia, leading to Aspiration Pneumonia, leading to Acute Hypoxic respiratory failure, leading to Distributive Shock and death.**VAERS ID:** [2323268](#) ([history](#))**Vaccinated:**

2022-06-15

Form: Version 2.0**Onset:**

2022-06-17

Age: 49.0**Days after vaccination:** 2**Sex:** Female**Submitted:**

0000-00-00

Location: Wisconsin**Entered:**

2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7135 / 4	LA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Cardiac assistance device user](#), [Unresponsive to stimuli](#)**SMQs:**, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-17**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:** Erythromycin Ointment 5 MG/GM Instill 0.25 inch in both eyes at bedtime for

reddened eyes Levothyroxine Sodium Tablet 100 MCG Give 1 tablet by mouth in the morning for low thyroid hormone OLANZapine Tablet 15 MG Give 1 tablet by mouth at be

Current Illness: Resolved COVID-19 infection

Preexisting Conditions: Rheumatoid arthritis, HYPOTHYROIDISM, UNSPECIFIED, RHEUMATOID ARTHRITIS, UNSPECIFIED, ANEMIA, UNSPECIFIED, LOCALIZED EDEMA, Falls, PARANOID SCHIZOPHRENIA, EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE,

Allergies: Tegretol

Diagnostic Lab Data: NA

CDC Split Type:

Write-up: Resident had completed AM ADLs, ate breakfast, returned to room and was found unresponsive. Resident was absent of vitals signs. AED applied, no shock advised.

VAERS ID: [2323298](#) ([history](#)) **Vaccinated:** 2021-02-23

Form: Version 2.0 **Onset:** 2022-06-03

Age: 81.0 **Days after vaccination:** 465

Sex: Male **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 1	UN / UN
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 2	UN / UN

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

Symptoms: [Atrial fibrillation](#), [Blood lactic acid](#), [Brain injury](#), [Brain natriuretic peptide increased](#), [Cardiac arrest](#), [Chest X-ray abnormal](#), [Condition aggravated](#), [Death](#), [Dyspnoea](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Electrocardiogram abnormal](#), [Endotracheal intubation](#), [Haemorrhage intracranial](#), [Hypervolaemia](#), [Hypoxia](#), [Jugular vein distension](#), [Laboratory test](#), [Magnetic resonance imaging head normal](#), [Magnetic resonance imaging spinal abnormal](#), [Mental disorder](#), [Myocardial necrosis marker increased](#), [Oedema peripheral](#), [Pleural effusion](#), [Pulseless electrical activity](#), [Sepsis](#), [Spinal cord infection](#), [Staphylococcal bacteraemia](#), [Tachycardia](#), [Troponin increased](#), [Unresponsive to stimuli](#), [Viral cardiomyopathy](#), [White blood cell count normal](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia

(broad), Infective pneumonia (broad), Dehydration (broad), Sepsis (narrow), Opportunistic infections (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-06

Days after onset: 3

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: unknown

Preexisting Conditions: systolic and diastolic heart failure, L2 compression fracture, chronic lower back pain, CKD st age III, CAD with previous stenting, paroxysmal atrial fibrillation, hypertension, hyperlipidemia, chronic anemia, gout, Alzheimer's disease, BPH,

Allergies: Ambien Morphine

Diagnostic Lab Data: Lab, chest x-ray, MRI-L-spine, Ekg

CDC Split Type:

Write-up: Patient seen in ED at the Hospital. Patient presented to ED with worsening shortness of breath and hypoxia. Patient was hypoxic at home. Patient had recent admission with sepsis secondary to lumbar spine infection with MSSA bacteremia and intracranial hemorrhage discharged to rehab on IV cefazolin. Patient was initially tachycardic. Lactic acid 1.92, white blood cell count 9.01. Noted to have elevated troponin. He appeared fluid overloaded with JVD and peripheral edema. BNP was elevated and chest x-ray appeared to show no focal infiltrates to suggest pneumonia. Cardiac enzymes were very mildly elevated. His EKG showed A. fib. He has no chest pain and no shortness of breath at rest. Chest xray with Rt pleural effusion. Patient was treated with Lasix. Patient was scheduled to have an MRI to further assess his infection and lumbar spine. This was performed in the emergency department and showed worsening of the fluid collection than previously noted. He had been on IV antibiotics with no acute surgical intervention, but the areas needed to be drained by interventional radiology. Patient was admitted for further management. Patient developed PEA arrest. No PE or significant rise in troponin level. Echocardiogram did show significant decrease of LVE F, from 40% to 20%. Suspect viral cardiomyopathy. He was intubated and started on Decadron protocol. Mentally, he was unresponsive off sedation. Head imaging with MRI was negative for acute process. Suspected anoxic brain injury. Treatment was continued but no meaningful mental recovery. POA elected to pursue comfort/hospice care. Discharge to inpatient hospice service 6/6/22 Pt was on comfort cares and transitioned to in hospital hospice. He time of death was 1610.

VAERS ID: [2323861](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0

Onset: 0000-00-00

Age:

Submitted: 0000-00-00

Sex: Male

Entered: 2022-06-18

Location: Mississippi

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

Administered by: Unknown**Purchased by: ?****Symptoms:** [Cardiac arrest](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Cardiomyopathy (broad), Respiratory failure (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USPFIZER INC202200842610

Write-up: Cardiac arrest; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP). A male patient received BNT162b2 (BNT162B2), as dose 3 (booster), single (Batch/Lot number: unknown) for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. Vaccination history included: Bnt162b2 (Dose 1, This man was boosted, he had all three doses), for Covid-19 immunization; Bnt162b2 (Dose 2, This man was boosted, he had all three doses), for COVID-19 immunization. The following information was reported: CARDIAC ARREST (death, medically significant), outcome "fatal". The patient date of death was unknown. Reported cause of death: "Cardiac arrest". It was not reported if an autopsy was performed. Clinical Course: It was reported that caller just read a case report about an older man who died of cardiac arrest after his Pfizer COVID-19 Vaccines. This man was boosted, he had all three doses. Caller does not have any further information about this man to provide. For his COVID-19 Vaccines are unknown. States this was from a article and the first case reported. The information on the batch/lot number for BNT162b2 has been requested and will be submitted if and when received.; Reported Cause(s) of Death: Cardiac arrest

VAERS ID: [2324175](#) ([history](#))**Vaccinated:** 2022-04-22**Form:** Version 2.0**Onset:** 2022-04-22**Age:** 61.0**Days after vaccination:** 0**Sex:** Male**Submitted:** 0000-00-00**Location:** New Jersey**Entered:** 2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 4	LA / IM

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

Symptoms: [Acute myocardial infarction](#), [Arterial catheterisation](#), [Breast cancer metastatic](#), [COVID-19](#), [Cardiac arrest](#), [Central venous catheterisation](#), [Death](#), [Endotracheal intubation](#), [Fatigue](#),

[Hypotension](#), [Life support](#), [Loss of consciousness](#), [Multiple organ dysfunction syndrome](#), [Myocardial infarction](#), [Pleural effusion](#), [Pulse absent](#), [Pulseless electrical activity](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Breast malignant tumours (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Non-haematological malignant tumours (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-22

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: UNKNOWN

Current Illness: Patient has a past medical history of Anemia, Cerebral amyloid angiopathy (CODE), CKD (chronic kidney disease), Diabetes mellitus, Diabetes type 2, controlled, Esophageal reflux, History of peptic ulcer disease, Hyperlipidemia, Hypertension, and Metastatic breast cancer (03/07/2019).

Preexisting Conditions: Patient has a past medical history of Anemia, Cerebral amyloid angiopathy (CODE), CKD (chronic kidney disease), Diabetes mellitus, Diabetes type 2, controlled, Esophageal reflux, History of peptic ulcer disease, Hyperlipidemia, Hypertension, and Metastatic breast cancer (03/07/2019).

Allergies: UNKNOWN

Diagnostic Lab Data: See above information.

CDC Split Type:

Write-up: I am the epidemiologist reporting on behalf of 61 year-old male patient. This patient experienced a fatal heart attack the same day as receiving the fourth dose of a Pfizer vaccine on 4/22/22, according to state immunization records. He previously received the first dose of the Pfizer vaccine on 4/23/2021, the second dose of the Pfizer vaccine on 5/14/2021, and the third dose of the Pfizer vaccine on 12/3/2021. The patient has previously tested positive for COVID-19 on 1/9/22 and 1/10/22 via PCR. He subsequently had two negative PCR tests on 3/4/2022, 3/29/22 and 4/21/22, according to records. There is no previous infection history documented prior to 2022. According to provider notes, The patient was found down unresponsive and pulseless. On EMS arrival, ACLS was begun and he was found to be in pulseless electrical activity (PEA). He received 40 minutes of

advanced cardiovascular life support (ACLS) with 5 rounds of epi, achieved return of spontaneous circulation (ROSC) twice, and was intubated for airway protection, but he lost pulses again prior to arrival. On arrival, CPR in progress with Lucas device, rhythm PEA. Calcium and epi were given. After 2 rounds of CPR ROSC was achieved. Levophed was started as he was hypotensive. Propofol and fentanyl initiated. Femoral central line and left radial arterial line were placed. Patient was last seen eating dinner at 7 PM by facility staff and was noted to be more tired than usual. The HPI, ROS, past medical history, social history and family history documentation element(s) were limited due to the patient being unconscious. Etiology of cardiac arrest is unclear at this time, consider pulmonary embolism (PE) given his malignancy although he was not hypoxic on resuscitation will consider hypoxic in the setting of large pleural effusion and malignant. Patient has a past medical history of Anemia, Cerebral amyloid angiopathy (CODE), CKD (chronic kidney disease), Diabetes mellitus, Diabetes type 2, controlled, Esophageal reflux, History of peptic ulcer disease, Hyperlipidemia, Hypertension, and Metastatic breast cancer (03/07/2019). The cause of death is listed as ?multiorgan failure as a consequence of acute myocardial infarction and metastatic breast cancer? on the death certificate. This patient is also currently being enumerated as a COVID-19 related fatality, based on previous infection history.

VAERS ID:	2324176 (history)	Vaccinated:	2021-02-26
Form:	Version 2.0	Onset:	2022-01-15
Age:	81.0	Days after vaccination:	323
Sex:	Male	Submitted:	0000-00-00
Location:	Tennessee	Entered:	2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9266 / 2	- / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-18

Days after onset: 153

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: Pfizer vaccine x 2. Tested positive for Covid 01/15/2022. Admitted to Medical Center on 06/17/2022. Expired on 06/18/2022.

VAERS ID: [2324177](#) ([history](#)) **Vaccinated:** 2021-03-10
Form: Version 2.0 **Onset:** 2022-06-16
Age: 81.0 **Days after vaccination:** 463
Sex: Male **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	002B21A / 1	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037B21A / 2	- / -

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

Symptoms: [Brain injury](#), [Breath sounds abnormal](#), [COVID-19 pneumonia](#), [Dyspnoea](#), [Fall](#), [Respiratory tract congestion](#)

SMQs: Anaphylactic reaction (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-17

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt was complaining of chest congestion 2-3 days before admission and wife noted that he was breathing louder and harder. Pt had a PMH of COPD, but was brought to the ER due to a fall at home and it appeared that the patient had suffered an anoxic brain injury. He also had COVID-19 pneumonia.

VAERS ID: [2324179](#) ([history](#)) **Vaccinated:** 2021-02-01
Form: Version 2.0 **Onset:** 2021-03-01
Age: 89.0 **Days after vaccination:** 28
Sex: Female **Submitted:** 0000-00-00
Location: New York **Entered:** 2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / SYR
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Administered by: Military **Purchased by:** ?

Symptoms: [Death](#), [Pulmonary thrombosis](#)

SMQs:, Embolic and thrombotic events, venous (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: 0

Current Illness: 0

Preexisting Conditions: Dementia

Allergies: 0

Diagnostic Lab Data:

CDC Split Type:

Write-up: Blood Clots Lungs resulting in Death Many details are not available to me and will have to be edited

VAERS ID: 2324181 (history)	Vaccinated: 2021-12-30
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Form: Version 2.0	Onset: 2022-06-09
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Age: 95.0	Days after vaccination: 161
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Sex: Female	Submitted: 0000-00-00
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Location: Michigan	Entered: 2022-06-20
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FD7218 / 3	- / -

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

Symptoms: [Acute respiratory failure](#), [Angiogram pulmonary abnormal](#), [Anticoagulant therapy](#), [Apnoea](#), [Atrial fibrillation](#), [Back pain](#), [Bradypnoea](#), [Brain natriuretic peptide increased](#), [Breath sounds abnormal](#), [COVID-19](#), [Cardiac failure congestive](#), [Chest X-ray abnormal](#), [Chest pain](#), [Condition aggravated](#), [Confusional state](#), [Death](#), [Dyspnoea](#), [Fibrin D dimer increased](#), [Heart sounds abnormal](#), [Hyporesponsive to stimuli](#), [Hypoxia](#), [Lethargy](#), [Lung consolidation](#), [Mental status changes](#), [Pleural effusion](#), [Pneumonia](#), [Pulse absent](#), [Pupil fixed](#), [Pupillary light reflex tests abnormal](#), [Respiratory distress](#), [Respiratory failure](#), [Sepsis](#), [Tachycardia](#), [Tachypnoea](#), [Ultrasound Doppler normal](#), [Unresponsive to stimuli](#)

SMQs:, Cardiac failure (narrow), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (narrow), Arrhythmia related investigations, signs and symptoms (broad), 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), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Retinal disorders (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-14

Days after onset: 5

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: acetaminophen (TYLENOL) 325 MG tablet albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) 108 (90 Base) MCG/ACT inhaler apixaban (ELIQUIS) 2.5 MG tablet aspirin 81 MG chewable tablet atorvastatin (LIPITOR) 40 MG tablet Calcium Carb

Current Illness: 12/3/2021- ED Visit for Fatigue/Dizziness

Preexisting Conditions: Double vision Hypertensive emergency Small vessel disease, cerebrovascular Clear cell adenocarcinoma of uterus Osteoporosis Back pain, unspecified back pain laterality, unspecified chronicity, unspecified location Acute on chronic respiratory failure with hypoxia Acute congestive heart failure Pneumonia due to COVID-19 virus Atrial fibrillation with RVR End of life care

Allergies: Fentanyl Other PenicillinsRash

Diagnostic Lab Data:

CDC Split Type:

Write-up: Admission Date: 6/9/2022 PRESENTING PROBLEM: Atrial fibrillation with RVR [I48.91] Acute on chronic respiratory failure with hypoxia [J96.21] Acute on chronic congestive heart failure, unspecified heart failure type [I50.9] COVID-19 virus infection [U07.1] HOSPITAL COURSE: The patient is a 96 yo female with PMH which includes HTN, HLD, DM II, hypothyroidism, osteoporosis, arthritis and chronic back pain, b/l cataracts, recent bouts of community-acquired pneumonia and recently diagnosed (5/4/22) Atrial fibrillation with RVR, started on diltiazem and Eliquis the day prior to presentation. She came in with a chief complaint of worsening back pain and shortness of breath/respiratory distress. Patient was found to have severe sepsis and acute on chronic hypoxic hypercapneic respiratory failure likely secondary to acute COVID 19 infection, A fib with RVR, and concern for acute heart failure (no prior history, but elevated BNP). Patient tachycardic, tachypneic (initially, now some intermittent apnea/bradypnea), worsening confusion/AMS with periods of lethargy/minimal responsiveness, consistent with severe sepsis at the time of admission. Mental status improved, although still some mild intermittent confusion. Continued to require increased respiratory support with HFNC/Non-breather at times with CXR showing worsening effusions and consolidations. Patient had some intermittent improvement with IV steroids and lasix. However, CTA thorax was obtained on 6/11 due to concern PE with worsening chest pain, tachycardia, and elevated D-dimer (b/l doppler US negative). CTA showed no evidence of PE, but worsening bilateral pleural effusions, including her chronic complex R pleural effusion with thickening and concern for possible

exudative process. Bilateral lower lobe consolidations were significantly worse as well, especially on the left. On 6/12/22, patient asked to stop aggressive cares and transition to hospice. Team spoke with patient's activated DPOA (son) and he was in agreement with patient's desire to become comfort care/hospice. Palliative care was consulted, active treatment was discontinued and comfort meds initiated. Paged by nursing that patient had passed on evening of 6/14. On my evaluation, patient not responsive to verbal stimuli or sternal rub. Pupils fixed and nonreactive. No heart or lung sounds heard after a full minute of auscultation. Peripheral pulses not present. Death pronounced at 7:25pm. Personally notified patient's son and DPOA, of death. All questions answered.

VAERS ID: 2324191 (history)	Vaccinated: 2021-10-15
Form: Version 2.0	Onset: 2022-06-18
Age: 70.0	Days after vaccination: 246
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2588 / 2	LA / 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: 2022-06-18

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 17 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: hypertension; enlarged prostate

Allergies: NA

Diagnostic Lab Data:

CDC Split Type:

Write-up: breakthrough COVID-related death

VAERS ID: 2324210 (history)	Vaccinated: 2022-06-10
Form: Version 2.0	Onset: 2022-06-17
Age: 88.0	Days after vaccination: 7
Sex: Female	Submitted: 0000-00-00
Location: Texas	Entered: 2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM9992 / 4	AR / SYR

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-17

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: Acetaminophen 650 mg Atorvastatin Calcium 10 mg DULoxetine HCl 30 mg Lisanthryan Potassium 50 mg Naproxen 375 mg Omeprazole 20 mg Sennosides-Ducosat Sodium traMADol HCl 50 mg Probiotic

Current Illness: None

Preexisting Conditions: high blood pressure

Allergies: Penicillin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Death

VAERS ID: 2324255 (history)	Vaccinated: 2021-03-17
Form: Version 2.0	Onset: 2022-06-16
Age: 79.0	Days after vaccination: 456
Sex: Male	Submitted: 0000-00-00
Location: Minnesota	Entered: 2022-06-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	036A21A / 2	- / -

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

Symptoms: [COVID-19](#), [Death](#), [Failure to thrive](#), [Renal cancer](#), [SARS-CoV-2 test positive](#)

SMQs:, Neonatal disorders (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: 2022-06-19

Days after onset: 3

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 4 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: asthma, hypertension, kidney disease, failure to thrive

Allergies:

Diagnostic Lab Data: Covid 19 PCR test positive on 6/4/2022

CDC Split Type:

Write-up: Dose 1 Moderna received on 2/17/2021 Lot # 02M20A Pt hospitalized and died at on 6/19/2022 from renal carcinoma, failure to thrive and Covid 19 infection

VAERS ID: [2324279](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0 **Onset:** 2022-06-12

Age: 69.0 **Submitted:** 0000-00-00

Sex: Female **Entered:** 2022-06-20

Location: Texas

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

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

Symptoms: [Blood bicarbonate](#), [Blood bicarbonate decreased](#), [Blood creatinine increased](#), [Blood gases abnormal](#), [Blood lactic acid](#), [Blood pH decreased](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Inappropriate schedule of product administration](#), [Leukocytosis](#), [Metabolic acidosis](#), [PCO2 decreased](#), [Pneumonia](#), [Positive airway pressure therapy](#), [Prohormone brain natriuretic peptide increased](#), [SARS-CoV-2 test positive](#), [Tachypnoea](#), [Troponin](#), [White blood cell count increased](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Asthma/bronchospasm (broad), Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), 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), Respiratory failure (broad), Medication errors (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: 2022-06-12

Days after onset: 0

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: Tylenol #3, celecoxib, cyclobenzaprine, diclofenac, HC/APAP, ondansetron, levocetirizine, levothyroxine, lisinopril, montelukast, pantoprazole, potassium chloride, sodium/potassium/mag, tramadol,

Current Illness:

Preexisting Conditions: Breast cancer/Colon Cancer, s/p hip replacement c/b SSI infection/sepsis

Allergies: Levofloxacin

Diagnostic Lab Data: COVID + 6/7/22; This sample was analyzed using the Roche LIAT SARS assay platform using PCR or equivalent Nucleic Acid Amplification(NAA)technology

CDC Split Type:

Write-up: Moderna COVID Vaccine EUA: COVID-19 case resulting in Hospitalization / Death.

Received Moderna Vaccines on 4/02/2021, 5/1/2021 and 12/22/2021. Presented to ED on 6/7 with SOB. Recently had hip sx and was admitted to outside nursing facility for rehab following hip hardware replacement in Jan. c/b sepsis. EMS arrived on site and found pt tachypnic in 30s - 40s w/O2 sat 70%, placed on BiPAP w/improvement in O2 sat. Previously tested COVID+ in facility and w/UR sxs. During current stay, she was tachypneic, HR 124, temp 95.8?. Creatinine of 1.18, w/anion gap acidosis cont. Lactic acid was 3.4. Troponins 0.13. ProBNP elevated, leukocytosis 12.6. ABG showed a pH of 7.34, pCO2 was 29, bicarb 16. CXR - multifocal PNA. Tx'd w/decadron, vancomycin, zosyn, and remdesivir. Transitioned to comfort care and DNR with no intubation/CPR on 6/11/22. Pt expired on 6/12/22.

VAERS ID: [2324280](#) ([history](#)) **Vaccinated:** 0000-00-00

Form: Version 2.0 **Onset:** 2022-06-14

Age: 60.0 **Submitted:** 0000-00-00

Sex: Female **Entered:** 2022-06-20

Location: Texas

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / 1	AR / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9267 / 2	AR / IM

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

Symptoms: [Angiogram pulmonary abnormal](#), [Blood creatinine increased](#), [Blood gases abnormal](#), [Blood lactic acid](#), [Blood pH decreased](#), [Blood potassium increased](#), [Brain natriuretic peptide increased](#), [COVID-19](#), [Carbon dioxide decreased](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Haemoglobin normal](#), [Hyperglycaemia](#), [Hypervolaemia](#), [Hypotension](#), [Hypoxia](#), [Influenza virus test negative](#), [Intensive care](#), [Laboratory test abnormal](#), [Mechanical ventilation](#), [PCO2 increased](#), [Pneumonia](#), [Procalcitonin normal](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Shock](#), [Troponin](#), [Upper respiratory tract infection](#), [White blood cell count increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Lactic acidosis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hypo responsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (narrow), Tumour lysis syndrome (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-14**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 4 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: acarbose, amlodipine, aspirin, atorvastatin, carvedilol, vitamin D3, vitamin B-12, jardiance, febuxostat, furosemide, glipizide, hydralazine, lisinopril, omega 3, omeprazole, actos, semaglutide, sodium bicarbonate, terazosin

Current Illness:

Preexisting Conditions: T2DM,HLD,HTN, Morbid Obesity, CKD stage 4, gout, GERD, EtOH use, OSA

Allergies: NKDA

Diagnostic Lab Data: COVID + 6/10/22; This sample was analyzed using the SARS assay platform using PCR or equivalent Nucleic Acid Amplification(NAA)technology

CDC Split Type:

Write-up: Pfizer COVID Vaccine EUA: COVID-19 case resulting in Hospitalization / Death. Rec'd Pfizer Vaccines 1/23/2021 and 2/13/2021. Presented to ED 6/10 w/SOB x 1 wk. Recently vacationed. On 6/4, he developed URI sx and went to outside ER where he tested negative for COVID, but + for flu. Prescribed tamiflu and doxycycline x 5days. SOB worsened; readmitted to outside ED where he was intubated for resp dist and transferred to facility. In the ED, afebrile w/HR ranging 90s-100s, and hypotensive requiring levo. Req'd Vent settings of 100/20. Labs significant for BSG 325, Cr 4.0 (baseline around 2.5), cont K 5.9, CO2 20, procal 0.09, trop 0.75, BNP 1000, Lactate 2.5, ABG with pH 7.28, pCO2 46. Hgb normal WBC 12.4. COVID+, flu negative. CTA without PE but w/multifocal PNA. Admitted to ICU. During stay, pt experience uncontrolled hyperglycemia which was tx'd multiple times with lokelma,insulin, ca glu, and bicarbonate. Volume overloaded but unable to diurese given his shock and pressor requirements. Cont'd to decompensate with hypotension and hypoxia. Transitioned to DNR/COT status. Tx'd with remdesivir, cefepime, and decadron. Pt expired on 6/14/22.

VAERS ID: [2325414](#) ([history](#)) **Vaccinated:** 2021-10-08

Form: Version 2.0 **Onset:** 2021-12-05

Age: 89.0 **Days after vaccination:** 58

Sex: Female **Submitted:** 0000-00-00

Location: New York **Entered:** 2022-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822809 / 1	LA / IM

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

Symptoms: [Acute kidney injury](#), [Anticoagulant therapy](#), [Asthenia](#), [Asymptomatic COVID-19](#), [Atrial fibrillation](#), [Blood osmolarity increased](#), [Blood potassium increased](#), [Blood sodium increased](#), [Blood urea increased](#), [Body temperature decreased](#), [Cardiac arrest](#), [Death](#), [Fall](#), [Haemoglobin decreased](#), [Pneumoperitoneum](#), [Red blood cell transfusion](#), [SARS-CoV-2 test positive](#), [Sepsis](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal

failure (narrow), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (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), Gastrointestinal perforation (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-09

Days after onset: 35

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 35 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: HTN, Dementia

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: 12/5/2021 - In ED via EMS for weakness/fall. Vitals WNL except RR 24, Temp 94.3. Admit for pneumoperitoneum/sepsis. Covid negative on admit and until 12/24. 12/24 - Patient pending discharge to extended care facility in am following neg covid swab. Found now to be Covid positive and asymptomatic. Started Decadron, Lovenox. Not a candidate for Remdesivir due to AKI. Discharge held for 10 days. Vitals WNL 12/28 - Sodium level that has been an issue that resolved has resurfaced - now 148, serum osmality 345. Increased free water plus hydrochlorothiazide. Increased BUN-93- d/c decadron and IV Flagyl. 12/30 - d/c Losinipril per Nephrology consult 1/2 - covid test negative. Preparing to discharge in am 1/3 - HgB 7.6 and BUN elevated again. GI consulted. 1/5 - received 1U PRBC. Lovenox d/c. started A-fib with controlled rate. Had previous episodes short term. 1/9 - Potassium elevated 6.1 - question etiology- started Kayexalate, D 50 and insulin, calcium gluconate. Later on patient went into cardiac arrest and expired @1616.

VAERS ID: 2325419 (history)	Vaccinated: 2021-10-26
Form: Version 2.0	Onset: 2021-12-10
Age: 88.0	Days after vaccination: 45
Sex: Male	Submitted: 0000-00-00
Location: New York	Entered: 2022-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2593 / 3	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 1	- / -

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

Symptoms: [Anticoagulant therapy](#), [Blood creatinine increased](#), [Blood urea increased](#), [Body temperature increased](#), [COVID-19](#), [Central venous catheterisation](#), [Death](#), [Dialysis](#), [Disseminated intravascular coagulation](#), [Dyspnoea at rest](#), [Endotracheal intubation](#), [Fibrin D dimer](#), [Haemofiltration](#), [Hypotension](#), [International normalised ratio increased](#), [Mental status changes](#), [Multiple organ dysfunction syndrome](#), [Platelet count decreased](#), [Positive airway pressure therapy](#), [Renal failure](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Septic encephalopathy](#), [Septic shock](#), [Small intestinal obstruction](#), [Spinal fracture](#), [Spinal operation](#), [Unresponsive to stimuli](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), 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), Embolic and thrombotic events, venous (narrow), Gastrointestinal obstruction (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Osteoporosis/osteopenia (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-16

Days after onset: 6

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Osteoarthritis, CKD, DM, A-fib, GERD, HTN, Hyperlipidemia, Hypothyroid

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: 12/10 - transferred from local Hospital with unstable spine fracture for surgery. Tested covid positive at hospital before transfer. SOB at rest. Plan to remain intubated post emergent spine surgery. INR 1.7. Plan to give Kcentra over 20 minutes prior to surgery. 12/11 - extubated but with worsening hypotension and resp distress. Placed on BiPAP. Vasopressors started. Septic shock 12/12 - worsening shock. Temp 103.3, HR 114, RR 25, SpO2 92%. Central line inserted. Started on Levophed. Vancomycin, Cefepime, Flagyl, Vasopressin, Vitamins continued. Started hydrocortisone IV, vitamins, Heparin. Oliguric serum Cr 3.1 12/14 - Dialysis started for Kidney failure. BUN 65/Cr 4.8. - worsening mental status, was stopped and patient intubated. Septic encephalopathy 12/15 - Septic shock causing low platelet-23, D-dimer 6916. Suspecting DIC. CRRT continued. SBO suspected. Prognosis poor due to multi-organ failure. No response to pain/verbal stimuli. Requires 3 pressors to maintain BP-vso, phenylephrine and precedex. 12/16 - Made Palliative by family, extubated. Patient expired @11:36.

VAERS ID:	2325568 (history)	Vaccinated:	2021-10-01
Form:	Version 2.0	Onset:	2022-06-17
Age:	45.0	Days after vaccination:	259
Sex:	Female	Submitted:	0000-00-00
Location:	Minnesota	Entered:	2022-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010M20A / 2	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014F21A / 3	RA / IM

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#)

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-17

Days after onset: 0

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: Pt seen in the ED on 6/17 with progressive dyspnea, acute on chronic hypoxic respiratory failure, and was intubated . Tested positive for COVID-19 on 6/17 via PCR. Due to worsening respiratory failure in the new setting of positive COVID test, family decided to extubate and patient passed on 6/17. History of breast cancer diagnosed 2/2021, has had marked decline in her condition since April/Early May 2022.

VAERS ID: [2325642](#) ([history](#)) **Vaccinated:** 2021-02-26
Form: Version 2.0 **Onset:** 2021-03-01
Age: 68.0 **Days after vaccination:** 3
Sex: Male **Submitted:** 0000-00-00
Location: Minnesota **Entered:** 2022-06-21

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

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-05-25

Days after onset: 84

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 40 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: CoQ10 Insulin, Metoprolol Xarelto Cardizem

Current Illness: None

Preexisting Conditions: Cancer Heart Disease Diabetes type 2

Allergies: No known allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: Death 5/25/2021

VAERS ID: [2325666](#) ([history](#)) **Vaccinated:** 2021-05-25
Form: Version 2.0 **Onset:** 2022-05-11
Age: 56.0 **Days after vaccination:** 351
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024C21A / 2	UN / UN

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

Symptoms: [COVID-19](#), [Computerised tomogram head abnormal](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Hydrocephalus](#), [Mental status changes](#), [Pleural effusion](#), [SARS-CoV-2 test positive](#)

SMQs:, Systemic lupus erythematosus (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-21

Days after onset: 41

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: unknown

Preexisting Conditions: Adenocarcinoma of left lung with brain metastasis Pseudocholinesterase deficiency Ulcerative colitis

Allergies: Amoxicillin, Sulfa

Diagnostic Lab Data: 5/11/2022 Covid + by PCR 5/11/2022 CT scan of head showing hydrocephalus 5/11/2022 CT chest - continued L pleural effusion unchanged since 3/22/2022

CDC Split Type:

Write-up: Client admitted to Hospital on 5/11/2022 with altered mental status. Client had known metastatic disease to the brain and had just started radiation. Covid positive status could be a creatinine attributing factor to the change in mental status. Lungs reported as clear to auscultation and client in no respiratory distress. Reported died on 5/21/2022 at Hospice - primary cause: metastatic lung cancer; contributing cause: Covid-19 Submitter does not have access to full medical record. For further medical record information, please contact.

VAERS ID: [2326751](#) ([history](#)) **Vaccinated:** 2021-03-24

Form: Version 2.0 **Onset:** 2022-01-28

Age: 59.0 **Days after vaccination:** 310

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-22

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

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

Symptoms: [Acute myocardial infarction](#), [Acute respiratory failure](#), [Atrial fibrillation](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Diabetic ketoacidosis](#), [Endotracheal intubation](#), [Extubation](#), [Hypervolaemia](#), [Intensive care](#), [Percutaneous coronary intervention](#), [Polyuria](#), [SARS-CoV-2 test](#), [SARS-CoV-2 test positive](#), [Stent placement](#), [Ventricular fibrillation](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Myocardial infarction (narrow),

Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Ventricular 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), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Other ischaemic heart disease (narrow), Chronic kidney disease (broad), Hypersensitivity (broad), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Infective pneumonia (narrow), Hypokalaemia (broad), 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: 2022-02-01

Days after onset: 4

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20220128; Test Name: SARS-COV-2 TEST; Test Result: Positive

CDC Split Type: USJNJFOC20220620773

Write-up: ACUTE MYOCARDIAL INFARCTION; ACUTE RESPIRATORY FAILURE; COVID-19 PNEUMONIA; DIABETIC KETOACIDOSIS; CARDIAC ARREST; VENTRICULAR FIBRILLATION; ATRIAL FIBRILLATION; HYPERVOLAEMIA; POLYURIA; ENDOTRACHEAL INTUBATION; EXTUBATION; PERCUTANEOUS CORONARY INTERVENTION; SARS-COV-2 TEST POSITIVE; STENT PLACEMENT; INTENSIVE CARE; This spontaneous report received from a health care professional via a Regulatory Authority Vaccine Adverse Event Reporting System (VAERS), concerned a 59 year old male of an unspecified race and ethnic origin. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown, expiry: Unknown) dose was not reported, 1 total administered on 24-MAR-2021 for an unspecified indication. The batch number was not reported. The Company is unable to perform follow-up to request batch/lot numbers. Age at time of vaccination 59 years old. No concomitant medications were reported. On 28-JAN-2022, the patient presented to hospital with inferior STEMI (ST-elevation myocardial infarction), acute myocardial infarction, percutaneous coronary intervention (PCI), diabetic ketoacidosis (DKA) and covid-19 pneumonia (Covid-PNA). Hospital course was complicated by acute hypoxic respiratory failure 2/2 PNA, volume overload (hypervolaemia) and experienced new onset of atrial fibrillation. On admission to critical care (intensive care), the patient was intubated (endotracheal intubation) and sedated and patient tested positive for COVID and patient was not on remdesivir because of being intubated. Laboratory data included: SARS-CoV-2 test which resulted positive. Patient was treated with steroids. For PNA (covid-19 pneumonia) he was started on antibiotics and diuresis (polyuria) for volume overload and was extubated. Patient was transferred to step down and started on remdesivir. The patient with inferior STEMI who underwent emergent percutaneous coronary intervention and drug-eluting stent (DES) to the RCA (Right coronary artery) then developed VF (Ventricular fibrillation) arrest with inability to achieve ROSC (Return of spontaneous circulation). The patient died

on 01-FEB-2022. It was unspecified if an autopsy was performed. The number of days of hospitalization was not reported and it was unspecified if the patient was discharged from the hospital. The action taken with covid-19 vaccine ad26.cov2.s was not applicable. The patient died from an unknown cause of death on 01-FEB-2022, and the outcome of the events acute myocardial infarction, acute respiratory failure, atrial fibrillation, covid-19 pneumonia, cardiac arrest, diabetic ketoacidosis, ventricular fibrillation, endotracheal intubation, extubation, hypervolaemia, percutaneous coronary intervention, polyuria, sars-cov-2 test positive, stent placement and intensive care was reported as fatal. This report was serious (Death, and Hospitalization Caused / Prolonged). This report was associated with product quality complaint: 90000235951. The suspected product quality complaint has been confirmed to be the reported allegation could not be determined. A manufacturing related root cause could not be identified based on the PQC evaluation/investigation performed. Additional information was received from central complaint vigilance department on 16-JUN-2022. The following information was updated and incorporated into case narrative: product quality complaint result.; Sender's Comments: V2: The follow up adds: product quality complaint result. This new information does not change prior causality assessment. 20220620773-covid-19 vaccine ad26.cov2.s-Acute myocardial infarction, Acute respiratory failure, Covid-19 pneumonia, Diabetic ketoacidosis, Atrial fibrillation, Cardiac arrest, Ventricular fibrillation, Endotracheal intubation, Extubation, Hypervolaemia, Percutaneous coronary intervention, Polyuria, Sars-cov-2 test positive, Stent placement ,Intensive care. The event(s) has a compatible/suggestive temporal relationship, is unlabeled, and has unknown scientific plausibility. There is no information on any other factors potentially associated with the event(s). Therefore, this event(s) is considered unassessable.; Reported Cause(s) of Death: UNKNOWN CAUSE OF DEATH

VAERS ID: 2326911 (history)	Vaccinated:	2021-09-04
Form: Version 2.0	Onset:	2022-05-30
Age: 72.0	Days after vaccination:	268
Sex: Female	Submitted:	0000-00-00
Location: Florida	Entered:	2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2588 / UNK	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / UNK	- / -
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN5318 / UNK	- / -

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

Symptoms: [Acute kidney injury](#), [COVID-19](#), [Clostridium difficile infection](#), [Death](#), [Enterococcal infection](#), [General physical health deterioration](#), [Pneumonia](#), [Respiratory failure](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), 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), Pseudomembranous colitis (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (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? Yes, ? days****Extended hospital stay? No****Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** breast cancer with mets, chemo, hypothyroidism, cervical cancer, bone cancer diverticulitis.**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Pt presented to hospital with covid hypoxic failure, pneumonia, cdiff, VRE in urine, and acute renal failure. Pt continued to decline with treatment and family signed withdrawal of care, pt deceased.**VAERS ID:** [2326930](#) ([history](#)) **Vaccinated:** 2021-11-11**Form:** Version 2.0 **Onset:** 2022-06-11**Age:** 95.0 **Days after vaccination:** 212**Sex:** Male **Submitted:** 0000-00-00**Location:** Florida **Entered:** 2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	017B21A / UNK	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Cardiac failure congestive](#), [Condition aggravated](#), [Death](#), [Treatment failure](#)**SMQs:** Cardiac failure (narrow), Lack of efficacy/effect (narrow), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (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? Yes, ? days****Extended hospital stay? No****Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Prostate cancer, pacemaker, dementia htn hld, afib, chf,**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt presented with CHF and covid. Treated with iv diuretics. pt didn't respond to treatment and was admitted to hospice and deceased.

VAERS ID: [2326948](#) ([history](#)) **Vaccinated:** 2021-06-08
Form: Version 2.0 **Onset:** 2022-06-20
Age: 52.0 **Days after vaccination:** 377
Sex: Male **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011A21A / UNK	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / UNK	- / -

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

Symptoms: [COVID-19](#), [Death](#), [Mental status changes](#)

SMQs: Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Parkinson, Cerebal Palsy, heart failure, seizure disorder, quadriplegia

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: pt presented with covid and altered mental status, pt had poor prognosis and brother made him comfort measures, pt deceased.

VAERS ID: [2327217](#) ([history](#)) **Vaccinated:** 2021-05-28
Form: Version 2.0 **Onset:** 2022-06-02
Age: 58.0 **Days after vaccination:** 370
Sex: Female **Submitted:** 0000-00-00
Location: Michigan **Entered:** 2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	UN / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	022C21A / 2	UN / UN

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

Symptoms: [Abdominal X-ray](#), [Abdominal pain](#), [Acquired oesophageal web](#), [Acute respiratory failure](#), [Alanine aminotransferase increased](#), [Analgesic drug level increased](#), [Angiogram abnormal](#), [Anticoagulant therapy](#), [Anxiety](#), [Ascites](#), [Aspartate aminotransferase increased](#), [Asthenia](#), [Atelectasis](#), [Atrial fibrillation](#), [Back pain](#), [Bicytopenia](#), [Bladder catheterisation](#), [Blood bilirubin increased](#), [Blood lactic acid increased](#), [Blood pressure decreased](#), [Brain natriuretic peptide increased](#), [Bronchitis](#), [COVID-19](#), [Cachexia](#), [Cardiac disorder](#), [Chest X-ray normal](#), [Chest pain](#), [Computerised tomogram head normal](#), [Computerised tomogram thorax abnormal](#), [Culture negative](#), [Death](#), [Drug-induced liver injury](#), [Duodenitis](#), [Dyspnoea](#), [Dysuria](#), [Echocardiogram abnormal](#), [Ejection fraction](#), [Electrocardiogram QRS complex abnormal](#), [Electrocardiogram T wave abnormal](#), [Electrocardiogram abnormal](#), [Endoscopy upper gastrointestinal tract abnormal](#), [Erosive oesophagitis](#), [Fall](#), [Fibrin D dimer increased](#), [Gallbladder disorder](#), [Gastritis erosive](#), [Gastrointestinal wall thickening](#), [General physical health deterioration](#), [Generalised oedema](#), [Haematemesis](#), [Haemoglobin decreased](#), [Hallucination, visual](#), [Headache](#), [Heart rate decreased](#), [Helicobacter test negative](#), [Hepatic encephalopathy](#), [Hepatitis viral test negative](#), [Hepatobiliary scan](#), [Hiatus hernia](#), [Hypoglycaemia](#), [Hypokalaemia](#), [Hypokinesia](#), [Hypophagia](#), [Intensive care](#), [International normalised ratio increased](#), [Laboratory test abnormal](#), [Lactic acidosis](#), [Left ventricular dysfunction](#), [Left ventricular hypertrophy](#), [Lethargy](#), [Liver function test abnormal](#), [Lung infiltration](#), [Mitral valve incompetence](#), [Oedema peripheral](#), [Oesophageal ulcer](#), [Oxygen saturation decreased](#), [Pain in extremity](#), [Pancreatic failure](#), [Pancreatitis chronic](#), [Paracentesis](#), [Peripheral swelling](#), [Platelet count decreased](#), [Platelet transfusion](#), [Pleural effusion](#), [Polyuria](#), [Positive airway pressure therapy](#), [Procalcitonin](#), [Pulmonary embolism](#), [Pulmonary oedema](#), [Rectal haemorrhage](#), [Red blood cell transfusion](#), [Renal impairment](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Sinus tachycardia](#), [Tachycardia](#), [Thrombocytopenia](#), [Ultrasound Doppler normal](#), [Ultrasound kidney normal](#), [Ultrasound scan abnormal](#), [Unresponsive to stimuli](#), [Urinary retention](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Cholestasis and jaundice of hepatic origin (narrow), Hepatitis, non-infectious (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (narrow), Angioedema (broad), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Lactic acidosis (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), 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), Embolic and thrombotic events, venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal ulceration (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (narrow), Biliary system related investigations, signs and symptoms (narrow), Gallbladder related disorders (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific inflammation (narrow), Gastrointestinal nonspecific dysfunction (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Other ischaemic heart disease (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Myelodysplastic syndrome

(broad), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (narrow), 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: 2022-06-20

Days after onset: 18

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: albuterol sulfate 90 mcg/actuation 2 puffs Inhalation every 4 hours PRN aspirin 81 mg Oral DAILY OR AS NEEDED atorvastatin calcium 40 mg Oral NIGHTLY Patient taking differently: Take 20 mg by mouth nightly . cholecalciferol (vitamin

Current Illness:

Preexisting Conditions: Chest pain at rest 12/13/2013 CAD (coronary artery disease) (Chronic) 10/27/2014 Essential hypertension, benign (Chronic) 10/27/2014 Dyslipidemia (Chronic) 10/27/2014 Personal history of tobacco use, presenting hazards to health (Chronic) 10/28/2015 Severe protein-calorie malnutrition 11/10/2020 Pulmonary nodules 11/10/2020 Lactic acidosis 11/11/2020 Alcoholic steatohepatitis (Chronic) 11/11/2020 Generalized weakness 11/11/2020 Hepatic encephalopathy 11/11/2020 Alcoholic gastritis with bleeding 11/11/2020 Hyperglycemia 11/11/2020 Chronic calcific pancreatitis (Chronic) 11/11/2020 Pancreatic insufficiency (Chronic) 11/11/2020 Thrombocytopenia 11/11/2020 Tylenol overdose, accidental or unintentional, initial encounter 6/2/2022 Hypokalemia 6/2/2022 Hypomagnesemia 6/2/2022 Single subsegmental pulmonary embolism without acute cor pulmonale 6/2/2022 Retention of urine Unknown

Allergies: No known allergies

Diagnostic Lab Data: COVID PCR Negative 6/2/22 COVID PCR Positive 6/17/2022

CDC Split Type:

Write-up: Provider Summary: ""Patient is a 59 year old female with history of COPD, HTN, HLD, CAD, MI, chronic pancreatitis, tobacco use and alcohol abuse presenting with two days of worsening lower extremity swelling and pain as well as head and lumbar back pain after sustaining a fall in her bathtub. Patient admitted to taking 8-500 mg extra-strength tylenol daily with 3-4 ""generic over-the-counter tylenol"" of unknown strength daily with norco daily. She was tachycardic on presentation, otherwise her vitals were stable. She was a cachectic, elderly appearing female with bilateral pitting edema to the knees and some generalized weakness on physical exam. Labs demonstrated a bacytopenia with a hemoglobin of 10.4 and a thrombocytopenia of 69,000. Additionally she had a BNP of 2,447, an elevated venous lactate of 8 (fluid bolus and vancopmycin ordered as patient was meeting sepsis criteria) and a procalcitonin of 16.69. Her D-dimer was elevated to 1,730 (CT chest ordered). She was hypokalemic to 2.2 (K replaced), with elevated AST of 1,927 and ALT of 328 with a total bilirubin of 6.0. Acetaminophen level was 38.8. A hepatitis panel was negative. INR was 6.4. GI was consulted and she was administered NAC for acetaminophen-induced acute hepatitis. She was placed on CIWA protocol and thiamine and folate were ordered. Pancreatic enzyme replacement ordered for pancreatic insufficiency. Fluids for lactic acidosis. Ultrasound of the bilateral lower extremities was negative for DVTs. CT of the chest demonstrated subsegmental pulmonary embolism with right heart strain and bronchitis. She was started on a heparin gtt. Chest x-ray demonstrated no acute cardiopulmonary process. ECG showed sinus tachycardia with low voltage QRS and non-specific T-wave changes in the inferior and anterior leads. Right upper quadrant ultrasound

demonstrated possible medical liver disease with abnormal gallbladder findings. Abdominal X-ray showed evidence of chronic pancreatitis without evidence of mechanical obstruction. ECHO demonstrated an EF of ~50%, some mild LVH, mild left ventricular dysfunction, basilar hypokinesis, mild MR, and no evidence of intracardiac thrombus or pericardial effusion. HIDA scan demonstrated a patent cystic duct without cholecystitis. CTA abdomen pelvis demonstrated diffuse wall thickening of the colon and stomach with moderate ascites, small bilateral pleural effusions and anasarca. On 6/3 the patient was admitted to the ICU. She had some frank blood per rectum. Imaging as discussed above. Platelet count decreased and INR worsened. Heparin drip was discontinued and she was administered cryoprecipitate. She was started on Zosyn for potential colitis. Fluids were switched to bicarb gtt. Consideration for transfer to tertiary liver center. Patient was accepted to Facility for transfer pending bed availability. Patient experienced acute respiratory failure and was placed on BiPAP. She was started on Rifaximin and Lactulose. Her INR began to improve. She was having difficulty with urination, urology was consulted and a foley catheter was placed. Patient became increasingly encephalopathic. She was started on diuretics as her pitting edema extended to the thighs. Attempt to transfer patient to Facility was declined as patient was improving and bed was not yet available at Facility. She was taken off of BiPAP. Lactic acidosis improved. She had no additional episodes of blood per rectum. Repeat CT demonstrated stable PE. On 6/5 she was transferred out of the CCU and Zosyn was discontinued. 6/6 Patient admitted to some visual hallucinations but was A&Ox3 (stage II Hepatic Encephalopathy per GI). Lactulose was titrated to meet goal bowel movements. Her INR and LFTs gradually improved. As there was continued improvement in patient's encephalopathy and coagulopathy attempt at transfer was put on hold. Patient continued to be mildly encephalopathic. Patient had poor oral intake and diet was supplemented with Ensure. On 6/10 her hgb was 7.0 but she was asymptomatic without signs of overt bleed. She was started on diuretics. As patient was less encephalopathic voiding trial was attempted per urology recommendations. Patient was able to urinate on her own with some continued retention. Accuracy of bladder scans was compromised by ascites. On the morning of 6/13 patient experienced three episodes of brownish-red emesis, shortness of breath and abdominal pain. Her hemoglobin dropped to 6.8. GI planned for upper GI scope so patient was transfused 1 unit RBCS and 2 units platelets and placed on protonix. Scope revealed esophageal erosion vs shallow ulceration in distal esophagus, a widely patent, non-obstructing and mild Schatzki ring, a medium-sized hiatal hernia, gastric erosions, and duodenitis. H. Pylori stool antigen was negative. Patient also started on albumin challenge as lower extremity edema showed little improvement. On 6/15 bedside ultrasound-guided paracentesis was performed yielding 10 cc of clear straw-colored fluid. Analysis revealed transudate with no growth of organisms on cx. On 6/17 that patient's hgb dropped to 6.8. She was administered a unit of RBCs. During the transfusion she anxious and ox sat dropped to 84 on 2L. NC was titrated up to 3L. On 6/17 the patient tested positive for COVID. Given liver and kidney function patient was not a candidate for Remdesivir or Decadron. Oxygen requires continued to increase. IRN began to worsen. She went into Afib with RVR. She was hypoglycemic and tachycardic to 200. D50 was administered. IV metoprolol administered. Vitals stabilized. Patient had continued complaint of chest pain. CT pulm redemonstrated PE, with moderate worsening pleural effusions, worsening atelectasis/infiltrate lower lobs, complete atelectasis of right middle lobe, with worsening edema within the mediastinum and neck base. Bilateral lower extremity venous ultrasound showed no dvts. Patient was transferred to PCU. On 6/18 patient had additional episode of Afib with RVR. Rate was controlled. On the morning of 6/19 patient was hypoglycemic to 27 and tachycardic. Amp of D50 was administered as well as IV metoprolol and small IV bolus. Vitals stabilized. Patient was more lethargic. By the evening patient had produced almost no urine. Renal ultrasound did not demonstrate hydronephrosis or other acute renal pathology. Patient also had swelling of the right upper extremity. US of the extremity did not show DVT. CT of the head did not demonstrate acute intracranial abnormalities. Her kidney function worsened. Family requested that we attempt to transfer patient to tertiary center again. Patient was accepted to Facility but a bed was not available. Patient decompensated overnight. Her blood pressure dropped. She was not following commands. Her heart rate dropped into the 30's. Patient's family requested comfort care measures, code status updated to DNR/DNI. Patient given fentanyl, ativan and scopolamine patch and placed on BiPAP. Family was at bedside as patient passed away at 3:50AM on 6/21/22."

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

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

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

Symptoms: [Abdominal distension](#), [Anticoagulant therapy](#), [Cardiac arrest](#), [Carditis](#), [Dermatitis](#), [Gastrointestinal inflammation](#), [Hepatitis](#), [Immunoglobulin therapy](#), [Intensive care](#), [Lymphadenitis](#), [Multisystem inflammatory syndrome in children](#), [Pneumonitis](#), [Pulmonary oedema](#), [Pyrexia](#), [Rash](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Hepatitis, non-infectious (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Toxic-septic shock conditions (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific inflammation (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (narrow), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-03

Days after onset: 34

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: She developed inflamed lymph nodes (lymphadenitis), all over the body rash, ongoing fever for more than 3 weeks. She was diagnosed with MIS-C, her heart, intestines, lungs, skin and liver were inflamed. She was hospitalized and treated with immunoglobulin, steroids, anticoagulant,

fever reducing medications, etc. By the second treatment, her belly started getting distended, her lungs were filled with liquids. She was transferred to ICU and her heart stopped beating right there.

VAERS ID: [2327268](#) ([history](#)) **Vaccinated:** 2021-03-02
Form: Version 2.0 **Onset:** 2022-05-31
Age: 89.0 **Days after vaccination:** 455
Sex: Male **Submitted:** 0000-00-00
Location: Wisconsin **Entered:** 2022-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014M20A / 2	UN / UN

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

Symptoms: [Asthenia](#), [Atelectasis](#), [COVID-19](#), [Cardiac arrest](#), [Cardiac failure](#), [Cardiomegaly](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Lung opacity](#), [Pneumonia](#), [SARS-CoV-2 test positive](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (narrow), Interstitial lung disease (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-14

Days after onset: 14

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: unknown

Current Illness: unknown

Preexisting Conditions: Atrial fibrillation 06/28/2019 ? CAD (coronary artery disease) ? CKD (chronic kidney disease), stage IV ? CLL (chronic lymphocytic leukemia) ? Gout ? History of IT P ? HOH (hard of hearing) hearing aids ? Hyperlipidemia ? Hypertension ? Leiomyosarcoma ? Prostate CA 199

Allergies: Amlodipine CV - edema Discontinued per Cardiology Cipro [Ciprofloxacin] GENERAL - fever and SKIN - rash

Diagnostic Lab Data: 5/31/2022 Covid positive per home test 5/31/2022 Chest x-ray showed stable cardiomegaly, no vascular congestion and small parenchymal opacity in bases likely atelectasis

CDC Split Type:

Write-up: Came to ER on 5/31/2022 with generalized weakness and shortness of breath. Placed on supplemental oxygen and admitted to medical floor. Tested positive for Covid with home test.

Admitted to inpatient hospice on 6/12/2022 and died on 6/14/2022. Primary cause of death: Community-acquired pneumonia. Secondary cause of death cardiac arrest. Tertiary cause of death heart failure with reduced ejection fraction.

VAERS ID: [2328882](#) ([history](#)) **Vaccinated:** 2021-10-21
Form: Version 2.0 **Onset:** 2022-06-10
Age: 77.0 **Days after vaccination:** 232
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3590 / 3	- / -

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

Symptoms: [Acute respiratory failure](#), [Blood gases abnormal](#), [COVID-19](#), [COVID-19 pneumonia](#), [Candida infection](#), [Chemotherapy](#), [Chills](#), [Condition aggravated](#), [Cough](#), [Death](#), [Dyspnoea](#), [Electrolyte imbalance](#), [Endotracheal intubation](#), [Febrile neutropenia](#), [Intensive care](#), [Pancytopenia](#), [Platelet count decreased](#), [Pneumonia](#), [Pneumonia pseudomonas](#), [Positive airway pressure therapy](#), [Pseudomonas bacteraemia](#), [Pulmonary embolism](#), [Renal failure](#), [Renal replacement therapy](#), [Respiratory disorder](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Shock](#), [Thrombocytopenia](#), [Thrombosis](#), [Vena cava filter insertion](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Agranulocytosis (narrow), Angioedema (broad), Haematopoietic cytopenias affecting more than one type of blood cell (narrow), Haematopoietic leukopenia (narrow), Haematopoietic thrombocytopenia (narrow), Lactic acidosis (broad), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Thrombophlebitis (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (narrow), Myelodysplastic syndrome (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-21

Days after onset: 11

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: albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) 108 (90 Base) MCG/ACT inhaler, amlodipine-benazepril (LOTREL) 10-40 MG per capsule, apixaban (ELIQUIS) 5 MG tablet, BMX compounded suspension, budesonide/formoterol (SYMBICORT) 160-4.5

Current Illness: None

Preexisting Conditions: Former smoker, Low back pain, DDD (degenerative disc disease), GERD (gastroesophageal reflux disease), DJD (degenerative joint disease), Essential hypertension, COPD (chronic obstructive pulmonary disease), Lichen sclerosus et atrophicus, Vaginal atrophy, Cystocele, midline, Osteoporosis, Requires supplemental oxygen - noc O₂ -, Polycythemia secondary to hypoxia (resolved on Noc O₂) , COPD with acute exacerbation, Influenza A, Acute hypoxic respiratory failure, Small cell lung cancer, Post obstructive pneumonia, Malignant neoplasm of upper lobe, right bronchus or lung, Small cell lung cancer, right upper lobe, Febrile neutropenia, Unspecified severe protein-calorie malnutrition, Pneumonia due to COVID-19 virus, Septic shock, Atrial fibrillation with RVR, Bacteremia due to Pseudomonas, Pancytopenia, Severe anemia, Thrombocytopenia, DVT, lower extremity, distal, acute, right, Pulmonary emboli, Cerebrovascular accident (CVA) due to thrombosis of cerebral artery

Allergies: Codeine, Diphenhydramine, Penicillins, Sulfa Drugs

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

Write-up: Discharge Provider: MD Primary Care Physician at Discharge: DO Admission Date: 6/10/2022 PRESENTING PROBLEM: Thrombocytopenia [D69.6] Febrile neutropenia [D70.9, R50.81] Electrolyte abnormality [E87.8] Pulmonary embolism, unspecified chronicity, unspecified pulmonary embolism type, unspecified whether acute cor pulmonale present [I26.99] Pneumonia due to COVID-19 virus [U07.1, J12.82] Acute respiratory failure with hypoxia [J96.01] HOSPITAL COURSE: Patient is a 78 y.o. female with history of active small cell lung carcinoma s/p radiation therapy and was on active chemotherapy (last session completed two weeks ago), COPD, HTN who presented initially due to sepsis in the setting of febrile neutropenia who was also found to be positive for COVID-19. She was admitted on 6/10 from the infusion clinic after having 1-week of worsening shortness of breath, cough, and chills. She had sepsis due to Pseudomonas bacteraemia and pneumonia. During hospitalization she declined and developed AHHRF was placed on BiPap with worsening VBG and was transferred to ICU and subsequently intubated on 6/12. During her stay she was also found to have a new acute thrombus right lower extremity and small pulmonary emolism. She had severe pancytopenia with platelets <10 so an IVC filter placed on 6/12 and unable to anticoagulate. She then suffered from worsening renal failure and required renal replacement therapy. Found to have worsening respiratory status, as well as a candida bacteraemia. Shock persisted. A family meeting on 6/21/2022 with first degree relatives agreed upon comfort care measures given that her wishes were not to be kept alive on life support. Family presented at bedside and comfort care measures in place. Patient was pronounced at 6:54pm on 06/21/2022 secondary to respiratory failure in the setting of pseudomonas pneumonia, covid pneumonia, and candida bacteraemia. Called and updated family over the phone

VAERS ID: [2329028](#) ([history](#))

Vaccinated: 2021-02-24

Form: Version 2.0

Onset: 2022-01-22

Age: 79.0

Days after vaccination: 332

Sex: Male

Submitted: 0000-00-00

Location: Michigan

Entered: 2022-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6200 / 1	UN / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6208 / 2	UN / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30155BA / 3	UN / IM

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

Symptoms: [Atrial fibrillation](#), [COVID-19](#), [Cardio-respiratory arrest](#), [Condition aggravated](#), [Death](#), [Hypotension](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-22

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: atorvastatin (LIPITOR) 10 MG PO Tab ... atorvastatin (LIPITOR) 10 MG PO Tab colchicine (COLCRYS) 0.6 MG PO Tab collagenase (SANTYL) 250 UNIT/GM EXTERNAL Ointment fluticasone (FLONASE) 50 MCG/ACT NASAL Suspension levothyroxine (SYNTHROID, LE

Current Illness: None

Preexisting Conditions: Pulmonary emphysema (CMS/HCC) ... Pulmonary emphysema (CMS/HCC) Obstructive sleep apnea syndrome C. difficile colitis, 11/26/21 Endocrine Hypothyroidism Diabetes mellitus (CMS/HCC) Chronic pulmonary embolism (CMS/HCC) Renal failure Lymphedema of both lower extremities BMI 50.0-59.9, adult (CMS/HCC) Debility General weakness AKI (acute kidney injury) (CMS/HCC) Chronic atrial fibrillation (CMS/HCC) Atrial fibrillation (CMS/HCC) Essential hypertension Mixed hyperlipidemia Venous insufficiency, peripheral Xerosis of skin Traumatic hematoma of left lower leg Ulcer of left lower extremity with fat layer exposed (CMS/HCC) Leg edema Chronic venous hypertension with ulcer involving left side Venous ulcer of left leg (CMS/HCC) Varicose veins of l low extrem w ulcer oth part of lower leg (CMS/HCC) Macrocytic anemia Inability to walk Acute bilateral ankle pain CKD (chronic kidney disease) stage 3, GFR 30-59 ml/min (CMS/HCC) Closed fracture of multiple ribs of right side with routine healing Hypertensive heart disease without heart failure At risk for falls At risk for impaired skin integrity Pulmonary nodule Venous stasis Acute on chronic congestive heart failure (CMS/HCC) CKD (chronic kidney disease) Recurrent cellulitis of right lower extremity Urinary retention Swelling Gluteal abscess Supratherapeutic INR Necrotizing soft tissue infection Paroxysmal atrial fibrillation (CMS/HCC) Functional quadriplegia (CMS/HCC) Left wrist sprain Respiratory distress

Allergies: hydrochlorothiazide, sulfa antibiotics

Diagnostic Lab Data: see above

CDC Split Type:

Write-up: Pt to ED 1/22 for hypotension, respiratory distress and AFib, upon arrival pt is not alert to any stimuli. COVID+ 1/22, on Vancomycin. Pt coded twice, first time for 5 minutes second for 1 minute, pt received antibiotics and multiple boluses. Family changed code status to comfort care, pt expired 1/22.

VAERS ID: [2329029](#) ([history](#)) **Vaccinated:** 2021-11-09
Form: Version 2.0 **Onset:** 2021-11-09
Age: 75.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-23

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

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

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

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-11

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Alzheimer's Dementia

Preexisting Conditions: Alzheimer's Dementia

Allergies: None

Diagnostic Lab Data: Autopsy took place on 11/12/2021 at 10:30 am.

CDC Split Type:

Write-up: The decedent received her Moderna Booster at 1:00pm on 11/09/2021. The decedent and her husband arrived home around 2:00pm. The decedent felt fatigued and took a nap. The decedent woke up, ate dinner, and then went for a walk at 7:00pm. After the walk, the decedent felt fatigued and wanted to take a bath to relax. The husband went to check on the decedent at 8:30pm and found the decedent submerged underwater in the bathtub. The decedent was taken to the hospital and was pronounced deceased on 11/11/2021 at 12:31pm.

VAERS ID: [2329048](#) ([history](#)) **Vaccinated:** 2021-08-01
Form: Version 2.0 **Onset:** 2021-08-01
Age: 53.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	COVID / UNK	UN / -

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

Symptoms: [Autopsy](#), [Cough](#), [Death](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-23

Days after onset: 22

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Herbal Remedies (brewing leaves and alcohol)

Current Illness: None.

Preexisting Conditions: None

Allergies: Unknown.

Diagnostic Lab Data: Autopsy Started on 08/25/2021 and was Completed on 08/27/2021.

CDC Split Type:

Write-up: The decedent received his first COVID shot 2 weeks prior to death (8/23/2021). A week before death, the decedent had severe cough and vomiting.

VAERS ID: [2329080](#) ([history](#))

Vaccinated: 2021-11-18

Form: Version 2.0

Onset: 2022-05-27

Age: 80.0

Days after vaccination: 190

Sex: Male

Submitted: 0000-00-00

Location: Minnesota

Entered: 2022-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1805018 / 1	RA / UN
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	020F21A / 2	LA / UN

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Death](#), [General physical health deterioration](#),

[Interchange of vaccine products](#), [Mental status changes](#), [SARS-CoV-2 test positive](#)

SMQs: Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Medication errors (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-04

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 presented to the emergency department via EMS on 5/27/2022 with altered mental status, tested Covid-19 positive via PCR that day, and subsequently diagnosed with pneumonia due to Covid-19 and was admitted. Patient continued to overall decline during admission and ultimately passed away on 6/4/2022. In medical chart, Covid-19 is not listed as a cause of death.

VAERS ID: 2329669 (history)	Vaccinated: 2022-02-16
Form: Version 2.0	Onset: 2022-05-29
Age: 74.0	Days after vaccination: 102
Sex: Male	Submitted: 0000-00-00
Location: Texas	Entered: 2022-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 1	LA / SYR
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 2	LA / SYR
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	- / 3	RA / SYR

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

Symptoms: [Ageusia](#), [Asthenia](#), [Blood test](#), [COVID-19](#), [Computerised tomogram](#), [Death](#), [Dysarthria](#), [Electrocardiogram](#), [Fall](#), [Fluid intake reduced](#), [Hypophagia](#), [Jejunostomy](#), [Magnetic resonance imaging head normal](#), [Mobility decreased](#), [Somnolence](#), [Speech disorder](#), [Ultrasound Doppler](#), [Ultrasound head](#), [Visual impairment](#), [Walking aid user](#), [Weight decreased](#), [Wheelchair user](#), [Wound closure](#), [X-ray](#).

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Taste and smell disorders (narrow), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 7 days

Extended hospital stay? No

Previous Vaccinations:**Other Medications:** Gabapenton 100mgs Simvastatin 40mg AMLOD/BENAZP 5-10MG Tamsulo**Current Illness:** none**Preexisting Conditions:** Hip surgeries, Overweight**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:**

Write-up: This all started on January 27th, Patient had not been feeling well and had fallen and I had to call EMS to help get him back to bed. He had been getting weak during the previous week. On January 28th he fell again, this time EMS came and I insisted he go to the hospital. At the hospital they did blood work and an Xray, put him on IV fluids to help with the weakness. They came in and advised that he had COVID and gave him some medication through the IV we were told. He was feeling a little better and they did a test on his oxygen level and because of the level he was at they sent us home. He was home getting weak again and on February 16th we went to see Dr in his office because Patient was not feeling much better. had an exray of his esophagus on that day and Dr gave him his booster shot for COVID. On March 6 Patient again got very weak,, and fell gettting up from his chair. Again EMS came out and I was beginning to think he may have had a stroke. He was slurring his words a little, and was still not eating due to the COVID. The EMS took him to Hospital and they admitted him. They did an electrocardiogram, an Ultrasound of both sides of his head and neck to check the blood flow, An MRI to check for a stroke and that was negative. He at this point was not able to get up easily because of weakness. They admitted him and continued care with Physical therapy and conntinued blood work until he was released on March 17th. He came home walking with a walker and was still weak. He still was not eating. He said everything he put in his mouth just would roll up in a ball and he would spit it out. He was scheduled for Rehab outpatient the week of March 28th on Monday, Wednesday and Friday. The following Monday which was April 4th (I think)he said he just could not get up and go and stayed in bed all day. He still was not eating. That evening when he would not eat I took him back to the Emergency room and they admistted him. The following day Dr came by and said there was nothing he could do about the eating problem and that he could put in a feeding tube if Patient wanted to go that route and Patient agreed. Surgery was done to put in a Jtube for feeding. They could not put in a normal feeding tube into the stomach because of previous stomach stapeling surgery. The Jtube went directly into the intestine, he was at the hospital for I think 2-3 days and then he was transferred to Rehab. He was admitted there on April 11th. On April 15th I received a call and ws told that his Jtube had come out and they were going to transfer him to hospital because that is who they worked with. He was transferred by Ambulance to hospital. There they did blood work, CT scan, EKG, and Xrays. He arrived there about 6 pm on April 14th and after all the tests they did around 10PM tth day they told us they were transferring him back to Hospital because none of the Physicians wanted to touch him because the surgery was done elsewhere. They again transported him to hospital around midnight April 15th. He was admitted and Dr and Dr the original surgeon came and Dr took him back into surgery on April 16th, to place a different Jtube in and clean out everything that had leaked out of the previous tube in the cavity. Dr said he wanted him to have a Wound Vac and so he had an open wound at the top of his incision this time. His original wound where the surgery was, was about 8 inches long. The top 4 inches were left open with the wound vac attached. This was attached and changed every 3 days until he passed away. Once the second surgery was completed and he had a couple of days to recover, he was transferred to Rehab. He still could not eat. When this all started, he weighed in at Dr's office on February 16th and his weight that day was 328lbs. He was in rehab from April 18th until May 29th when he passed away. During his stay they would pick him up out of bed with a lift because he did not have the strength to get out of bed himself. They would put him in a wheel chair and take him to do physical therapy in their therapy area. He continued to get weaker. We tried to get him to eat but nothing would work I even made his favorite soup and he would not even drink the broth because he said there was no taste at all. During this time he lost down to 248 lbs at the time he passed away. He just got weaker and even when he talked his words would get mixed up and not make any sense many times. At the end he was having trouble seeing anything. I would try to read to him and he just would not want to hear anything and just wanted to sleep. They were still trying to get him to eat and

do some kind of therapy in bed but he was too weak. This DARN COVID is not something to mess with. Again, he passed away on May 29th 2022.

VAERS ID: [2638879](#) ([history](#)) **Vaccinated:** 2021-02-17
Form: Version 2.0 **Onset:** 2021-02-19
Age: 73.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 0000-00-00
Location: New Jersey **Entered:** 2022-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN9809 / 1	- / OT

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

Symptoms: [Balance disorder](#), [Cardiomegaly](#), [Chest discomfort](#), [Chest pain](#), [Compression garment application](#), [Death](#), [Decreased appetite](#), [Disability](#), [Discomfort](#), [Dyspnoea](#), [Fall](#), [Fatigue](#), [Gait disturbance](#), [Heart rate increased](#), [Hyperhidrosis](#), [Musculoskeletal stiffness](#), [Myocardial infarction](#), [Obesity](#), [Pain](#), [Pain in extremity](#), [Peripheral swelling](#), [Swelling](#), [Tenderness](#), [Urinary incontinence](#), [Varicose vein](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, venous (narrow), Dystonia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-06-15

Days after onset: 115

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: ATENOLOL; AMLODIPINE

Current Illness: Blood pressure high (Verbatim: High blood pressure Mother high blood pressure)

Preexisting Conditions: Medical History/Concurrent Conditions: High cholesterol

Allergies:

Diagnostic Lab Data: Test Name: Blood pressure; Result Unstructured Data: Test Result:High; Test Name: heart rate; Result Unstructured Data: Test Result:fast

CDC Split Type: USPFIZER INC202101033683

Write-up: unable to walk regularly; Massive heart attack; his right foot started swelling; tightening in heart/Chest tightening/pulling a muscle in chest; Chest pains; enlarged heart; Leg pain; Leg stiffness; Fast heart rate; Varicose veins; Obesity; Discomfort; walking funny; one leg was shorter than the other/His discomfort he felt with his legs swell; His discomfort he felt with his legs swell; fatigue; sweating; swelling; barely had an appetite; loose his balance; He fell once; Shortness of breath; This is a spontaneous report from a contactable consumer (patient's daughter). A 73-year-old male patient (reporter's father) received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, lot number: EN9809, Expiry Date: 30Jun2021) intramuscularly, administered in the arm, on 17Feb2021 at 11:00 AM (at age of 73 years old) as dose 1, single for COVID-19 immunization. Medical history included ongoing high blood pressure and high cholesterol. High blood pressure was under control because he lost a lot of weight and changed his eating diet. Family medical history included high blood pressure (mother). Concomitant medications included atenolol for hypertension/ high blood pressure from 1998 to 04Mar2021, and Amlodipine for high blood pressure. No other vaccinations within four weeks prior to the first administration date of the suspect vaccine. Report was not related to a study or programme. The patient passed away on 15Jun2021 after taking COVID vaccine. He never had a heart problem until he took the first COVID vaccine shot. The patient experienced massive heart attack on 04Mar2021, two days after he started having pains in his chest on an unspecified date in Feb2021 with treatment received. One or two days after vaccine he started with shortness of the breath tightening in heart. He thought that he pulled a muscle from exercising on 03Mar2021. He thought the vaccine would allow for him to be normal again. The reporter believed the vaccine enhanced and compromised the patient's underlying condition. It was terrific to find him dead in the bed on the day the patient was going to accompany him to his second appointment for his second shot. As of 18Oct2021, the patient also experienced leg pain, leg stiffness, chest pain, fast heart rate, obesity, varicose veins, enlarged heart, on an unspecified date. There was no specific relevant test for thromboembolic events with thrombocytopenia was done. 48 years after he received the shot, the patient experienced chest tightness, no treatment was given to the patient for chest tightness and massive heart attack. It was thought that patient pulled muscles in chest from exercising. The patient received vaccine on 17Feb2021 medication was in syringe, 12 to 24 hours later experienced something like pulling a muscle in chest on an unspecified date in 2021. Continuously happened but feeling subsided. The night before death patient associated discomfort of pulling muscle in chest from exercising, next morning died of massive heart attack with no heart problems, day of second vaccine shot. Massive heart attack was also assessed by the reporter as persistent/significant/disability/ Incapacity. The patient died on 15Jun2021 due to massive heart attack. No autopsy was performed to the patient. Upon follow up on 03Nov2021, Family medical history relevant to AEs included High blood pressure, high cholesterol, obesity, knee problems, cure knee replacement, never done, shortness of breath, chest pain, massive heart attack, swelling in right foot on 03 Mar2021, tenderness, and pain wAMLODIPINE to touch. On 17Feb2021, patient received the vaccine two days after he felt as if he pulled a muscle working but he just wanted to go back to bring normal. Several days he started walking funny they could not get a doctor appointment. He walked as if one leg was shorter than the other. His discomfort he felt with his legs swell and he was just uncomfortable thinking maybe he had cold in his body. His blood pressure was under control from him losing weight, but the pressure went down, he felt fatigue, sweating and swelling, unable to walk regularly. He felt as if once he got the second dose he would be back to normal. He barely had an appetite and just stayed in his room in the chair. He told me that he had almost urinated on himself because the pain was so bad in his legs that he couldn't even get up so he thought that he couldn't make. Reporter came to his house to clean up after his accidents, urine bowl. So, this went on he asked reporter to promise him that he would go to his second appointment. He believed his appointment was 04Mar2021 at 11.00 am their plan was for reporter to come to his house by 9.15 am. Reporter found him dead lying on the bed with his eyes opened he called for help they released the body to reporter because there was no sign of foul play. He was in great health reporter believed the vaccine compromised his health condition and pronounced it. The vaccine attacked his underlying condition. Reporter was in the process of losing the family home and nightmares and sweats were unbearable patient leg and foot stayed swollen on the right side he always thought it was from the arches that were made for his feet. Reporter constantly gave him a foot massage in the foot spa

brought all kinds of pain relief creams and also purchased compression socks daily the foot never went down he told me he would have to hold on to reporter to walk so he would not lose his balance and fall. He fell once thank God he didn't hit his head. So that's why he stayed off his feet and sat in the chair. He often slept in the chair because he couldn't get up and the bed was right next to the bed. Reporter believed the vaccine aggressively compromised patient's underlying pre-existing health condition. Autopsy information: No (No signs of foul play massive heart attack). Outcome of the event massive heart attack was fatal while outcome of other events was unknown. Product investigation result: Lot EN9809, Expiration date:30Jun2021 Conclusion: The complaint for lack of effect of the PFIZER-BIONTECH COVID-19 VACCINE lot EL3247 was investigated. The investigation included a review of manufacturing and packaging batch records, deviation investigations, and an analysis of complaint history for the reported lot. The final scope included the reported finished goods lot EN9809. A complaint sample was not returned, and photographs were not received. No related quality issues were identified during the investigation. There is no impact to product quality. No root cause or corrective/preventative actions were identified as the complaint was not confirmed. All release testing performed prior to the release of the reported batch was within specifications.

Additional information: Reporter stated she was calling regarding the Pfizer vaccine with lot number EN9809 and has a manufacturer report number and was checking on the status of the report. She stated that they keep sending duplicate copies of the same form. She provided the manufacturer report number as 202101033683. When attempting to clarify the Pfizer vaccine the caller was referring to, she stated that it was the first dose, the Pfizer vaccine shot that killed her father, (name withheld). The date of the second dose was the day he died. Her father was supposed to take the second shot 4Mar2021, which was the day he died. Was unable to clarify the name of the Pfizer vaccine that the caller was referring to. She provided the suspect product number as BNT16B2. The reporter stated that she called about 2 weeks ago and spoke to a nurse, and nobody has contacted her since, and she was advised that her request for follow up regarding her report would be noted in that report. Reporter was asking to be connected to someone so she can find out more information about that. She stated that she called them, and they started sending about 4 packets to fill out and all of them had been filled out. She guesses every time she sends it back, another packet gets sent out. It has been about 3 or 4 weeks and she has not received any kind of information. Reporter stated that she sent a 7-page letter about that. She does not know what was going to make that situation move faster, like a class action lawsuit. A lot of people that she knows that far, and her father has died, have been hospitalized with blood clots in the lungs and legs and all kinds of stuff like that. It was the recurring same situation like with other people; she does not know if other people have to die before they get to the bottom of the problem. She just does not understand. In a couple of days, it will be 9 months since her father died and they are in the process of losing her father's house. This was because he wanted to take the Pfizer vaccine shot, to have some type of normality with that Corona virus. She just does not know what to do. Reporter was offered to be transferred to USMI to address any questions she may have regarding the vaccine. She stated that she does not need to ask any questions, she was just checking the status of her report. The reporter was advised that all of that would be documented in that report and if Pfizer was in need of any further information, they would contact her. Upon Follow-up on 20Jun2022, reporter states that 6 months she provided documentation about her father passing away due to the Pfizer COVID 19 vaccine. She has not heard anything from anyone. What is the status? AER#. She received documentation that she has filled out about 4 or 5 times and she mailed it back to who sent it to her. Reporter was reported in regards to her father who passed away after receiving the Pfizer COVID 19 vaccine, provided documentation 6 months ago and filled out a form 4-5 times and mailed it back and has not heard back from anyone. Follow-up attempts are completed. No further information is expected. Follow-up (13Sep2021): This follow-up is being submitted to notify that the batch/lot number is not available despite the follow-up attempts made. Follow-up attempts have been completed and no further information is expected. Follow-up (30Sep2021): New information reported from a contactable consumer included: suspect drug details, medical history, concomitant medications, new events (massive heart attack, shortness of breath, tightening in heart, chest pains). Follow-up (18Oct2021): New information reported from a contactable consumer included: added patient medical history, lab data, updated patient's age, suspect drug details (therapy start date and route of administration) and

event details (added leg pain, leg stiffness, chest pain, fast heart rate, obesity, varicose veins, enlarged heart, discomfort; added disability as seriousness for heart attack). The lot number for the vaccine, [BNT162B2], was not provided and will be requested during follow up. Follow-up (03Nov2021, 08Nov2021): New information received from a contactable consumer included: suspect drug information, concomitant medication, reaction data (add walking funny, one leg was shorter than the other/His discomfort he felt with his legs swell, His discomfort he felt with his legs swell, fatigue, sweating, swelling, unable to walk regularly, barely had an appetite, loose his balance, He fell once), event details. Follow-up attempts are completed. No further information is expected. Follow-up (17Nov2021): New information reported from a contactable consumer (patient's daughter). New information included: age, age at vaccination, death date, was added and clinical course of narrative was updated. No follow-up attempts are needed. No further information is expected. Follow-up (29Nov2021): This is a follow-up spontaneous report received from a contactable consumer (patient's daughter): Added additional information. Follow-up attempts are completed. No further information is expected. Follow-up (04Jan2022): This is a spontaneous follow-up report received from the same contactable consumer. Updated information included event and vaccine start date. Follow-up attempts are completed. No further information is expected. Follow-up (06Jan2022): New information received from product quality group which included: Expiry date and Product investigation result. Follow-up attempts are completed. No further information is expected. Follow up (14Jan2022): Follow-up attempts are completed. No further information is expected. Follow-up (20Jun2022): This is a spontaneous follow-up report from a contactable consumer. This consumer reported for a male patient. Updated information: Narrative was updated for additional information. Follow-up attempts are completed. No further information is expected.; Reported Cause(s) of Death: massive heart attack

VAERS ID:	2331657 (history)	Vaccinated:	2021-03-24
Form:	Version 2.0	Onset:	2022-06-21
Age:	63.0	Days after vaccination:	454
Sex:	Male	Submitted:	0000-00-00
Location:	Oklahoma	Entered:	2022-06-24

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-23

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient COVID positive prior to admission into the hospital. Vaccinated plus one booster

VAERS ID: [2331682](#) ([history](#)) **Vaccinated:** 2020-05-19
Form: Version 2.0 **Onset:** 2022-06-23
Age: 74.0 **Days after vaccination:** 765
Sex: Male **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-24

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

Administered by: Private **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-06-23 **Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 3 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** CHF, ESRD**Allergies:** NKA**Diagnostic Lab Data:****CDC Split Type:****Write-up:** patient death

VAERS ID: [2331768](#) ([history](#)) **Vaccinated:** 2021-10-15
Form: Version 2.0 **Onset:** 2021-10-24
Age: 18.0 **Days after vaccination:** 9
Sex: Male **Submitted:** 0000-00-00
Location: Georgia **Entered:** 2022-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3590 / 1	LA / IM
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Administered by: Military **Purchased by:** ?

Symptoms: [Autopsy](#), [Congenital coronary artery malformation](#), [Histology abnormal](#), [Myocarditis](#), [SARS-CoV-2 test negative](#), [Syncope](#), [Toxicologic test normal](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Congenital, familial and genetic disorders (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (broad), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-24

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: None

Current Illness: None

Preexisting Conditions: Anomalous left coronary artery from the right sinus of Valsalva

Allergies: NKDA

Diagnostic Lab Data: autopsy on 25 OCT 2021: Negative toxicology, negative COVID-19 testing by RT-PCR on FFPE tissue, myocarditis identified on histology of the heart. Anomalous left coronary artery from the right sinus of valsalva identified on gross exam of the heart, previously not diagnosed.

CDC Split Type:

Write-up: Witnesses collapse

VAERS ID: 2331860 (history)	Vaccinated: 2022-06-15
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Form: Version 2.0	Onset: 2022-06-23
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Age: 79.0	Days after vaccination: 8
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Sex: Male	Submitted: 0000-00-00
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Location: Minnesota	Entered: 2022-06-24
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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014B22A / 4	RA / IM

Administered by: Military **Purchased by:** ?

Symptoms: [Computerised tomogram thorax normal](#), [Death](#), [Laboratory test normal](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-23

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Active Outpatient Medications Status

===== 1)
 ATROPINE 0.025/DIPHENOXYLATE 2.5MG TAB TAKE 2 TABLETS ACTIVE BY MOUTH FOUR TIMES A DAY 2)

Current Illness: None

Preexisting Conditions: ACTIVE PROBLEMS Hypertension Primary malignant neoplasm of rectum Peripapillary choroidal neovascular membrane Pseudophakia Bilateral age-related nonexudative macular degeneration Vertical strabismus Presbyopia Anxiety Neuropathy Nicotine dependence Cancer of colon Colon Polyp Impaired fasting glucose External hemorrhoids without mention of complication Multiple pulmonary nodules

Allergies: Nickel

Diagnostic Lab Data: Previous labs from visit on 6/15/22 were all stable for patient Chest CT scan that was done on 6/21/22 for screening lung nodule was stable

CDC Split Type:**Write-up:** Patient was found dead at home

VAERS ID: 2331872 (history)	Vaccinated: 2021-11-03
Form: Version 2.0	Onset: 2022-06-10
Age: 90.0	Days after vaccination: 219
Sex: Female	Submitted: 0000-00-00
Location: Minnesota	Entered: 2022-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037K20A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	029L20A / 2	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	939904 / 3	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [COVID-19, SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-15**Days after onset:** 5**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:**

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

Write-up: Patient vaccinated against and then tested positive for COVID19

VAERS ID: 2331956 (history)	Vaccinated: 2022-05-19
Form: Version 2.0	Onset: 2022-05-22
Age: 91.0	Days after vaccination: 3
Sex: Female	Submitted: 0000-00-00
Location: Missouri	Entered: 2022-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	056M21A / 3	UN / IM

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

Symptoms: [Abdominal pain](#), [Aortic dissection](#), [Death](#)

SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-26

Days after onset: 4

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: Daughter only reported Elloquis

Current Illness: none reported

Preexisting Conditions: Atrial fibrillation

Allergies: none reported

Diagnostic Lab Data: no information provided. Pt was admitted to local hospital on 5/22/22 and stayed there until she passed on 5/26/22.

CDC Split Type:

Write-up: Daughter called to report that her mother passed away on 5/26/2022 and wanted to provide some information because she has gotten her Moderna booster 6 days prior to her passing. She is not sure if the death was related to the vaccine administration but wanted to report it anyway. She stated her mother received her first Moderna booster on 11/21/21 and on 11/24/21 she has a varicose vein rupture and she was seen in the ER and released. This vaccine is not listed in the system. Her daughter then reported she got her 2nd Moderna booster at the local County Health Department on 5/19/2022 and on 5/22/2022 had severe abdominal pain and was sent to the hospital and diagnosed with an aortic dissection and placed on comfort care and she passed on 5/26/2022. Her daughter was reporting in case it could have been due to the Moderna vaccine.

VAERS ID: [2332381](#) ([history](#)) **Vaccinated:** 2022-06-23
Form: Version 2.0 **Onset:** 2022-06-24
Age: 68.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: California **Entered:** 2022-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7135 / 3	LA / IM

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-24

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: Unknown

Current Illness:

Preexisting Conditions: CHF CKD- on HD, AVF Paraplegia HTN Complicated surgical history

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient passed away at a nursing facility listed above one day after receiving Pfizer booster. Public Health notified on the day VAERS submitted.

VAERS ID: [2335253](#) ([history](#)) **Vaccinated:** 0000-00-00
Form: Version 2.0 **Onset:** 2021-02-05
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-06-25
Location: New Jersey

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 4	- / -

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

Symptoms: [Abnormal behaviour](#), [Acute kidney injury](#), [Death](#), [Dementia](#), [Investigation](#), [Muscle twitching](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-

associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (narrow), Dyskinesia (broad), Dystonia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Tumour lysis syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-11

Days after onset: 459

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Medical History/Concurrent Conditions: CADASIL (he had an underlying neurologic disease that's called Cadasil)

Allergies:

Diagnostic Lab Data: Test Name: Lab Work; Result Unstructured Data: Test Result:Unknown results; Comments: Doctor stated, He had a lot of it at the hospital

CDC Split Type: USPFIZER INC202200881552

Write-up: He died on the 11May; I would say may be a week or two later his dementia got a lot worse; Acute renal failure; He started developing twitches, big twitches; He started acting strange; This is a spontaneous report received from a contactable reporter(s) (Physician). A 62-year-old male patient received BNT162b2 (BNT162B2), as dose 4 (booster), single (Lot number: FJ6369), in arm for covid-19 immunisation. The patient's relevant medical history included: "He had an underlying neurologic disease that's called Cadasil" (unspecified if ongoing), notes: he had an underlying neurologic disease that's called Cadasil. The patient took concomitant medications. Vaccination history included: Bnt162b2 (Dose 1, single), for COVID-19 Immunization; Bnt162b2 (Dose 2, single), for COVID-19 Immunization; Bnt162b2 (Dose 3 (Booster), single), for COVID-19 Immunization. The following information was reported: ACUTE KIDNEY INJURY (medically significant) with onset 05Feb2021, outcome "unknown", described as "Acute renal failure"; ABNORMAL BEHAVIOUR (non-serious) with onset 05Feb2021, outcome "unknown", described as "He started acting strange"; MUSCLE TWITCHING (non-serious) with onset 05Feb2021, outcome "unknown", described as "He started developing twitches, big twitches"; DEMENTIA (medically significant) with onset 05Feb2021, outcome "unknown", described as "I would say may be a week or two later his dementia got a lot worse"; DEATH (death) with onset 11May2022, outcome "fatal", described as "He died on the 11May". The events "i would say may be a week or two later his dementia got a lot worse", "acute renal failure", "he started developing twitches, big twitches" and "he started acting strange" required emergency room visit. The patient underwent the following laboratory tests and procedures: Lab Work: Unknown results, notes: Doctor stated, He had a lot of it at the hospital. Therapeutic measures were not taken as a result of dementia, acute kidney injury, muscle twitching, abnormal behaviour. The patient date of death was 11May2022. The reported cause of death was unknown. No autopsy was performed. No follow-up attempts are needed. No further information is expected.; Sender's Comments: Based on the current available limited information in the case provided, the causal association between the events death, dementia, acute kidney injury and the use of suspect product BNT162B2 cannot be fully excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as

well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.; Reported Cause(s) of Death: He died on the 11May

VAERS ID: [2335377](#) ([history](#)) **Vaccinated:** 2021-10-22
Form: Version 2.0 **Onset:** 2021-10-23
Age: 71.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Indiana **Entered:** 2022-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1822811 / 1	UN / IM

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

Symptoms: [Blood culture](#), [Chest X-ray](#), [Chills](#), [Computerised tomogram](#), [Culture throat](#), [Culture urine](#), [Death](#), [Dialysis](#), [Hepatic failure](#), [Hypotension](#), [Intensive care](#), [Laboratory test](#), [Mechanical ventilation](#), [Pyrexia](#), [Renal failure](#), [Septic shock](#), [Thrombosis](#), [Vomiting](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Hepatic failure, fibrosis and cirrhosis and other liver damage-related conditions (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-12-07

Days after onset: 45

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 45 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Metoprolol, Chlorthalidone, Metformin, Losartan

Current Illness: UTI

Preexisting Conditions: Diabetic, Renal Stone, Chronic UTI

Allergies:

Diagnostic Lab Data: Starting 10/24/21, Cat Scan, Chest Xray, Labs, Blood and Urine Cultures, Culture of throat

CDC Split Type:

Write-up: Within 48 hours Patient was in ICU after receiving the J&J vaccine. Fever, Vomiting, Chills. Treated for Septic Shock. Blood Clots, Renal Failure, Liver Failure, MI, Drugs for hypotension, Ventilator, Dialysis, Oxygen, Antibiotics, Patient in hospital ICU 10/24/21 till death 12/07/2021

VAERS ID: [2335405](#) ([history](#)) **Vaccinated:** 2021-04-10
Form: Version 2.0 **Onset:** 2021-10-10
Age: 32.0 **Days after vaccination:** 183
Sex: Male **Submitted:** 0000-00-00
Location: Missouri **Entered:** 2022-06-26

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

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

Symptoms: [Brain injury](#), [Brain oedema](#), [Craniotomy](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-17

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: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: Craniotomy

CDC Split Type:

Write-up: He went from walking to collapsing and presenting with severe brain swelling and damage

VAERS ID: [2335442](#) ([history](#)) **Vaccinated:** 2021-10-01
Form: Version 2.0 **Onset:** 2022-01-06
Age: 63.0 **Days after vaccination:** 97
Sex: Male **Submitted:** 0000-00-00
Location: Illinois **Entered:** 2022-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	212A21A / N/A	AR / SYR

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

Symptoms: [Back pain](#), [COVID-19](#), [Condition aggravated](#), [Cough](#), [Death](#), [Diarrhoea](#), [Dyspnoea](#), [Fatigue](#), [Pneumonia](#)

SMQs: Anaphylactic reaction (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad),

Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Noninfectious diarrhoea (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: 2022-02-21

Days after onset: 46

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Amlodipine, carisoprodol, ibuprofen 800mg

Current Illness: None

Preexisting Conditions: Hypertension, chronic neck and back pain

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Symptoms of cough and fatigue began 01/06/2022, by 01/11/2022 symptoms had increased over the 5 days adding short of breath, back pain and diarrhea. Went to ER on 01/11/2022 admitted with covid and pneumonia. 42 days in hospital. Died 02/21/2022

VAERS ID: [2335775](#) ([history](#)) **Vaccinated:** 2022-06-23

Form: Version 2.0 **Onset:** 2022-06-27

Age: 76.0 **Days after vaccination:** 4

Sex: Female **Submitted:** 0000-00-00

Location: Minnesota **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	014B22A / 3	LA / IM

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

Symptoms: [Fatigue](#), [Hypophagia](#), [Malaise](#), [Unresponsive to stimuli](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hypo responsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-27

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:****Current Illness:****Preexisting Conditions:** respiratory failure**Allergies:** Azithromycin, Succinylcholine**Diagnostic Lab Data:****CDC Split Type:**

Write-up: 6/23/22 Received vaccine 6/24/22 Seen by NP with c/o not feeling well. Fatigue and not eating but drinking appropriately. 6/27/22 Found unresponsive in room.

VAERS ID: [2335791](#) ([history](#)) **Vaccinated:** 2022-06-13

Form: Version 2.0 **Onset:** 2022-06-13

Age: 51.0 **Days after vaccination:** 0

Sex: Female **Submitted:** 0000-00-00

Location: Connecticut **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	LA / IM
PNC20: PNEUMO (PREVNAR20) / PFIZER/WYETH	FJ2603 / 2	LA / IM

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

Symptoms: [Angiogram cerebral abnormal](#), [Arteriogram carotid](#), [Brain death](#), [Brain herniation](#), [Cerebral haematoma](#), [Cerebral haemorrhage](#), [Cerebral infarction](#), [Cerebral mass effect](#), [Computerised tomogram head abnormal](#), [Headache](#), [Neurological decompensation](#), [Pain in jaw](#), [Platelet count decreased](#), [Refusal of treatment by patient](#), [Scan with contrast](#), [Thrombocytopenia](#), [Vasogenic cerebral oedema](#)

SMQs: Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Osteonecrosis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-20

Days after onset: 7

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Ascorbic acid daily cholecalciferol 5000 units daily ciprofloxacin 500mg BID ferrous sulfate daily Lisinopril-HCTZ 20/25 mg daily MVI daily olive leaf extract omeprazole 40mg daily prn zofran 4mg TID prn probiotic daily

Current Illness: fibroid ablation 6/7/22

Preexisting Conditions: hypertension diabetes obesity, OSA Recent fibroid uterine embolization

Allergies: ibuprofen - hives pistachio - hives oxycodone - delirium/confusion

Diagnostic Lab Data: 6/18/22 platelets; 74 (usual ~250) 6/18 CTA Head and Neck: Acute intraparenchymal hemorrhage involving the left temporo-occipital, and posterior parietal lobes with associated edema. Pattern of distribution favors a hemorrhagic venous infarct. Evaluation of the venous sinuses for thrombosis is limited by arterial timing of the contrast bolus. If indicated, further evaluation with CT or MR venogram would better evaluate these structures. Rightward midline shift by approximately 3 mm and effacement of the trigone and occipital horn of the left lateral ventricle. No hydrocephalus or herniation.

CDC Split Type:

Write-up: Patient received COVID booster and Pneumovax during PCP appointment on 6/13/22. Later that day, awoke from a nap with a bad headache. Took Tylenol, and the next day complained of bilateral jaw pain and told to continue tylenol. Increased headache by Saturday 6/18 and patient presented to ED. While in the ED, she had a deterioration of neurologic status and a head CT was performed with results as below. Started on clevipidine infusion, received tranexamic acid, mannitol, hypertonic saline. Unable to receive transfusions per religion. Repeat head CT showed increased size of hematoma and vasogenic edema, with worsening mass effect and midline shift, as well as herniation. Unable to perform surgical intervention due to thrombocytopenia. Herniation on 6/19 and transitioned to comfort measures, with brain death on 6/20/22.

VAERS ID: 2335793 (history)	Vaccinated: 2022-05-02
Form: Version 2.0	Onset: 2022-06-10
Age: 75.0	Days after vaccination: 39
Sex: Male	Submitted: 0000-00-00
Location: Arkansas	Entered: 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 1	RA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 2	RA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-25

Days after onset: 15

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: Unknown

Current Illness: Unknown

Preexisting Conditions: Lung cancer, hyperlipidemia

Allergies: None

Diagnostic Lab Data: Pt tested positive for covid on 6/9/2022

CDC Split Type:

Write-up: Pt was hospitalized with covid on 6/10/22 and died on 6/25/22

VAERS ID: [2335814](#) ([history](#)) **Vaccinated:** 2021-04-09
Form: Version 2.0 **Onset:** 2021-08-04
Age: 77.0 **Days after vaccination:** 117
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8727 / 2	- / SYR

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

Symptoms: [COVID-19](#), [Computerised tomogram thorax abnormal](#), [Critical illness](#), [Death](#), [Dialysis](#), [Hypoxia](#), [Intensive care](#), [Livedo reticularis](#), [Lung infiltration](#), [Mechanical ventilation](#), [Metabolic encephalopathy](#), [Peripheral coldness](#), [Pulmonary embolism](#), [Renal failure](#), [Sepsis](#), [Weaning failure](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalopathy/delirium (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-16

Days after onset: 12

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: CT of chest showed bilateral pulmonary emboli and diffuse bilateral infiltrates.

CDC Split Type:

Write-up: Patient presented to Healthcare on 8/4/2021 with unknown past medical history found to be hypoxic on EMS arrival, presents critically ill on mechanical ventilation in the Covid ICU. Left lower extremity with severe mottling, cold to touch. The patient continued on mechanical ventilation, developed worsening renal failure requiring dialysis, unable to be weaned from vent. He had persistent metabolic encephalopathy d/t sepsis and Covid-19. The patient did not improve after 2

weeks on the ventilator and the family decided to make him comfort care. The patient was palliatively extubated and expired immediately thereafter.

VAERS ID: [2335815](#) ([history](#)) **Vaccinated:** 2021-12-20
Form: Version 2.0 **Onset:** 2022-06-26
Age: 73.0 **Days after vaccination:** 188
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 3	- / 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: 2022-06-26

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:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8820456

Write-up: Patient diagnosed with COVID-19 6/20/2022. Admitted through ER locally, on 6/26/2022.

Patient died 6/26/2022 at 1800 per hospital report.

VAERS ID: [2335820](#) ([history](#)) **Vaccinated:** 2021-07-14
Form: Version 2.0 **Onset:** 2022-01-10
Age: 68.0 **Days after vaccination:** 180
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030L20A / 2	- / SYR

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

Symptoms: [Agitation, Anticoagulant therapy, Aspergillus test positive, Atrial fibrillation, COVID-19, Chest X-ray abnormal, Confusional state, Deep vein thrombosis, Encephalopathy, Endotracheal intubation, General physical health deterioration, Lung opacity, Magnetic resonance imaging normal, Mechanical ventilation, Oxygen saturation decreased, Pyrexia, Renal failure, Respiratory distress,](#)

[SARS-CoV-2 test positive](#), [Sputum culture positive](#), [Tachycardia](#), [Tachypnoea](#), [Ultrasound Doppler abnormal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Thrombophlebitis (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Hostility/aggression (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-15

Days after onset: 36

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 13 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Multiple chest xrays obtained which showed worsening bilateral opacities. Sputum culture grew aspergillus.

CDC Split Type:

Write-up: Patient transferred to Hospital on 02/02/2022 from Health System for encephalopathy and failure to wean off the vent. Patient received a positive Covid-19 test on 01/12/2022. He had worsening confusion requiring frequent reorientation. On 01/22/2022 wife brought him to ED, he was initially on room air but decompensated and was intubated on 01/24/2022. He received Decadron and finished treatment on 01/31/2022. Patient failed to wean off the vent d/t issues with severe agitation and tachycardia and tachypnea. He was placed on broad spectrum antibiotics. MRI obtained on 01/25/2022 without acute abnormality. He continued to have fevers and worsening respiratory distress. Doppler revealed a DVT, and placed on Eliquis. On 02/7/2022 patient developed Afib with RVR. Patient developed worsening kidney failure. Continued to deteriorate and required nor epi and vasopressin. Palliative consulted and extubated on 02/15/2022.

VAERS ID: [2335831](#) ([history](#)) **Vaccinated:** 2021-12-03
Form: Version 2.0 **Onset:** 2022-01-25
Age: 86.0 **Days after vaccination:** 53
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027H21B / 3	- / SYR

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

Symptoms: [COVID-19](#), [Death](#), [Fall](#), [Haemorrhage intracranial](#), [Hypertensive urgency](#), [SARS-CoV-2 test positive](#), [Subdural haematoma](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Accidents and injuries (narrow), Hypertension (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-04

Days after onset: 38

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient tested positive for Covid-19 01/25/2022. Patient was admitted to Medical Center on 02/24/2022 after a fall with multiple intracranial hemorrhage and HTN urgency. Patient had bilateral frontal and right temporal subdural hematoma, right frontal parenchymal hemorrhage, trace parafalcine subdural hemorrhage. Patient started on comfort measures on 02/28/2022 and expired on 03/04/2022.

VAERS ID: [2335837](#) ([history](#)) **Vaccinated:** 2021-03-26
Form: Version 2.0 **Onset:** 2021-03-26
Age: 69.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6205 / 2	- / SYR

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

Symptoms: [Acute kidney injury](#), [COVID-19](#), [Cardiac arrest](#), [Central venous catheterisation](#), [Cerebral infarction](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Electrocardiogram](#), [Electrocardiogram ST segment abnormal](#), [Endotracheal intubation](#), [Hypotension](#), [Lactic acidosis](#), [Leukocytosis](#), [Magnetic resonance imaging head abnormal](#), [Mental status changes](#), [Metabolic acidosis](#), [Multiple organ dysfunction syndrome](#), [Pneumonia](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Sepsis](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Lactic acidosis (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Arrhythmia related investigations, signs and symptoms (broad), Ischaemic central nervous system vascular conditions (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tumour lysis syndrome (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-01-02**Days after onset:** 282**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: EKG: Rate 81 non-specific ST-T changes.

CDC Split Type:

Write-up: The patient presents to a local HCF on 12/30/2021 with altered mental status. Upon admission to the ER patient was noted to be in severe sepsis with significant lactic acidosis metabolic acidosis leukocytosis and borderline low blood pressure and rapid Covid positive. PNA on CT of chest. MRI of brain shows punctate recent infarction. The patient was intubated after a few hours in the ER, and had a central line was started on pressor and empiric antibiotics. The patient had multiorgan failure including acute renal failure and severe metabolic acidosis. Patient was given bicarb boluses and initiated on bicarb drip. On 01/02/2022 patient underwent cardiac arrest without successful resuscitation and was pronounced dead.

VAERS ID: [2335846](#) ([history](#)) **Vaccinated:** 2021-09-17
Form: Version 2.0 **Onset:** 2022-02-01
Age: 77.0 **Days after vaccination:** 137
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 3	- / SYR

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

Symptoms: [Abdominal pain](#), [Agitation](#), [Chest X-ray abnormal](#), [Computerised tomogram abdomen abnormal](#), [Confusional state](#), [Cough](#), [Death](#), [Dizziness](#), [Dyspnoea](#), [Hypotension](#), [Lung opacity](#), [Nausea](#), [Pleural effusion](#), [Renal transplant](#), [Vomiting](#)

SMQs: Acute renal failure (broad), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Vestibular disorders (broad), Chronic kidney disease (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-24

Days after onset: 23

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:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Chest Xray on 02/20/2022: worsening multifocal bilateral airspace opacities; small left pleural effusion. CT ABD Pel wo contrast 02/01/2022: multifocal new groundless opacities in lung bases

CDC Split Type:

Write-up: Patient presents to Medical center on 02/01/2022 with nausea and vomiting. Patient had history of recent renal transplant. Patient c/o abdominal pain in the area of transplanted kidney. She stated her blood pressure has been low and felt lightheaded and dizzy in the mornings. She also c/o nonproductive cough, and reports intermittent SOB. She was admitted and placed on gentle IV fluids and IV antiemetics. On 02/20/2022 patient began to have significant higher oxygen requirements, requiring vapotherm. Patient became somewhat confused with occasional agitation. On 02/22/2022 family elected to move to comfort care. Patient expired on 02/24/2022

VAERS ID: [2335857](#) ([history](#)) **Vaccinated:** 2021-02-22
Form: Version 2.0 **Onset:** 2022-06-24
Age: 84.0 **Days after vaccination:** 487
Sex: Female **Submitted:** 0000-00-00
Location: Oklahoma **Entered:** 2022-06-27

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-24

Days after onset: 0

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: hospitalization of covid positive pt fully vaccinated

VAERS ID: [2335858](#) ([history](#)) **Vaccinated:** 2021-12-15
Form: Version 2.0 **Onset:** 2021-12-23
Age: 63.0 **Days after vaccination:** 8
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3594 / 3	- / SYR

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

Symptoms: [Acute respiratory failure](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Haemoptysis](#), [Hypoxia](#), [Oxygen saturation decreased](#), [Positive airway pressure therapy](#), [Productive cough](#), [Pyrexia](#), [Swelling](#)

SMQs: Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), 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: 2022-01-22

Days after onset: 30

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 21 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Chest Xray 01/01/2022: multifocal covid PNA.

CDC Split Type:

Write-up: Patient brought to ED at a local HCF on 01/01/2022 for increased SOB after diagnosis of Covid. She noted fever, increased swelling, increased shortness of breath and cough with mucus/blood. In the ED oxygen was in low 80's on room air. She was placed on nonrebreather where she was at 86% oxygen. Due to continued hypoxia the patient was placed on BiPap. Patient admitted with acute hypoxic respiratory failure 2/2 Covid PNA. Patient started on bronchodilators, IV steroids, O2. Patient was intubated on 1/12/22, then developed refractory hypoxemia. Patient was made DNR and passed on 1/22/2022.

VAERS ID: [2335864](#) ([history](#)) **Vaccinated:** 2021-05-06

Form: Version 2.0 **Onset:** 2022-02-04

Age: 89.0 **Days after vaccination:** 274

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	043B21A / 2	- / SYR

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

Symptoms: [Acute respiratory failure](#), [Asthenia](#), [Atelectasis](#), [COVID-19](#), [Chest X-ray abnormal](#), [Chills](#), [Cough](#), [Death](#), [Dyspnoea](#), [Lung disorder](#), [Lung opacity](#), [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), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Respiratory failure (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-06

Days after onset: 30

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: Patient presented to ED on 02/04/2022 with ongoing and progressive SOB and cough. Patient endorsed weakness and intermittent chill. In ED patient tested Covid Positive. CXR consistent with ill-defined opacities in the right lung base and peripheral left lung, atelectasis versus airspace disease. Patient admitted to hospital with acute hypoxic resp failure. Palliative care consulted and patient agreed to DNR code. Patient expired on 03/06/2022.

VAERS ID: [2335879](#) ([history](#)) **Vaccinated:** 2021-02-27

Form: Version 2.0 **Onset:** 2021-03-27

Age: 82.0 **Days after vaccination:** 28

Sex: Male **Submitted:** 0000-00-00

Location: Florida **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025A21A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016B21A / 2	LA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-19

Days after onset: 449

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** Yes, 5 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** SARS-CoV-2 w/Influenza 06/07/2022**CDC Split Type:****Write-up:** Diagnosed with COVID-19 on 06/07/2022**VAERS ID:** [2335903](#) ([history](#)) **Vaccinated:** 2021-07-12**Form:** Version 2.0 **Onset:** 2021-11-30**Age:** 73.0 **Days after vaccination:** 141**Sex:** Female **Submitted:** 0000-00-00**Location:** New Mexico **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	1820095 / 1	RA / SYR
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	211D21A / 2	RA / SYR

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Abdominal pain](#), [Biopsy](#), [Contusion](#), [Rash](#), [T-cell lymphoma](#)**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Retroperitoneal fibrosis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Malignant lymphomas (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Haematological malignant tumours (narrow)**Life Threatening?** Yes**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-27**Days after onset:** 208**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** N/A**Current Illness:** N/A- Completely healthy**Preexisting Conditions:** Patient diagnosed with rare anaplastic T-cell Non-Hodgkins lymphoma ALK type negative in March 2022 after vaccination/booster**Allergies:** N/A**Diagnostic Lab Data:** biopsy performed 2/14/2022**CDC Split Type:****Write-up:** Rashes and unexplained bruises because apparent Nov 30, 2021. COVID booster was given on 12/20/2021. Started having abdominal pain January 2022. March 2, 2022 diagnosed with rare Anaplastic T Cell Non Hodgkins Lymphoma ALK type negative

VAERS ID: [2335944](#) ([history](#)) **Vaccinated:** 2021-10-19
Form: Version 2.0 **Onset:** 2022-02-09
Age: 63.0 **Days after vaccination:** 113
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045C21A / 2	- / SYR

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

Symptoms: [Acute respiratory failure](#), [Arthralgia](#), [Brain oedema](#), [COVID-19](#), [Cerebral artery occlusion](#), [Cerebrovascular accident](#), [Computerised tomogram head abnormal](#), [Death](#), [Endotracheal intubation](#), [Intensive care](#), [Mechanical ventilation](#), [Neck pain](#), [Pain in extremity](#), [SARS-CoV-2 test positive](#), [Skull X-ray](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (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), Embolic and thrombotic events, arterial (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (narrow), Hyponatraemia/SIADH (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Arthritis (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-27

Days after onset: 18

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 9 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CT brain 02/18/2022 proximal left MCA occlusion with changes in grey white differentiation consistent with acute stroke. Xray 02/18/2022: foreign body projecting over the hypopharynx likely representing dental hardware.

CDC Split Type:

Write-up: Patient was admitted on 02/18/2022 with ventilator dependent acute resp failure d/t stroke. On 02/02/2022 patient noted to be Covid Positive. Since then patient had lingering neck shoulder and arm pain. Patient was intubated and admitted to ICU. Admitted with acute CVA due to left MCA occlusion complicated by malignant cerebral edema and acute hypoxic respiratory failure. Patient was transitioned to comfort care and expired on 02/27/2022.

VAERS ID: [2335956](#) ([history](#)) **Vaccinated:** 2022-01-26
Form: Version 2.0 **Onset:** 2022-03-11
Age: 42.0 **Days after vaccination:** 44
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9896 / 3	- / SYR

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

Symptoms: [Bradycardia](#), [COVID-19](#), [Central venous catheterisation](#), [Computerised tomogram thorax abnormal](#), [Cough](#), [Death](#), [Dialysis](#), [Disorientation](#), [Dyspnoea](#), [End stage renal disease](#), [General physical health deterioration](#), [Hypoglycaemia](#), [Hypotension](#), [Hypoxia](#), [Lung consolidation](#), [Pneumomediastinum](#), [Red blood cell transfusion](#), [SARS-CoV-2 test positive](#), [Somnolence](#), [Subcutaneous emphysema](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Asthma/bronchospasm (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-08

Days after onset: 88

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 presents to ED due to SOB and cough. Patient presented drowsy and disoriented. He was found to be covid positive in ED, and was also covid positive in March. In ED H/H was 6/19- 1 unit PRBC ordered. CT chest showed subcutaneous emphysema and pneumomediastinum and bilateral airspace consolidation, patient was bradycardic in the 30's, atropine 0.5mg x 1 given. Patient was admitted to hospital. On 5/25/2022 patient was ESRD, perm cath placed to be dialyzed.

06/06/2022 patient declined in condition, increased WOB on HFNC d/t hypoxia, more hypotensive and hypoglycemic. Patient expired on 6/8/2022.

VAERS ID: [2335971](#) ([history](#)) **Vaccinated:** 2021-11-09
Form: Version 2.0 **Onset:** 2022-01-12
Age: 65.0 **Days after vaccination:** 64
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	058F21A / 3	- / SYR

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

Symptoms: [Acute respiratory failure](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Death](#), [Dialysis](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Hyperkalaemia](#), [Multiple organ dysfunction syndrome](#), [Pneumonia](#), [Renal failure](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Angioedema (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), Acute central respiratory depression (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-06

Days after onset: 25

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: CXR: bilateral multifocal PNA

CDC Split Type:

Write-up: Patient admitted for Covid-19 PNA and acute resp failure with hypoxia. Patient was started on Decadron and remdesivir. Patient acutely decompensated on 01/22/2022 and was transitioned to AVAPS on 01/23/2022. Patient required intubation and course complicated by worsening renal failure. 02/06/2022 Patient condition continue to decline and multiorgan failure worsened. Patient required pressors and renal failure/hyperkalemia worsening despite dialysis. Patient expired on 2/6/2022.

VAERS ID: [2335983](#) ([history](#)) **Vaccinated:** 2021-05-03
Form: Version 2.0 **Onset:** 2022-03-27
Age: 62.0 **Days after vaccination:** 328
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0171 / 2	- / SYR

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

Symptoms: [Angiogram pulmonary abnormal](#), [Asthenia](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Lung opacity](#), [Malaise](#), [Pneumonia](#), [Respiratory disorder](#), [Severe acute respiratory syndrome](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Interstitial lung disease (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-14

Days after onset: 18

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: CXR: Near complete opacification of the right lung d/t to severe PNA. The left lung grossly clear. CT angiogram chest PE: no pulmonary embolus, bilateral PNA which is severe throughout the right lung.

CDC Split Type:

Write-up: Reports to ED c/o 2-3 months history of dyspnea on exertion. Hx of being exposed to Covid by family member, patient began to feel ill at that time. Since then he has had progressive weakness with no improvement in SOB. Patient admitted with acute respiratory disease d/t severe acute respiratory syndrome coronavirus on 03/27/2022. Patient was intubated on 04/02/2022. Patient was terminally extubated and expired on 04/14/2022.

VAERS ID: [2335988](#) ([history](#)) **Vaccinated:** 2021-09-21
Form: Version 2.0 **Onset:** 2022-01-04
Age: 38.0 **Days after vaccination:** 105
Sex: Female **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF2588 / 2	- / SYR

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

Symptoms: [COVID-19](#), [Chest X-ray normal](#), [Death](#), [Dyspnoea](#), [Pain](#), [SARS-CoV-2 test positive](#), [Upper respiratory tract 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: 2022-01-18

Days after onset: 14

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Chest xray 01/04/2022: no acute abnormality Covid-19 Rapid test: positive

CDC Split Type:

Write-up: Patient presented to ED with upper resp infection, dyspnea and body aches. Patient was triaged in ED and discharged home. Patient expired on 01/18/2022.

VAERS ID: [2336026](#) ([history](#)) **Vaccinated:** 2021-10-15
Form: Version 2.0 **Onset:** 2022-06-25
Age: 77.0 **Days after vaccination:** 253
Sex: Male **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011F21A / 3	RA / 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:** 2022-06-25**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Pt contracted Covid 19 and passed away**VAERS ID:** [2338737](#) ([history](#)) **Vaccinated:** 2021-11-19**Form:** Version 2.0 **Onset:** 2022-06-05**Age:** 55.0 **Days after vaccination:** 198**Sex:** Male **Submitted:** 0000-00-00**Location:** Kentucky **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	- / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Disease complication](#), [Influenza A virus test](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-17**Days after onset:** 12**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:** Unknown

Current Illness:**Preexisting Conditions:** Lupus, Nephritis, History of CVA**Allergies:** Unknown**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient died from Covid 19 complications after being fully vaccinated. Also tested for Influenza A.**VAERS ID:** [2338763](#) ([history](#)) **Vaccinated:** 2021-09-07**Form:** Version 2.0 **Onset:** 2022-05-31**Age:** 30.0 **Days after vaccination:** 266**Sex:** Female **Submitted:** 0000-00-00**Location:** Tennessee **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	020F21A / 2	- / SYR

Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Encephalopathy](#), [Hypotension](#), [Imaging procedure abnormal](#), [Intensive care](#), [Lethargy](#), [Lymphoma](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [Shock](#), [Unresponsive to stimuli](#), [Ureteric compression](#)**SMQs:** Anaphylactic reaction (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (narrow), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Malignancy related therapeutic and diagnostic procedures (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Hypotonic-hypo responsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (narrow), Malignant lymphomas (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Haematological malignant tumours (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), Immune-mediated/autoimmune disorders (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-02**Days after onset:** 2**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 had recent hospitalization (05/12/22-05/25/22) with fever, hypotension concerning for sepsis. Imaging at that time showed progression of lymphoma and ureteral compression. On the morning of 5/31/22 patients husband noted worsening lethargy, and brought the patient to ED. In the ED patient's HR 118, BP 78/42. Patient was given 3 L of IV fluid and admitted for encephalopathy and shock requiring pressors. Patient was found to be Covid positive and maintained saturations on home 2-3L O₂. After arriving patient developed worsening encephalopathy and was no longer able to follow commands. Per discussion with husband, decision was made to transition to comfort care. Pressors stopped on the evening of 05/31/2022. Patient passed away on 06/02/2022.

VAERS ID: [2338786](#) ([history](#)) **Vaccinated:** 2021-12-20
Form: Version 2.0 **Onset:** 2022-01-05
Age: 66.0 **Days after vaccination:** 16
Sex: Male **Submitted:** 0000-00-00
Location: Tennessee **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	320308D / 3	- / SYR

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

Symptoms: [Acute kidney injury](#), [COVID-19 pneumonia](#), [Death](#), [Diarrhoea](#), [Endotracheal intubation](#), [Exposure to SARS-CoV-2](#), [Haemofiltration](#), [Mechanical ventilation](#), [Shock](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (narrow), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (narrow), Hypoglycaemic and neurogenic shock conditions (narrow), Pseudomembranous colitis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-21

Days after onset: 16

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 presented to Medical Center on 01/10/2022 for 1 week of diarrhea. Patient stated family members in house have tested positive for Covid-19. Admitted for AKI, given multiple fluid boluses in ED, started on a sodium bicarb qtt. On 01/15/2022 patient was intubated and ventilated with severe covid PNA. Placed on pressors, sedation and bicarb. Patient received CRRT. 01/21/2022, patient refractory shock, unable to maintain perfusion pressure despite maximum vasopressors, unable to oxygenate or ventilate. Patient expired on 1/21/22.

VAERS ID: [2338813](#) ([history](#)) **Vaccinated:** 2021-09-21

Form: Version 2.0 **Onset:** 2022-05-25

Age: 57.0 **Days after vaccination:** 246

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	046C21A / 2	- / SYR

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-05-27

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? Yes

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 05/25/2022 at Clinic. Ordering provider. No other information available. Patient expired at home on 05/27/2022.

VAERS ID: [2338817](#) ([history](#)) **Vaccinated:** 2021-02-24

Form: Version 2.0 **Onset:** 2022-05-24

Age: 93.0 **Days after vaccination:** 454

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041L20A / 2	- / -
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Administered by: Unknown **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-05-31 **Days after onset:** 7**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 05/24/2022 and expired at home on 05/31/2022.**VAERS ID:** [2338863](#) ([history](#)) **Vaccinated:** 2022-06-21**Form:** Version 2.0 **Onset:** 2022-06-22**Age:** 90.0 **Days after vaccination:** 1**Sex:** Male **Submitted:** 0000-00-00**Location:** Iowa **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A22B / 4	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2022-06-22 **Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Lantanoprost ophthalmic solution 1 drop eyes daily Brimonidine ophthalmic 0.2% solution 1 drop both eyes TID Famotidine 20mg daily Centrum Silver 1 tab daily Coreg 25mg daily Lasix 20mg daily Lovastatin 40mg daily Levothyroxine 88mcg daily

Current Illness: Acute Bronchitis on 6/21/22, Anemia,

Preexisting Conditions: AFIB, Amyloidosis, Aortic regurgitation, BPH, Cardiomyopathy, CHF, Colon polyps, Diverticulosis, GERD, HTN, Hyperlipidemia, Hypothyroidism, Decreased cardiac ejection fraction, impaired tissue integrity, Anemia

Allergies: No Known Allergies No Known Medication Allergies

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient was found deceased in his home the next morning after receiving the covid vaccine.

VAERS ID: [2338905](#) ([history](#)) **Vaccinated:** 2021-04-09

Form: Version 2.0 **Onset:** 2022-02-17

Age: 83.0 **Days after vaccination:** 314

Sex: Female **Submitted:** 0000-00-00

Location: Iowa **Entered:** 2022-06-28

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

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

Symptoms: [Abdominal pain](#), [Anaemia macrocytic](#), [Anticoagulant therapy](#), [Asthenia](#), [Blood creatinine normal](#), [COVID-19](#), [Chest X-ray abnormal](#), [Confusional state](#), [Cough](#), [Death](#), [Decreased appetite](#), [Dyspnoea exertional](#), [Electrolyte substitution therapy](#), [Feeling abnormal](#), [Fibrin D dimer increased](#), [Gastrointestinal tube insertion](#), [Haemoglobin decreased](#), [Hypertransaminasaemia](#), [Inappropriate schedule of product administration](#), [Laboratory test abnormal](#), [Lung infiltration](#), [Mental status changes](#), [Nausea](#), [Posture abnormal](#), [Prohormone brain natriuretic peptide increased](#), [SARS-CoV-2 test positive](#), [Urinary tract infection](#), [Urine analysis abnormal](#), [Urine leukocyte esterase positive](#)

SMQs: Cardiac failure (broad), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Acute pancreatitis (broad), Haematopoietic erythropenia (narrow), Haemorrhage laboratory terms (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Dementia (broad), Dystonia (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Tubulointerstitial diseases (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-06

Days after onset: 17

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 17 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: allopurinol 100 mg Po QD apixaban 5 mg PO BID atorvastatin 40 mg PO HS

buspirone 15 mg PO BID calcium carbonate 600 mg Po BID clopidogrel 75 mg PO QD cyanocobalamin 1000 mcg PO QD diltiazem ER 180 mg PO QD ferrous sulfate 325 mg PO QD furos

Current Illness:

Preexisting Conditions: a fib moderate aortic stenosis HFpEF HTN pulmonary HTN gout

Allergies: sulfa drugs - upset stomach

Diagnostic Lab Data:

CDC Split Type:

Write-up: Moderna Dose 1 3/5/21 (NA) Moderna Dose 2 4/9/21 (NA) COVID Positive 2/18/22

2/17/22: Patient is 84-year-old female coming from home with past medical history of chronic hypoxia on 3 L oxygen at home, atrial fibrillation anticoagulated with Eliquis, moderate aortic stenosis awaiting for TAVR, HFpEF, essential hypertension, pulmonary hypertension and gout. She was brought to the emergency room by family members for complaint of generalized weakness, decreased appetite, nausea and altered mental status. Earlier this evening, patient was noted by her children not feeling herself. Per family members, she was noted to be confused. She was noted to be sliding down on her chair neck. Patient reported she has been having poor appetite with belly pain for the past 2 days. No report of nausea or vomiting. Patient reported dry cough. No report of chest pain fever chills or rigors. Patient is fully vaccinated for COVID-19. No recent sick contacts. Patient reported she has been having progressively worsening exertional dyspnea for the past 7-8 months. She has moderate/severe aortic stenosis. She is scheduled to have TAVR. Patient denied use of tobacco products or alcohol products. Upon evaluation at the emergency room, she was afebrile and hemodynamically stable. She was maintaining 3 L of oxygen to maintain saturation which is her baseline. Labs were significant for mild transaminitis, creatinine of 1.07 which is close to her baseline, proBNP of 2993, and macrocytic anemia with hemoglobin of 11.6 gram/deciliter. Nasopharyngeal swab was positive for COVID-19. Chest x-ray revealed bilateral infiltrates. Urinalysis revealed small leukocyte esterase. Patient was recently treated for UTI. At the emergency room, patient received Lasix 40 mg IV and ceftriaxone 1 g IV. 3/6/22: -Continue with the current management. -appreciate pulmonology recommendations. -steroid taper per pulmonology -Continue Precedex, will continue to wean the Precedex. Patient previously did poorly with Ativan and Haldol. Xanax through the NG tube p.r.n.. - monitor and replace electrolytes as indicated. -appreciate pulmonology initiating thrombocytopenia workup. -possible intubation later on 03/06/2022. -Code status: Full code DVT ppx: Patient was started on heparin drip on 03/05/2022 due to elevated D-dimer. Disposition: Patient was made DNR by the family. Patient expired on 03/06/2022 evening.

VAERS ID: [2338907](#) ([history](#)) **Vaccinated:** 2022-01-04

Form: Version 2.0 **Onset:** 2022-06-24

Age: 80.0 **Days after vaccination:** 171

Sex: Female **Submitted:** 0000-00-00

Location: Texas **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009D21A / 1	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009D21A / 2	LA / IM
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	091D21A / 3	AR / IM

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

Symptoms: [Acute kidney injury](#), [COVID-19](#), [Death](#), [Endotracheal intubation](#), [Hyperthermia](#), [Inappropriate schedule of product administration](#), [Intensive care](#), [Lactic acidosis](#), [Leukocytosis](#), [Mental status changes](#), [Pyrexia](#), [Respiratory failure](#), [SARS-CoV-2 test positive](#), [Sepsis](#), [Unresponsive to stimuli](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (broad), Angioedema (broad), Lactic acidosis (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Shock-

associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-24

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: alprazolam, aspirin, baclofen, buspirone, duloxetine, fluticasone/salmeterol, fluticasone, furosemide, gabapentin, ipratropium/albuterol, levetiracetem, levothyroxine, meclizine, montelukast, multivitamin, nystatin, oxycodone, pravastatin,

Current Illness:

Preexisting Conditions: PAF, complete heart block s/p PPM,HLD, hypothyroidism, seizure disorder, pulmonary sarcoidosis, COPD on home O2, PAH, mitral stenosis s/p tissue valve replacement

Allergies: Clindamycin, codeine, sulfa antibiotics, penicillins

Diagnostic Lab Data: Covid + 6/23/22; This sample was analyzed using the Roche LIAT SARS assay platform using PCR or equivalent Nucleic Acid Amplification (NAA) technology.

CDC Split Type:

Write-up: Moderna COVID Vaccine EUA: COVID-19 case resulting in Hospitalization / Death. Patient received Moderna Vaccines on 6/11/21, 7/12/21 and 1/04/22. Presented to the ED via EMS after being found unresponsive in her home, O2 sat of 80% and placed on O2 by EMS. Intubated in ED, fever 105.8 rectally, cooling was initiated. Leukocytosis, acute kidney injury, lactic acidosis. Admitted for UT, AKI, resp failure, AMS, hyperthermia and severe sepsis. Administered IV fluids and abx, transferred to ICU. Previously elected DNR status. Tx'd with decadron, ampicillin, and cefepime. Expired on 6/24/22.

VAERS ID: [2338908](#) ([history](#)) **Vaccinated:** 2021-10-26

Form: Version 2.0 **Onset:** 2022-01-26

Age: 73.0 **Days after vaccination:** 92

Sex: Female **Submitted:** 0000-00-00

Location: Iowa **Entered:** 2022-06-28

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

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

Symptoms: [Anticoagulant therapy](#), [Anticoagulation drug level below therapeutic](#), [Apnoea](#), [Asthenia](#), [Blood creatinine increased](#), [Blood culture](#), [Blood test](#), [Blood urea increased](#), [Breath sounds absent](#), [COVID-19](#), [Cardio-respiratory arrest](#), [Computerised tomogram head normal](#), [Confusional state](#), [Culture urine negative](#), [Death](#), [Dehydration](#), [Endotracheal intubation](#), [Fatigue](#), [Generalised oedema](#), [Heart sounds abnormal](#), [Inappropriate schedule of product administration](#), [Intensive care](#), [Lactic acidosis](#), [Leukocytosis](#), [Life support](#), [Nitrite urine present](#), [Polyuria](#), [Prohormone brain natriuretic peptide increased](#), [Pulseless electrical activity](#), [Pupil fixed](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#), [Urine analysis](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Lactic acidosis (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiac arrhythmia terms, nonspecific (narrow), Hypotonic-hyporesponsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (narrow), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:**

Other Medications: APAP 650 mg PO Q4h PRN albuterol 2 puffs Q6h PRN allopurinol 200 mg PO QD aspirin 81 mg PO QD atorvastatin 40 mg PO QD bisacodyl 10 mg PR PRN calcium carbonate 500 mg PO Q6h PRN furosemide 20 mg PO QD carvedilol 12.5 mg PO BID lisinopril 1

Current Illness:**Preexisting Conditions:** a fib HTN CKD III CAD PAD HFrEF COPD ppm implantation**Allergies:** Bactrim DS - unknown penicillin - unknown**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pfizer Dose 1 3/11/21 (EN6204) Pfizer Dose 2 4/2/21 (EN6198) Pfizer Dose 3 10/26/21 (FF2593) COVID Positive 1/26/22 1/26/22: A 74-year-old female with past medical history of chronic atrial fibrillation on anticoagulation with Coumadin, hypertension, stage III CKD, CAD, PAD, chronic HFrEF, COPD not on home oxygen, hx ppm implantation is sent to ED by ambulance from nursing home for generalized edema. Patient states that she does not remember why she is sent here but she states she was kept on oxygen at the facility. At this time she feels much better, denies chest pain or shortness of breath, feels tired and weak. As per the EMR she was blood culture generalized edema, she was saturating 93% on 2 L oxygen. Patient is vaccinated for COVID-19. She was recently discharged from the hospital on 01/21/2022 after she was treated for dehydration, diuretics were held at that time. In the ED, she was afebrile, pulse ox 96 on room air, blood pressure stable.

Blood work is significant for mild elevation in BUN and creatinine, leukocytosis, elevated proBNP, with mild lactic acidosis. Urinalysis positive for nitrate. 1/31/22: Patient was admitted and started on IV diuretics as well as empiric IV antibiotics. She was diuresed and given increased doses of Coumadin for subtherapeutic INR and developed supratherapeutic INR. Did not diurese well on intermittent IV Lasix and was switched to a Lasix infusion on hospital day 3. Urine culture was negative and antibiotics were stopped. She was continued on the Lasix infusion. Lasix infusion was stopped on hospital day 5. She was noted to have increasing confusion and CT head was obtained given her supratherapeutic INR and returned negative. At approximately 6:55 a.m. in the morning on hospital day 6 she was found to be unresponsive and apneic and a code was called. ACLS was started and patient received multiple doses of epinephrine and was intubated by the ED physician. ROSC was obtained and she was transferred to the ICU, she soon went into PEA arrest despite being on 2 pressors and ACLS was resumed. A pulse was not obtained after the 2nd arrest and time of death was called at 8:02 a.m. on 01/31/2022. Pupils were fixed and dilated and no heart or breath sounds were present.

VAERS ID:	2338917 (history)	Vaccinated:	2021-09-16
Form:	Version 2.0	Onset:	2021-12-02
Age:	66.0	Days after vaccination:	77
Sex:	Male	Submitted:	0000-00-00
Location:	Iowa	Entered:	2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 3	- / IM

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

Symptoms: [Alanine aminotransferase increased](#), [Aspartate aminotransferase increased](#), [Asthenia](#), [Atrial fibrillation](#), [Balance disorder](#), [Blood albumin decreased](#), [Blood alkaline phosphatase increased](#), [Blood calcium decreased](#), [Blood glucose normal](#), [Blood magnesium decreased](#), [Blood phosphorus](#), [Blood potassium decreased](#), [Body temperature increased](#), [C-reactive protein increased](#), [COVID-19](#), [Cardioversion](#), [Chest X-ray abnormal](#), [Condition aggravated](#), [Death](#), [Dizziness](#), [Dyspnoea](#), [Endotracheal intubation](#), [Ex-tobacco user](#), [Fatigue](#), [Gait disturbance](#), [General physical health deterioration](#), [Haematocrit decreased](#), [Haemofiltration](#), [Haemoglobin decreased](#), [Hypotension](#), [Illness](#), [Inappropriate schedule of product administration](#), [International normalised ratio increased](#), [Lung disorder](#), [Malaise](#), [Mechanical ventilation](#), [Oropharyngeal pain](#), [Oxygen saturation decreased](#), [Pain](#), [Productive cough](#), [Protein total decreased](#), [SARS-CoV-2 test positive](#), [Sputum discoloured](#), [Tachycardia](#), [Walking aid user](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Angioedema (broad), Haematopoietic erythropenia (broad), Peripheral neuropathy (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Chronic kidney disease (narrow), Tumour lysis syndrome (broad), Respiratory failure (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-21

Days after onset: 81

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: APAP 500 mg PO Q6h PRN albuterol 2 puffs Q6h PRN aspirin 81 mg Po QD atorvastatin 80 mg PO QD vitamin D 5000 units PO QD diltiazem ER 180 mg PO QD multivitamin 1 tab PO QD rivaroxaban 20 mg PO QD

Current Illness:

Preexisting Conditions: follicular lymphoma depression HTN HLD former smoker

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer Dose 1 3/2/21 (EN6200) Pfizer Dose 2 4/2/21 (ER8734) Pfizer Dose 3 9/16/21 (EW0177) COVID Positive 12/2/21 (pt reported) COVID Positive 1/31/22 1/31/22: Patient is a 67-year-old male with a past medical history significant for follicular lymphoma, depression, hypertension, hyperlipidemia, former smoker. The patient presents to the ED today with complaints of generalized weakness. He complains of generalized weakness that has been ongoing since the end of November that has worsened over the last few days. He was apparently seen by his visiting nurse today who found that he was tachycardic and had a low pulse ox level. The patient states he had COVID-19 in December 2021 and since testing positive he has never fully recovered. He originally tested positive on 12/2/2021. He states since testing positive in early December his symptoms have not been improving. He complains that over the last couple of days he has become significantly more weak and states he was unable to ambulate without the assistance of a walker which is not normal for the patients. He states that even with assistance from the walker he was having balance difficulty and difficulty walking distances due to becoming easily fatigued. His accompanying symptoms include productive cough with green sputum, shortness of breath, weakness, body aches, sore throat, and dizziness. He denies any palpitations, chest pain, nausea, vomiting or diarrhea. The patient is vaccinated for COVID-19 x3. He denies any alcohol abuse, illicit drug abuse or tobacco use. He recently quit smoking in December 2021 when his illness began, prior to that he did smoke 1/2 pack of cigarettes per day. Upon arrival to ED patient's temperature is 101.8?, heart rate 176, respirations 16, pulse ox 88% on room air, blood pressure 85/54. The patient was subsequently placed on 15 L oxygen via OxyMask to maintain O2 saturations greater than 90%. The patient was found to be in atrial fibrillation with RVR, the patient has a known history of this. The patient received 3 doses of IV Cardizem with some resolution of tachycardia, however patient's blood pressure was low. The patient was subsequently started on amiodarone per recommendations from Dr., cardiologist. Patient is currently on an amiodarone drip and Levophed drip due to patient's blood pressure being low. Patient also received 2 g IV magnesium sulfate, 125 mg IV Solu-Medrol, 500 mg IV azithromycin, 500 mg IV calcium gluconate, 1 g IV Rocephin, 3 L IV normal saline, 40 mEq IV potassium chloride in the ED. chest x-ray reveals multifocal airspace disease concerning for viral pneumonia/pneumonitis. Patient's laboratory findings are significant for potassium 3.1, glucose 116, ALT 58, AST 52, ALP 365, total protein 4.1, albumin 2.3, calcium 7.4, magnesium 1.2, phosphorus 2.2, hemoglobin 10.3, hematocrit 31.1, INR 1.4, CRP 8.50, rapid COVID-19 antigen is positive. The patient was seen and examined at the bedside in the ED. The patient states he feels better than prior to arrival. He admits he has been ill since initially testing positive for COVID-19 in December 2021, however, at that time he did not require inpatient treatment. His biggest complaint is significant and worsening weakness and fatigue

that has been ongoing and worsening since December. 2/21/22: Patient was managed aggressively with broad spectrum IV antimicrobials, vasopressors, cardioversion for atrial fibrillation. He was intubated, extubated however unable to sustain without mechanical ventilation. Despite maximal effort including CRRT and continued mechanical ventilation, multiple vasopressor medications, the patient did not progress in a recovery direction. His clinical status continued to deteriorate. Family transitioned him to comfort measures and patient eventually passed away in the afternoon of February 21, 2022.

VAERS ID: [2338922](#) ([history](#)) **Vaccinated:** 2021-03-27
Form: Version 2.0 **Onset:** 2022-01-10
Age: 69.0 **Days after vaccination:** 289
Sex: Male **Submitted:** 0000-00-00
Location: Iowa **Entered:** 2022-06-28

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

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

Symptoms: [Acquired diaphragmatic eventration](#), [Acute respiratory failure](#), [Asthenia](#), [Atrial fibrillation](#), [Blood creatinine increased](#), [Blood test abnormal](#), [Blood urea increased](#), [COVID-19](#), [Cardioversion](#), [Chest X-ray abnormal](#), [Cough](#), [Death](#), [Diarrhoea](#), [Dyspnoea](#), [Endotracheal intubation](#), [Hyponatraemia](#), [Hypotension](#), [Hypoxia](#), [Leukocytosis](#), [Lung infiltration](#), [Lymphopenia](#), [Malaise](#), [Mechanical ventilation](#), [Multiple organ dysfunction syndrome](#), [Neutrophilia](#), [Oxygen saturation decreased](#), [Pain](#), [Pneumonia bacterial](#), [SARS-CoV-2 test positive](#), [Septic shock](#), [Superinfection](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic leukopenia (narrow), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hyponatraemia/SIADH (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Noninfectious diarrhoea (narrow), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-30

Days after onset: 20

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 17 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: allopurinol 300 mg PO QD aspirin 81 mg PO QD atorvastatin 40 mg PO QD cyclospine eye drops 1 drop Q12h diltiazem XR 240 mg PO QD fluticasone 2 sprays QD glipizide 5 mg PO AC hydrochlorothiazide 25 mg PO QD losartan 100 mg PO QD metformin

Current Illness:

Preexisting Conditions: DM II HTN HLD gout

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer Dose 1 3/6/21 (EN6199) Pfizer Dose 2 3/27/21 (EN6207) COVID Positive 1/10/22 1/14/22: A 70-year-old male with a past medical history of type 2 DM, hypertension, hyperlipidemia and gout brought to ED by ambulance for worsening shortness of breath and hypoxia. Patient states that he has been feeling sick for 1 week, with generalized weakness, cough, SOB and body aches. Patient states he got tested for COVID 19 about 4 days ago, and was reported positive. Patient was seen by family physician, was asked to monitor pulse ox. Patient states his pulse ox has been mostly in 70s, but he did not come to the emergency room. He received monoclonal antibody infusion yesterday. Patient says he is vaccinated against COVID-19 x2 doses, but no booster. His friend who lives with him also has mild symptoms. Denies nausea or vomiting, but had some loose stools. Per EMS his oxygen saturation was 74% on room air. In the ED, he was afebrile, blood pressure stable, pulse ox 92% on 15 L oxygen by mask. Blood work shows leukocytosis with neutrophilia and lymphopenia. Mild hyponatremia and elevated BUN and creatinine noted. Chest x-ray showed extensive bilateral infiltrates, with left hemidiaphragm elevation with mass effect. Patient was given IV dexamethasone 6 mg in the ED. 1/30/22: 70 year old male with hypertension presented for dyspnea and hospitalized for acute hypoxic respiratory failure secondary to COVID 19. Patient's oxygen requirement progressively increased and ended up getting intubated and requiring progressively increasing support on the ventilator. Patient received Actemra, Remdesivir, Dexamethasone and later Solu-Medrol. Patient was treated for superimposed bacterial pneumonia with course of antibiotics including ceftazidime and vancomycin. Patient developed afib w RVR which was appropriately treated medically and converted after synchronized cardioversion for hypotension. Patient's oxygen requirement worsened requiring maximal oxygenation support on the ventilator and developed septic shock with multiorgan failure which was refractory to vasopressors. Goals of care was discussed with the family by the critical care attending and they decided on DNR/DNI and patient died on 1/30/2022 at 1836. Cause of death COVID 19.

VAERS ID: [2338928](#) ([history](#)) **Vaccinated:** 2022-01-07

Form: Version 2.0 **Onset:** 2022-02-03

Age: 68.0 **Days after vaccination:** 27

Sex: Female **Submitted:** 0000-00-00

Location: Michigan **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	01/07/2022 / 3	- / -

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: 2022-02-03

Days after onset: 0

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:** COVID +**CDC Split Type:****Write-up:** Breakthrough case admission after three doses; patient expired Moderna 1/26/21

Lot#027L20A; Moderna 2/23/21 Lot# 011M20A; Moderna 1/7/22 Lot# 030H21B;

VAERS ID: [2338931](#) ([history](#)) **Vaccinated:** 2021-05-24**Form:** Version 2.0 **Onset:** 2022-02-13**Age:** 56.0 **Days after vaccination:** 265**Sex:** Male **Submitted:** 0000-00-00**Location:** Iowa **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	035C21A / 2	- / IM

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

Symptoms: [Anion gap](#), [Anticoagulation drug level below therapeutic](#), [Atrial fibrillation](#), [Blood bilirubin increased](#), [Blood creatinine increased](#), [Blood glucose normal](#), [Blood lactic acid](#), [Blood sodium decreased](#), [Bundle branch block right](#), [COVID-19](#), [Cardio-respiratory arrest](#), [Cardiomegaly](#), [Central venous catheterisation](#), [Chest X-ray abnormal](#), [Chills](#), [Cough](#), [Death](#), [Decreased appetite](#), [Dialysis](#), [Dizziness](#), [Dyspnoea exertional](#), [Dysstasia](#), [Electrocardiogram abnormal](#), [Endotracheal intubation](#), [Gastrointestinal haemorrhage](#), [General physical health deterioration](#), [Hypervolaemia](#), [Hypotension](#), [Intensive care](#), [International normalised ratio increased](#), [Lung disorder](#), [Lung infiltration](#), [Pain in extremity](#), [Peripheral swelling](#), [Platelet count decreased](#), [Platelet transfusion](#), [Polyuria](#), [Positive airway pressure therapy](#), [Product dose omission issue](#), [Prohormone brain natriuretic peptide increased](#), [Pulmonary oedema](#), [Pulmonary vascular disorder](#), [Pulseless electrical activity](#), [Red blood cell transfusion](#), [Respiratory distress](#), [Resuscitation](#), [SARS-CoV-2 test positive](#), [Thrombocytopenia](#), [Troponin](#), [Urine output decreased](#)

SMQs: Torsade de pointes/QT prolongation (broad), Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Liver-related coagulation and bleeding disturbances (narrow), Anaphylactic reaction (narrow), Acute pancreatitis (broad), Angioedema (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Supraventricular tachyarrhythmias (narrow), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Embolic and thrombotic events, venous (narrow), Gastrointestinal haemorrhage (narrow), Acute central respiratory depression (broad), Biliary system related investigations, signs and symptoms (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium

(broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hyponatraemia/SIADH (narrow), Ischaemic colitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Cardiac arrhythmia terms, nonspecific (narrow), Vestibular disorders (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Tubulointerstitial diseases (broad), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Medication errors (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), 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: 2022-02-27

Days after onset: 14

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: None

Current Illness:

Preexisting Conditions: renal transplant x 2 APoL-1 related FSGS CKD 4 immunocompromised status a fib CHF HTN

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Moderna Dose 1 4/26/21 (002C21A) Moderna Dose 2 5/24/21 (035C21A) COVID Positive 2/18/22 2/18/22: Pt. is a 57-year-old male with PMH history of renal transplant x 2 due to APOL-1 related FSGS, current CKD 4, immunocompromised status, atrial fibrillation on chronic anticoagulation, CHF, and HTN who presented to ED today for swelling of bilateral legs and increased dyspnea on exertion. He states his feet are killing him and have made it difficult to stand. His wife notes his legs are the most swollen may have ever been. He also notes significant shortness of breath with activity as minimal as sitting or drinking water. Associated symptoms include a dry cough, lightheadedness, chills, and decreased appetite. He believes symptoms have been coming on for 3-4 days, however his wife believes symptoms have been present for 1-2 months. He notes that he has not been urinating much recently. His torsemide dose is 200 mg however he is able to titrate himself down as he feels necessary, and he has been taking 200 mg for the past couple days. He does note missing 2 days of all medications in a row prior to this. He takes albuterol which very slightly improved his symptoms. Per chart review, patient had end-stage renal disease presumed secondary to APOL-1 related FSGS s/p deceased donor kidney transplant in 1999, which lasted to 2004, then subsequently on chronic hemodialysis followed by 2nd kidney transplant on 11/1/15.

Noted baseline at most recent nephrology visit on 2/3/22 indicated baseline creatinine 2.5-3.0, with Cr 3.91 1/31/22. At that time there were no clear signs of rejection of kidney. Last seen in clinic 2/10/22 with Cr 5.94. He is taking torsemide 100 mg for diuresis, to titrate up to 200 mg as patient deems fit. Current medications for history of transplant include mycophenolate, prednisone, and tacrolimus. In the ED patient presented with pulse 115, BP 99/67, saturating 98% on room air. Labs notable for Na 131, anion gap 23, glucose 58, creatinine 8.14, total bili 8.0, lactate 3.9, proBNP \$g70000, troponin 0.18, platelets 43, INR 2.4. EKG indicated atrial fibrillation with RVR, RAD, incomplete right bundle branch block. CXR indicated cardiomegaly and pulmonary vascular congestion, patchy airspace disease in bilateral lungs could represent pulmonary infiltrate versus pulmonary edema. Due to

clinical status, central line was placed in right IJ, CXR indicated termination within the SVC. In the ED he was given 2 mg of Bumex and 250 mL NS. Surgical Hx: Kidney transplant 1999, 2015. Family Hx: Noncontributory SH: Denies current tobacco, alcohol, or recreational drug use 2/27/22: patient is a 57-year-old male with PMH history of renal transplant x 2 due to APOL-1 related FSGS, current CKD 4, immunocompromised status, atrial fibrillation on chronic anticoagulation, CHF, and HTN who initially presented to ED 2/18/22 for swelling of bilateral legs and increased dyspnea on exertion. In the ED labs were notable for creatinine over 8 with baseline 2.5-3, in addition to pro BNP greater than 70,000, lactate 3.9, platelet 43, and troponin 0.18 which trended to 0.17 with repeat. He was found to be in AFib with RVR in the ED and started on diltiazem drip which was transitioned to PO on day 3 of hospitalization. Nephrology was consulted and patient was initially on bicarb and Bumex drip however ultimately required dialysis starting 2/21/22. He had a supratherapeutic INR at admission and this continued to rise despite holding warfarin. Patient was also noted to have thrombocytopenia for which he did receive platelet transfusions. Hematology was consulted. Patient was treated for possible concurrent CAP. Patient was difficult to manage from a dialysis standpoint as he had both fluid overload and hypotension. Due to this, on 2/27 patient was transferred to the ICU with plan to initiate CRRT. Pulmonology was also consulted as patient had had several episodes of respiratory distress requiring placement of BiPAP. Patient arrived to the ICU initially in stable condition, on 5L NC. Had rapid decompensation with PEA. Patient was coded 5 times and ROSC was achieved with each attempt. Patient was intubated after first code Patient was noted to have large amount bloody fluid in output from OG tube, GI bleed was believed to be the reason for his decompensation. Patient received 2 units pRBCs, 2 units platelets, 2 doses Kcentra. Discussion was had with family (see Dr."s note) and decision was made not to code patient again. Family came to the bedside and patient passed away.

VAERS ID: 2338944 (history)	Vaccinated:	2021-11-18
Form: Version 2.0	Onset:	2022-02-09
Age: 81.0	Days after vaccination:	83
Sex: Male	Submitted:	0000-00-00
Location: Michigan	Entered:	2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039F21A / 3	- / -

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: 2022-02-09

Days after onset: 0

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:** COVID +**CDC Split Type:**

Write-up: Breakthrough case admission after three doses; patient expired Moderna, 2/10/21, Lot #007M20A, Moderna 3/10/21, Lot #030A21A, Moderna 11/18/21, Lot #039F21A

VAERS ID: 2338945 (history)	Vaccinated: 2021-06-01
Form: Version 2.0	Onset: 2022-02-01
Age: 70.0	Days after vaccination: 245
Sex: Female	Submitted: 0000-00-00
Location: Iowa	Entered: 2022-06-28

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

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

Symptoms: [COVID-19](#), [COVID-19 pneumonia](#), [Computerised tomogram thorax normal](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Fatigue](#), [Hyporesponsive to stimuli](#), [Oxygen saturation decreased](#), [SARS-CoV-2 test positive](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (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), Hypotonic-hyporesponsive episode (broad), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-07

Days after onset: 34

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: APAP 650 mg PO Q4h PRN albuterol 2 puffs inh Q4h PRN vitamin C 500 mg Po QD aspirin 81 mg Po QD carbidopa-levodopa 25-100 mg PO BID cholecalciferol 1000 units O qD clozapine 200 mg Po HS docusate 100 mg PO BID PRN enoxaparin 40 mg SQ HS esc

Current Illness:

Preexisting Conditions: CAD HTN hypothyroidism Parkinson's tremor GERD anxiety depression schizoaffective disorder bipolar disorder

Allergies: benzotropine - unknown beta lactams - weal, tolerated ceftazidime haloperidol - unknown macrolide antibiotics - unknown sulfa drugs - unknown thioridazine - unknown thiothixene - unknown

Diagnostic Lab Data:

CDC Split Type:

Write-up: Moderna Dose 1 5/5/21 (lot NA) Moderna Does 2 6/1/21 (lot NA) COVID Positive 2/19/22 2/19/22: Pt, is 71-year-old female past medical history significant for coronary artery disease, hypertension, hypothyroidism, Parkinson's disease, tremor, GERD, anxiety/depression, schizoaffective disorder, and bipolar disorder. Patient was admitted after she was admitted for COVID

pneumonia and stayed for 4-5 day after she presented with fatigue and was found to have low pulse ox of 80%. Patient was admitted for 5 days and completed antiviral medication with remdesivir and Decadron. Patient had CT of the chest with no pulmonary emboli at that time Currently she still feels short of breath but denies any chest pain fever chills or rigors 3/7/22: I have been reviewing the chart and the long complicated clinical course. The specialists and family had agreed with comfort measures, the patient expected to not survive after extubation, but has been hanging on with poor responsiveness and no signs of improvement. Will approach the family about hospice therapy and possible discharge to a hospice facility. UPDATE I have just been informed that the patient passed away at 08.46 pm.

VAERS ID:	2338949 (history)	Vaccinated:	2021-02-09
Form:	Version 2.0	Onset:	2022-02-01
Age:	79.0	Days after vaccination:	357
Sex:	Male	Submitted:	0000-00-00
Location:	Michigan	Entered:	2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	010M20A / 2	- / -

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: 2022-02-01

Days after onset: 0

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: COVID +

CDC Split Type:

Write-up: Breakthrough case admission after 2 vaccines; patient expired Moderna 1/12/21 Lot# 027L20A; Moderna 2/9/21 Lot#010M20A

VAERS ID:	2338953 (history)	Vaccinated:	2021-03-07
Form:	Version 2.0	Onset:	2022-01-06
Age:	82.0	Days after vaccination:	305
Sex:	Female	Submitted:	0000-00-00
Location:	Iowa	Entered:	2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EN6199 / 2	- / IM

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

Symptoms: [Aspiration](#), [Bacteraemia](#), [COVID-19](#), [Death](#), [Depressed level of consciousness](#), [Dyspnoea](#), [Enterococcal infection](#), [Enterococcus test positive](#), [Inappropriate schedule of product administration](#), [Loss of consciousness](#), [Malnutrition](#), [Oxygen saturation decreased](#), [Physical deconditioning](#), [Pneumonia](#), [Positive airway pressure therapy](#), [SARS-CoV-2 test positive](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), 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), Generalised convulsive seizures following immunisation (broad), Respiratory failure (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Sepsis (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-13

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: aspirin 81 mg PO QD calcium-vitamin D 1 tab PO QD cyclobenzaprin 5 mg PO TID denosumab 120 mg SQ Q30days ferrous sulfate 325 mg PO BIDAC furosemide 20 mg PO QD guaifenesin 600 mg PO Q12h lenalidomide 10 mg PO QD lisinopril 20 mg PO QD metop

Current Illness:

Preexisting Conditions: multiple myeloma chronic anemia CKD

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer Dose 1 2/12/21 (EN6201) Pfizer Dose 2 3/7/21 (EN6199) COVID Positive 1/7/22 1/7/22: 83-year-old lady presented hospital with history of increasing shortness of breath overnight. Staff at nursing home noted that the patient was struggling with breathing, oxygen saturation dropped to 78. She was put on 2 L and that improved and placed on CPAP. The patient was transferred to the emergency department for further management. Apparently, patient tested positive for COVID last week and has not had any symptom until last evening. In the emergency room, patient was noted to be desaturating. Currently has been put on BiPAP, saturating 92% on BiPAP. Patient is a poor historian. Her daughter reports that she is DNR, DNI, but has agreed that the patient is set up for BiPAP use. The patient has a history of multiple myeloma, chronic anemia, and CKD. 1/13/22: An 83-year-old lady presented to the emergency room with history of increasing shortness of breath. She had a history of multiple myeloma with severe _____ and severe malnutrition. The patient's exam was suggestive of pneumonia, malnutrition, COVID-19 infection. Further lab workup revealed that the patient had bacteremia due to Enterococcus faecalis. The patient's antibiotic therapy was

adjusted. She was on and off BiPAP. Her oxygen saturation improved with BiPAP up to 2 L; however, she remained very deconditioned. She required nutrition via TPN and p.r.n. by mouth. The patient, unfortunately, overnight, suddenly aspirated, and respiratory status worsened. She remained obtunded and unconscious following that episode. After discussion with the family about the prognosis, family opted for comfort measures, that were initiated. The patient eventually passed away on January 13, 2022, at 1:10 p.m. the family members were at the bedside at time of passing.

VAERS ID:	2338958 (history)	Vaccinated:	2021-11-04
Form:	Version 2.0	Onset:	2022-06-22
Age:	58.0	Days after vaccination:	230
Sex:	Male	Submitted:	0000-00-00
Location:	Wisconsin	Entered:	2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	012F21A / 2	LA / IM

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

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

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-22

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Probable MI d/t HTN; OSC: COVID-19; Hx of CVA; HLD; aortic valve insufficiency

Allergies:

Diagnostic Lab Data: Tested positive for Covid -19 on 6/22/2022 ME office ordering facility.

CDC Split Type:

Write-up: 06/22/2022 He was not hospitalized at death. He was the captain of a charter boat when he went unresponsive.

VAERS ID:	2338977 (history)	Vaccinated:	2022-04-27
Form:	Version 2.0	Onset:	2022-06-22
Age:	91.0	Days after vaccination:	56
Sex:	Male	Submitted:	0000-00-00
Location:	Wisconsin	Entered:	2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001M21A / 4	LA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-22

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Parkinson's disease: OSC: COVID-19; Hx of CVA; HTN; HLD

Allergies:

Diagnostic Lab Data: Tested positive for Covid-19 on 06/14/2022 19:05

CDC Split Type:

Write-up: Death on 06/22/2022 at Nursing Home

VAERS ID: [2338993](#) ([history](#)) **Vaccinated:** 2021-03-12

Form: Version 2.0 **Onset:** 2022-06-10

Age: 61.0 **Days after vaccination:** 455

Sex: Male **Submitted:** 0000-00-00

Location: Wisconsin **Entered:** 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027A21A / 2	LA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-10

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: OSC: DM; HTN; HLD; morbid obesity**Allergies:****Diagnostic Lab Data:** Tested positive for Covid-19 at time of death - lab ordered by Medical Examiner**CDC Split Type:****Write-up:** Suspected MI prior to Death on 06/10/2022- time frame unknown

VAERS ID: 2338995 (history)	Vaccinated: 2022-06-03
Form: Version 2.0	Onset: 2022-06-03
Age: 84.0	Days after vaccination: 0
Sex: Male	Submitted: 0000-00-00
Location: Ohio	Entered: 2022-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	057M21A / 4	LA / SYR

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Cardiac failure](#), [Condition aggravated](#), [Death](#), [Intensive care](#)**SMQs:**, Cardiac failure (narrow), Cardiomyopathy (broad), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 0000-00-00**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** don't know**Current Illness:** Congestive heart failure**Preexisting Conditions:** Congestive heart failure**Allergies:** don't know**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient was en route to the ER but visited the pharmacy before getting admitted for symptomatic heart failure. Patient was then transferred to the ICU for exacerbated heart failure and passed two weeks later in his sleep.

VAERS ID: 2341707 (history)	Vaccinated: 2021-11-23
Form: Version 2.0	Onset: 2022-06-19
Age: 86.0	Days after vaccination: 208
Sex: Female	Submitted: 0000-00-00
Location: Florida	Entered: 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / UNK	- / -
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039B21A / UNK	- / -

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030A21A / UNK	- / -
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Administered by: Unknown **Purchased by:** ?**Symptoms:** [Aphasia](#), [Death](#), [Failure to thrive](#), [Neurological examination](#)**SMQs:** Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Neonatal disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-28**Days after onset:** 9**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Diabetes, hypothyroidism, alzheimers seizures, cerebrovascular hemorrhage.**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** pt presented with failure to thrive and increased aphasia, neuro work up done. Pt transferred to hospice Deceased on 06/28/22**VAERS ID:** [2341737](#) ([history](#)) **Vaccinated:** 2022-05-26**Form:** Version 2.0 **Onset:** 2022-06-13**Age:** 64.0 **Days after vaccination:** 18**Sex:** Female **Submitted:** 0000-00-00**Location:** Maryland **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 3	- / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-22**Days after onset:** 9**Permanent Disability?** No**Recovered?** No**Office Visit?** No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Zinc Oxide Cream 13 % Apply to sacrum topically every 8 hours as needed for Wound AND Apply to Sacrum topically one time a day for Wound (Discontinued) Vancomycin HCl in NaCl Solution 750-0.9 MG//150ML-% Use 750 milligram intravenously ever

Current Illness:**Preexisting Conditions:****Allergies:** NKDA**Diagnostic Lab Data:****CDC Split Type:****Write-up:** expired

VAERS ID: 2341769 (history)	Vaccinated: 2022-06-03
Form: Version 2.0	Onset: 2022-06-27
Age: 87.0	Days after vaccination: 24
Sex: Male	Submitted: 0000-00-00
Location: Maryland	Entered: 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	RA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-27**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Docusate Ferrous Sulfate Gabapentin Guafenesin Lasix Melatonin Metoprolol Metoprolol Nifedepine Oxycodone Polyethylene Sodium Bicarbonate Spironolactone Thiamine Tylenol Ventolin

Current Illness:**Preexisting Conditions:** Dementia Chronic Leukemia CKD Anemia HTN**Allergies:** NKA**Diagnostic Lab Data:** N/A**CDC Split Type:****Write-up:** Death within 30 days

VAERS ID: [2341799](#) ([history](#)) **Vaccinated:** 2022-06-03
Form: Version 2.0 **Onset:** 2022-06-17
Age: 87.0 **Days after vaccination:** 14
Sex: Male **Submitted:** 0000-00-00
Location: Maryland **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 4	LA / -

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-17

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: Sennosides Nitroglycerine Morphine Sulfate Morphine Sulfate Lactulose Solution Incruse Ellipta Hyoscynamine Sulfate Gold Bond Powder Famotidine Cyclobenzaprine Bisacodyl Asper cr?me Lidocaine Patch Ammonium Lactate Lotion Alum & Ma

Current Illness:

Preexisting Conditions: Dementia with behavioral disturbance Spinal Stenosis PVD COPD HTN Weakness Localized enlarged lymph nodes Reflux Abdominal Aortic Aneurysm BPH

Allergies: NKA

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Death

VAERS ID: [2341844](#) ([history](#)) **Vaccinated:** 2021-11-23
Form: Version 2.0 **Onset:** 2022-06-07
Age: 89.0 **Days after vaccination:** 196
Sex: Male **Submitted:** 0000-00-00
Location: Missouri **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30130BA / 3	- / -

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

Symptoms: [Death](#)

SMQs:

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-15**Days after onset:** 8**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Death**VAERS ID:** [2341849](#) ([history](#)) **Vaccinated:** 2022-06-15**Form:** Version 2.0 **Onset:** 2022-06-16**Age:** 95.0 **Days after vaccination:** 1**Sex:** Male **Submitted:** 0000-00-00**Location:** Louisiana **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037A22B / 4	LA / IM

Administered by: Senior Living **Purchased by:** ?**Symptoms:** [Death](#), [Increased upper airway secretion](#), [Respiratory rate increased](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-16**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:** NORVASC PROSCAR LATANOPROST DIFLUCAN FLOMAX NYSTATIN SYSTANE TYLENOL LEVSIN BENADRYL BACTROBAN ATIVAN HALDOL NORCO OXYCODONE LASIX CLARITIN TESSALON PERLES DULCOLAX**Current Illness:** ALZHEIMERS DEMENTIA MAJOR DEPRESSIVE D/O DYSPHAGIA GLAUCOMA INSOMNIA HTN MACULAR DEGENERATION BPH OPEN WOUND DELIRIUM CONSTIPATION**Preexisting Conditions:** SEE ABOVE**Allergies:** RED DYE

Diagnostic Lab Data: NONE**CDC Split Type:**

Write-up: THE FOLLOWING ARE NURSES NOTES. 6/9/22 - RESIDENT ADMITTED TO HOSPICE CARE. 6/15/21 APPROX 8AM - PRN OXYCODONE GIVEN FOR MOANING/GRIMACING. 6/15/22 11:15AM - SECOND MODERNA BOOSTER GIVEN. 6/15/22 APPROX 1PM - PRN MEDS (OXYCODONE, ATIVAN & LEVSIN) GIVEN FOR INCREASED SECRETIONS AND RAPID RESPIRATIONS. 6/16/22 APPROX 6AM - VITALS: BP 81/63, P 111, SPO2 82% ON RA, T 97.7. 6/16/22 1:47 - TIME OF DEATH.

VAERS ID: [2341906](#) ([history](#)) **Vaccinated:** 2021-02-04

Form: Version 2.0 **Onset:** 2021-09-22

Age: 85.0 **Days after vaccination:** 230

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	032H20A / 2	- / SYR

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-11-19

Days after onset: 58

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 09/22/2021. Patient was not hospitalized for this illness. It is noted that the patient expired on 11/19/2021, with Covid listed as a reason.

VAERS ID: [2341918](#) ([history](#)) **Vaccinated:** 2021-02-12

Form: Version 2.0 **Onset:** 2021-09-12

Age: 80.0 **Days after vaccination:** 212

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	024M20A / 2	- / SYR

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

Symptoms: [COVID-19](#), [Chest X-ray abnormal](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Gastrointestinal haemorrhage](#), [Haematochezia](#), [Pneumonia](#), [SARS-CoV-2 test positive](#), [Transfusion](#)

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-09-26

Days after onset: 14

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to Hospital on 09/26/2021 reporting GI bleed at SNF. The patient was Covid positive at SNF. In ED patient had large blood stool. CT scan of chest showed bilateral PE's. CXR showed multifocal PNA. Patient was admitted and transfused in ED. Patient expired on 09/26/2021 at 2335.

VAERS ID: [2341928](#) ([history](#)) **Vaccinated:** 2021-11-04

Form: Version 2.0 **Onset:** 2021-12-01

Age: 93.0 **Days after vaccination:** 27

Sex: Female **Submitted:** 0000-00-00

Location: Washington **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	062E21A / 3	RA / -

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

Symptoms: [Death](#), [Dupuytren's contracture](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-05

Days after onset: 35

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:** Cosopt, latanoprost, fish oil, vision smarts supreme (supplement), Aerds 2.**Current Illness:** None.**Preexisting Conditions:** Bladder cancer (not yet diagnosed), macular degeneration, glaucoma.**Allergies:** No known allergies.**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Dupuytren's disease of palm. No treatment. Died of other causes 2 months later (date of death 01/05/2022)**VAERS ID:** [2341930](#) ([history](#)) **Vaccinated:** 2022-01-07**Form:** Version 2.0 **Onset:** 2022-05-23**Age:** 73.0 **Days after vaccination:** 136**Sex:** Female **Submitted:** 0000-00-00**Location:** Tennessee **Entered:** 2022-06-29

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

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Anticoagulant therapy](#), [COVID-19](#), [Death](#), [Dyspnoea](#), [Dyspnoea exertional](#), [Echocardiogram abnormal](#), [Ejection fraction decreased](#), [Hypotension](#), [Left atrial dilatation](#), [Mitral valve incompetence](#), [SARS-CoV-2 test positive](#), [Tachycardia](#), [Troponin increased](#)**SMQs:** Cardiac failure (narrow), Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (narrow), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-05-29**Days after onset:** 6**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient with a h/o multivessel disease and endstage CHF presented to ED c/o worsening SOB. Patient reported getting SOB on exertion. In the ED the patient was hypotensive and tachycardia, troponin elevated, heparin qtt started, and levophed drip started per cardiology. Patient

also tested positive for Covid-19. For concerns of sepsis, Vanc and Zosyn started. Echocardiogram revealed EF <25%, left atrium severely dilated, and severe mitral regurgitation. On 05/26/2022 patient becoming more hypotensive, MAP was not maintained with levophed and dobutamin qts. Patient made comfort care on 05/27/2022 and expired on 5/29/2022.

VAERS ID: [2341980](#) ([history](#)) **Vaccinated:** 2021-02-01
Form: Version 2.0 **Onset:** 2021-03-01
Age: 90.0 **Days after vaccination:** 28
Sex: Female **Submitted:** 0000-00-00
Location: Florida **Entered:** 2022-06-29

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

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

Symptoms: [Asthenia](#), [Cardiac failure](#)

SMQs: Cardiac failure (narrow), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-06-04

Days after onset: 94

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Weakness, heart failure

VAERS ID: [2342002](#) ([history](#)) **Vaccinated:** 2021-02-19
Form: Version 2.0 **Onset:** 2022-06-26
Age: 96.0 **Days after vaccination:** 492
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	031L20A / 1	LA / IM

Administered by: Private**Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Disease complication](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-26**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** n/a**Current Illness:** n/a**Preexisting Conditions:** a fib CHF HTN acute renal failure**Allergies:** n/a**Diagnostic Lab Data:****CDC Split Type:****Write-up:** pt vaccinated on 2/19/2021 admitted to hospital on with covid 19 complication on 6/19/2022 passed away on 06/26/2022**VAERS ID:** [2344822](#) ([history](#))**Vaccinated:** 2022-06-23**Form:** Version 2.0**Onset:** 2022-06-24**Age:** 81.0**Days after vaccination:** 1**Sex:** Female**Submitted:** 0000-00-00**Location:** Tennessee**Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	060A22A / 3	LA / IM

Administered by: Private**Purchased by:** ?**Symptoms:** [Apnoea](#), [Cardiac arrest](#), [Cardio-respiratory arrest](#), [Death](#), [Endotracheal intubation](#), [General physical health deterioration](#), [Haematocrit decreased](#), [Hypothermia](#), [Malaise](#), [Mechanical ventilation](#), [Pulse absent](#), [Pulseless electrical activity](#), [Resuscitation](#), [Unresponsive to stimuli](#), [White blood cell count increased](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Haematopoietic erythropenia (broad), Haemorrhage laboratory terms (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow), Hypotonic-hyporesponsive episode (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-06-24

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:** Colace Lovenox Pepcid Lasix IV Levaquin Lopressor Singular Flomax Ultram**Current Illness:** Acute and rapid clinical deterioration with main differential including septic shock versus bleeding. Acute or chronic hypoxic respiratory failure. Hypothermia Proteus bacteraemia and pyelonephritis. Nephrolithiasis-status post left ureteral stent placement on June 14th. Acute renal failure. Mild hyperkalemia New onset atrial fibrillation**Preexisting Conditions:** Morbid obesity Gastroesophageal reflux disease Chronic lymphedema and recurrent cellulitis Mild anemia Hypertension History of cataract surgery History of cholecystectomy. History of facial surgery.**Allergies:** NKA**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient died on 6/24/2022 On June 24th, she was noted to become hypothermic. She said that she was not feeling well, but did not give any focal symptoms. She suddenly decompensated from a clinical standpoint and Code Blue was called. She was found unresponsive, apneic, and pulseless. CPR was performed. Return of spontaneous circulation was achieved after 4 minutes. She was given IV fluid and pressors were started. She then went into another PEA arrest. Return of spontaneous circulation was again achieved after about 4 minutes. She did require intubation. Workup revealed a market increase in her white blood cell count as well as drop in her hematocrit. No obvious GI bleeding was noted. There was also no obvious abdominal stigmata of intraabdominal bleeding. Family requested DNR status. She was given IV fluids and empiric antibiotics. Stress dose steroids were added. She was maintained on mechanical ventilatory support.

VAERS ID: [2344826](#) ([history](#)) **Vaccinated:** 2021-11-28

Form: Version 2.0 **Onset:** 2022-06-03

Age: 64.0 **Days after vaccination:** 187

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027H21B / 3	- / SYR

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

Symptoms: [Bundle branch block right](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Cardiomegaly](#), [Chest X-ray abnormal](#), [Death](#), [Dyspnoea](#), [Electrocardiogram abnormal](#), [Endotracheal intubation](#), [Intensive care](#), [Lung disorder](#), [Lung infiltration](#), [Myocardial infarction](#), [Positive airway pressure therapy](#), [Sternotomy](#), [Surgical fixation of rib fracture](#)

SMQs: Torsade de pointes/QT prolongation (broad), Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (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) (narrow), Embolic and thrombotic events, arterial (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective

pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-03

Days after onset: 0

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 with extensive PMH, with recent hospital admission for COVID PNA, reports back to Medical Center on 05/22/2022 with c/o SOB. In the ED she was placed on BiPAP and given Lasix. Portable chest xray demonstrated prior median sternotomy and left rib fixation. Cardiac silhouette remained moderately enlarged, diffuse pulmonary vascular engorgement with bilateral mixed interstitial and alveolar infiltrates, favoring pulmonary edema as an etiology. ECG revealed prior inferior infarct, RBBB. She was admitted to the hospital and transferred to ICU where she required intubation. On 5/28/2022 patient had cardiac arrest, started on amiodarone. 06/01/2022 family in agreement with DNR status, and patient expired on 06/03/2022.

VAERS ID: [2344839](#) ([history](#)) **Vaccinated:** 2021-08-12

Form: Version 2.0 **Onset:** 2021-12-28

Age: 81.0 **Days after vaccination:** 138

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	006D21A / 2	- / SYR

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-22

Days after onset: 25

Permanent Disability? No

Recovered? No

Office Visit? Yes

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: Assisted living patient at Health center who tested positive for Covid-19 on 12/20/2021. At the time patient was asymptomatic. Patient expired at same facility on 01/22/2022.

VAERS ID: [2344841](#) ([history](#)) **Vaccinated:** 2021-03-26

Form: Version 2.0 **Onset:** 2022-01-14

Age: 80.0 **Days after vaccination:** 294

Sex: Male **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	016M20A / 1	- / SYR
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	010A21A / 2	- / SYR

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

Symptoms: [Aspartate aminotransferase increased](#), [Asthenia](#), [Atelectasis](#), [Chemotherapy](#), [Chest X-ray abnormal](#), [Chest tube insertion](#), [Death](#), [Endotracheal intubation](#), [Haematocrit decreased](#), [Hypoxia](#), [Lung infiltration](#), [Platelet count decreased](#), [Positive airway pressure therapy](#), [Pulmonary oedema](#), [Pyrexia](#), [Troponin I increased](#)

SMQs: Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Haematopoietic erythropenia (broad), Haematopoietic thrombocytopenia (narrow), Haemorrhage laboratory terms (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Myocardial infarction (narrow), Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes

Date died: 2022-01-26

Days after onset: 12

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 19 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:**

Preexisting Conditions: CAD (RCA stent), DM, HTN, Dyslipidemia, CLL (on current oral chemo)

Allergies: atorvastatin, levofloxacin**Diagnostic Lab Data:** CXR (1/14) showed mild interstitial markings bilaterally suggestive of edema and atelectatic change vs infiltrate in L lung base. Troponin I (1/14) 15 ng/L AST (1/14) 39 U/L HCT (1/14) 32.7% Plt (1/14) 133 K/uL**CDC Split Type:**

Write-up: Hospitalized 1/3/22 - 1/8/22 and 1/14/22 - 1/26/22. During first admission, received remdesivir and discharged on O2. On second admission, presented with increased generalized weakness, fever, hypoxemia. Required continuous BiPAP on max settings. Chest tube placed and intubation discussed but family opted to transition to comfort care. Pt expired shortly after BiPAP was removed.

VAERS ID: [2344855](#) ([history](#)) **Vaccinated:** 2021-05-17

Form: Version 2.0 **Onset:** 2021-11-12

Age: 63.0 **Days after vaccination:** 179

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	- / SYR

Administered by: Unknown **Purchased by:** ?
Symptoms: [COVID-19](#), [Death](#), [SARS-CoV-2 test positive](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes **Date died:** 2021-12-29 **Days after onset:** 47**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 was a resident of a Healthcare, with a hx of insulin-dependent diabetes, stable hypertension, hypothyroidism, dyslipidemia. Patient tested positive for Covid-19 at NHC on 11/12/2021. Patient was not hospitalized for this, and expired at the facility on 12/29/2021.

VAERS ID: [2344864](#) ([history](#)) **Vaccinated:** 2021-10-25

Form: Version 2.0 **Onset:** 2022-05-27

Age: 84.0 **Days after vaccination:** 214

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	026D21A / 3	- / SYR

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

Symptoms: [Aortic aneurysm](#), [Back pain](#), [COVID-19](#), [Chest pain](#), [Computerised tomogram thorax abnormal](#), [Death](#), [Haematoma](#), [Refusal of treatment by patient](#), [SARS-CoV-2 test positive](#), [Ulcer](#)

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal ulceration (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-06

Days after onset: 10

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented to Hospital on 06/03/2022 with worsening chest and back pain. CT scan showed a significant enlargement of her descending aorta and several ulcers with concerning hematomas around the aorta. Patient recently tested positive for Covid-19 on 05/27/2022. Patient was admitted to hospital services and refused any intervention, knowing that the aneurysm may rupture and lead to death. Patient requested palliative care and passed on 06/06/2022.

VAERS ID: [2344873](#) ([history](#)) **Vaccinated:** 2021-03-19

Form: Version 2.0 **Onset:** 2021-12-16

Age: 76.0 **Days after vaccination:** 272

Sex: Female **Submitted:** 0000-00-00

Location: Tennessee **Entered:** 2022-06-30

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

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

Symptoms: [Blood glucose increased](#), [COVID-19](#), [Chest X-ray abnormal](#), [Death](#), [Hypotension](#), [Malaise](#), [Oedema](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs:, Cardiac failure (broad), Anaphylactic reaction (narrow), Angioedema (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious

encephalopathy/delirium (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-05

Days after onset: 20

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 resident of nursing home. Patient had tested positive for Covid-19 on 12/16/2021. On 01/05/2022 patient reported to nurse she was not feeling well. Patients blood pressure was low, and blood glucose high. No SOB noted on exam. Edema noted on CXR. Midodrine 5mg x 1 given. Patient was then found unresponsive and expired at 1102.

VAERS ID: [2344876](#) ([history](#)) **Vaccinated:** 2021-04-02

Form: Version 2.0 **Onset:** 2022-02-25

Age: 77.0 **Days after vaccination:** 329

Sex: Female **Submitted:** 0000-00-00

Location: Iowa **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8734 / 2	- / IM

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

Symptoms: [Abnormal loss of weight](#), [Aggression](#), [Agitation](#), [Arthralgia](#), [Aspartate aminotransferase increased](#), [Blood alkaline phosphatase increased](#), [Blood bicarbonate increased](#), [Blood gases](#), [Blood lactic acid](#), [Blood pH normal](#), [Brain natriuretic peptide increased](#), [C-reactive protein](#), [COVID-19](#), [Cachexia](#), [Cerebral atrophy](#), [Cerebral microangiopathy](#), [Chest X-ray abnormal](#), [Chest pain](#), [Computerised tomogram head abnormal](#), [Computerised tomogram thorax abnormal](#), [Confusional state](#), [Death](#), [Decreased appetite](#), [Diarrhoea](#), [Dyspnoea](#), [Echocardiogram](#), [Ejection fraction decreased](#), [Fibrin D dimer](#), [Food refusal](#), [Full blood count](#), [General physical health deterioration](#), [Hypophagia](#), [Inappropriate schedule of product administration](#), [Influenza virus test negative](#), [Lipase normal](#), [Lung disorder](#), [Lung infiltration](#), [Magnetic resonance imaging head normal](#), [Mean cell volume increased](#), [Mental status changes](#), [Pneumothorax](#), [Productive cough](#), [Prohormone brain natriuretic peptide increased](#), [Pulmonary mass](#), [Respiratory failure](#), [Respiratory symptom](#), [SARS-CoV-2 test positive](#), [Speech disorder](#), [Tachycardia](#), [Treatment noncompliance](#), [Upper respiratory tract infection](#), [Urine analysis normal](#)

SMQs: Cardiac failure (narrow), Liver related investigations, signs and symptoms (narrow), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Pseudomembranous colitis (broad), Acute central respiratory depression (narrow), Psychosis and psychotic disorders (broad), Biliary system related investigations, signs and symptoms (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (narrow), Cardiomyopathy (narrow), Eosinophilic pneumonia (broad), Central nervous system vascular disorders, not specified as haemorrhagic or ischaemic (broad), Hypersensitivity (broad), Arthritis (broad), Noninfectious diarrhoea (narrow), Respiratory failure (narrow), Tendinopathies and ligament disorders (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-07

Days after onset: 10

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness:

Preexisting Conditions: anemia anxiety arthritis HTN insomnia

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer Dose 1 3/8/21 (EN6203) Pfizer Dose 2 4/2/21 (ER8734) COVID Positive 3/2/22 3/2/22: Patient is a 78-year-old female with past medical history of anemia, anxiety, arthritis, hypertension, insomnia with BMI 16 and recent unintentional weight loss that is presenting with recent onset shortness of breath. Presents today with her granddaughter and POA. Patient is somewhat difficult to understand, therefore granddaughter is assisting with history. Of note, patient's granddaughter believes her speech is worse than normal. Additionally, she has had a productive cough, upper respiratory symptoms, diarrhea, and chest pain over the past week. Denies fevers, chills, nausea, vomiting. Appetite has been decreased. She has taken some Tylenol for arthritic pain, has otherwise not taken any over-the-counter medications. Symptoms have all been progressive and they presented today to the emergency department for evaluation. ED course: Patient presented tachycardic at 1:14 a.m., 89% on room air. Lab significant for: AST 72, ALP 164, lactic acid 2.1, lipase 6, BNP 2 675; VBG showed pH 7.43, bicarb 34; CBC normal with MCV 106.8. UA unremarkable, COVID rapid antigen and PCR positive, influenza negative. Chest x-ray showed bibasilar infiltrates, more severe on the left. CT of the chest negative for PE, showed completely collapsed left lower lobe with patchy airspace disease in the middle and lower right lobe, concerning for pneumonia however an obstructing mass cannot be ruled out. CT of the head showed no acute findings, chronic atrophic

changes and micro angiopathy disease. Patient was given 500 mg of azithromycin and 2 g of Rocephin in addition to 10 mg of Decadron. 1 L normal saline administered. Patient's granddaughter expresses concerns with patient's overall health deteriorating over the past several weeks. Patient lives at home, however is unclear if she is able to take care of herself sufficiently or not. She has refused nursing home care, granddaughter believes because she used to work in a nursing home. Patient is still driving, however there were some concerns about this. Granddaughter believes that patient has been seeing an oncologist however she is not sure why this is the case. Currently, the patient denies any acute pain and believes she is feeling better since arrival. Breathing has improved. Patient is admitted to the for further management. 3/7/22: Pt. is a 78 year old female with pmh anemia, anxiety, arthritis, HTN, insomnia and BMI of 16 with recent weight loss that presented on 3/2 with recent onset SOB. She is not on home oxygen. She has been vaccinated to COVID. Per patient's granddaughter, POA, patient had lost over 15 pounds unintentionally. Her appetite has been decreased over the past several weeks and she has not been eating. Overall she believes her health has been declining and she had not left her apartment in some time. Granddaughter states she has been seeing a hematologist/oncologist for anemia, but is unaware of any recent malignancies. She believes her speech has been more difficult to understand and she has also had a cough, URI, diarrhea, and chest pain that all started within the last week. When her shortness of breath progressed, her granddaughter urged her to go to the ED. ED course per EMR: "Patient presented tachycardic at 1:14 a.m., 89% on room air. Lab significant for: AST 72, ALP 164, lactic acid 2.1, lipase 6, BNP 2 675; VBG showed pH 7.43, bicarb 34; CBC normal with MCV 106.8. UA unremarkable, COVID rapid antigen and PCR positive, influenza negative. Chest x-ray showed bibasilar infiltrates, more severe on the left. CT of the chest negative for PE, showed completely collapsed left lower lobe with patchy airspace disease in the middle and lower right lobe, concerning for pneumonia however an obstructing mass cannot be ruled out. CT of the head showed no acute findings, chronic atrophic changes and micro angiopathy disease. Patient was given 500 mg of azithromycin and 2 g of Rocephin in addition to 10 mg of Decadron. 1 L normal saline administered." Patient was admitted for hypoxic respiratory failure secondary to COVID-19. Pulmonology was consulted and she received rocephin, azithromycin, decadron, remdesivir, actemra, RT, and duonebs. CRP and D-dimer was trended. Patient's oxygen was weaned down to room air and pulmonology signed off. In regards to her cachexia and weight loss, nutrition was consulted and assisted in supplementing diet. MR brain was obtained due to concern for malignancy given weight loss and lesion on CT chest that could not rule out mass. This showed no acute processes. Patient became intermittently confused, agitated, and combated as her mental status fluctuated, oftentimes refusing medications and meals. All medications that could be exacerbating her AMS were discontinued. Her chronic conditions were initially managed with her home medications. Due to an elevated proBNP, an echo was performed which showed an EF of 40%. Palliative medicine was consulted due to patient's deteriorating health status. They had a family meeting with patient's grad daughter, and she stated that her grandmother would want to transition to comfort measures and not suffer any longer than necessary. Hospice was consulted as a result. These comfort measures were initiated on 3/5 and all medications that were not contributing to her comfort were discontinued. Patient continued to receive prn medications to aid in comfort, however patient passed away on 3/7 around 1630. Family was present and was able to see her before transfer to funeral home.

VAERS ID:	2344910 (history)	Vaccinated:	2021-10-01
Form:	Version 2.0	Onset:	2022-03-01
Age:	86.0	Days after vaccination:	151
Sex:	Female	Submitted:	0000-00-00
Location:	Illinois	Entered:	2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN / 3	- / IM
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Administered by: Private **Purchased by:** ?

Symptoms: [Anaemia](#), [Asthenia](#), [COVID-19](#), [Chest X-ray abnormal](#), [Confusional state](#), [Cough](#), [Death](#), [Dyspnoea](#), [Full blood count abnormal](#), [Hypercoagulation](#), [Hyperviscosity syndrome](#), [Incoherent](#), [Lung infiltration](#), [Oxygen saturation decreased](#), [Respiratory distress](#), [SARS-CoV-2 test positive](#), [Unresponsive to stimuli](#)

SMQs: Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Haematopoietic leukopenia (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Acute central respiratory depression (broad), Psychosis and psychotic disorders (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-14

Days after onset: 12

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: amlodipine 5 mg PO QD cholecalciferol 4000 units PO QD ferrous sulfate 325 mg PO MWF folic acid 1 mg PO qD meclizine 25 mg PO TID PRN propranolol 40 mg PO BID

Current Illness:

Preexisting Conditions: advanced Alzheimer's dementia partial hearing loss HTN IBS h/o macroglobulinemia RA osteosarthritis deconditioning

Allergies: penicillins - swelling, unsure proparacaine ophthalmic - crying for a week, pain, swelling, itching

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer Dose 1 2/8/21 (EN6201) Pfizer Dose 2 3/1/21 (EN6203) Pfizer Dose 3 10/1/21 (NA) COVID Positive 3/2/22 COVID Positive 3/4/22 3/4/22: The patient known to have advanced Alzheimer's dementia living at the nursing home referred to the hospital due to noticed cough with mild shortness of breath and became more confused in compared and weak. The patient does have poor coherence and cannot answer my questions, history gathered from the ED provider and the medical report. Does not look in pain or distress, at the Emergency the patient oxygenation was normal on room air but occasional dropped to 87% required 2 L of oxygen through nasal cannula. Her labs are not completed at the ED, on her CBC show stable chronic anemia. Her chest x-ray show bilateral infiltrate. Her COVID-19 test is positive on March 2nd 3/14/22: The patient respiratory distress with hypercoagulability state and hyperviscosity Continue comfort measures The patient is laying comfortably in her bed and is not agitated or aggressive, DC sitter Plan to discharge her to hospice tomorrow, discussed with the family DNR/DNI Patient deceased 3/14/22

VAERS ID: [2344920](#) ([history](#)) **Vaccinated:** 2021-03-24
Form: Version 2.0 **Onset:** 2022-01-05
Age: 80.0 **Days after vaccination:** 287
Sex: Female **Submitted:** 0000-00-00
Location: Iowa **Entered:** 2022-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / 2	- / IM

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

Symptoms: [Acute respiratory failure](#), [Asthenia](#), [Blood creatinine increased](#), [COVID-19](#), [COVID-19 pneumonia](#), [Chest X-ray abnormal](#), [Chronic kidney disease](#), [Condition aggravated](#), [Death](#), [Decreased appetite](#), [Dyspnoea](#), [Fibrin D dimer increased](#), [General physical health deterioration](#), [Hypertension](#), [Inappropriate schedule of product administration](#), [Leukocytosis](#), [Nausea](#), [Oxygen saturation decreased](#), [Pneumonia](#), [Pneumonia viral](#), [Positive airway pressure therapy](#), [Prohormone brain natriuretic peptide increased](#), [Pyrexia](#), [SARS-CoV-2 test positive](#), [White blood cell count increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Acute pancreatitis (broad), Haemorrhage laboratory terms (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (broad), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-25

Days after onset: 20

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: APAP 650 mg Po Q4h PRN aspirin 81 mg PO QD vitamin D 4000 units Po QD vitamin B12 50 mcg PO QD ferrous sulfate 325 mg PO QD fluoxetine 20 m PO QD melatonin 3 mg PO HS multivitamin 1 tab PO QD pravastatin 20 mg PO QD tramadol 50 mg Po Q6h PRN

Current Illness:

Preexisting Conditions: HTN HLD DM type 2 CKD pulmonary fibrosis chronic lower back pain aortic valve stenosis

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pfizer Dose 1 2/26/21 (EN6200) Pfizer Dose 2 3/24/21 (ER2613) COVID Positive 1/5/22
 1/19/22: Pt. is a 81 year old female, who presented to ED with complaints of shortness of breath. She has been vaccinated and boosted against Covid-19. However, she did test positive on Jan 5th at her Nursing Facility. She was quarantined until Jan 10 and placed on Levaquin prophylactically. Patient does not wear oxygen at baseline. She was admitted back in December for a recurrent UTI. Patient stated she started becoming short of breath yesterday. Experiencing generalized weakness and decreased appetite. Some nausea without vomiting. No diarrhea. Denies chest pain. She has a past medical history of hypertension, hyperlipidemia, type 2 diabetes mellitus (diet managed) CKD, pulmonary fibrosis, chronic lower back pain and aortic valve stenosis On arrival to ED the patient was febrile 99.5, hypertensive 171/97 and hypoxic on room air at 86%, 15 L non-rebreather was applied with improvement in oxygen saturation, patient was eventually weaned down to 10 L non-rebreather. Laboratory findings were significant for CKD stage G 3B creatinine 1.21. ProBNP 3800. Leukocytosis 24.64. D-dimer 3.52. Chest x-ray moderate bilateral airspace disease, likely viral pneumonia. Chest x-ray no PE. Scattered bilateral areas of airspace disease likely representing viral pneumonitis or multilobular pneumonia. Levaquin was initiated in ED. 1/25/22: 81 year old female with a history of diet-controlled T2 dm, CKD 3, resident in LTC and pulmonary fibrosis. Patient admitted for acute hypoxic respiratory failure secondary to COVID-19 pneumonia. She was initially diagnosed on 01/05/2022. She was placed on usual treatment for COVID-19 infection but oxygen requirement continues to deteriorate. She was initially placed on high-flow oxygen via nasal cannula then oxygen via OptiFlow and BiPAP yet response was quite poor. She was a DNR. Three days ago she was made comfort care only and expired this early morning.

VAERS ID: [2345165](#) ([history](#)) **Vaccinated:** 2021-01-18
Form: Version 2.0 **Onset:** 2022-06-27
Age: 72.0 **Days after vaccination:** 525
Sex: Female **Submitted:** 0000-00-00
Location: Kentucky **Entered:** 2022-06-30

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

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

Symptoms: [Death](#), [Hypercapnia](#), [Hypophagia](#), [Hypoxia](#), [Renal impairment](#)

SMQs:, Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Asthma/bronchospasm (broad), Retroperitoneal fibrosis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Eosinophilic pneumonia (broad), Tumour lysis syndrome (broad), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-06-27

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown - Pt not hospitalized at time of vaccination

Current Illness: Unknown

Preexisting Conditions: Past medical history: Status post bioprosthetic mitral valve replacement in 2019 Maze procedure and left atrial appendage ligation Combined systolic and diastolic congestive heart failure Hypertension COPD Chronic hypoxemic respiratory failure on 2 liters/minute nasal cannula Chronic kidney disease stage 3 Peripheral vascular disease Hyperlipidemia Bilateral cataract surgery Breast biopsy for benign disease TAH, BSO

Allergies: Bactrim, Oxycodone

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient initially showed improvement with reduction in her oxygen requirements. However subsequently she became more hypoxic. She also developed hypercapnia. Renal function was initially stable but became progressively worse likely due to poor p.o. intake. She was given some hydration. On 6/27 she developed even worsening hypoxemia despite maximal therapy. She was given morphine for comfort at her daughter's request. She expired with her daughter at bedside on 6/27/22.

VAERS ID: 2347376 (history)	Vaccinated: 2021-02-04
Form: Version 2.0	Onset: 2022-01-23
Age: 83.0	Days after vaccination: 353
Sex: Female	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-07-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	027L20A / 2	- / -

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

Symptoms: [Chest X-ray abnormal](#), [Confusional state](#), [Death](#), [Hypertension](#), [Hypo responsive to stimuli](#), [Hypotension](#), [Hypoxia](#), [Pneumonia](#), [Renal failure](#), [Respiratory failure](#), [Septic shock](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute renal failure (narrow), Anaphylactic reaction (narrow), Asthma/bronchospasm (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (broad), Torsade de pointes, shock-associated conditions (broad), Hypovolaemic shock conditions (broad), Toxic-septic shock conditions (narrow), Anaphylactic/anaphylactoid shock conditions (broad), Hypoglycaemic and neurogenic shock conditions (broad), Dementia (broad), Acute central respiratory depression (narrow), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypertension (narrow), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Hypotonic-hypo responsive episode (broad), Chronic kidney disease (narrow), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (narrow), Dehydration (broad), Hypokalaemia (broad), Sepsis (narrow), Opportunistic infections (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-24

Days after onset: 1

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: COPD, DM2, Depression, HLD, HN, right AKA due to knee replacement infection

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Presented to ED on 1/23/22 minimally responsive, hypoxemic, and initially hypertensive but then became hypotensive. Treated for septic shock and rocephin, doxy, IVFs. CXR showed bilateral lower lobe PNA. Pt was in renal failure, hypoxemic respiratory failure, septic shock, and confused. Consulted with palliative care and pt expired on 1/24/22.

VAERS ID: 2347382 (history)	Vaccinated: 2021-04-13
Form: Version 2.0	Onset: 2021-11-02
Age: 65.0	Days after vaccination: 203
Sex: Male	Submitted: 0000-00-00
Location: Tennessee	Entered: 2022-07-01

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

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

Symptoms: [Angiogram pulmonary abnormal](#), [Anticoagulant therapy](#), [COVID-19](#), [COVID-19 pneumonia](#), [Cardiac arrest](#), [Death](#), [Dyspnoea](#), [Endotracheal intubation](#), [Hypoxia](#), [Intensive care](#), [Lung consolidation](#), [Lung opacity](#), [Oxygen saturation decreased](#), [Positive airway pressure therapy](#), [Pulmonary embolism](#), [Tachycardia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Angioedema (broad), Asthma/bronchospasm (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Embolic and thrombotic events, venous (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (broad), Respiratory failure (broad), Infective pneumonia (narrow), Dehydration (broad), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No**Died?** Yes**Date died:** 2021-11-27**Days after onset:** 25**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 20 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:**

Allergies:

Diagnostic Lab Data: CT angio Thorax 11/07/2021: Patchy ground-glass consolidation in both lungs suggesting mild Covid-19 PNA, small right lower lobe pulmonary artery embolus.

CDC Split Type:

Write-up: Patient diagnosed with Covid 19 on 11/02/2021 and received monoclonal antibody treatment. Patient presented to Medical Center on 11/07/2021 worsening SOB and hypoxemia. Patient was placed on Vapotherm and admitted to hospital. Patient received Remdesivir, Dexamethasone, prone positioning as able, Vapotherm, Lovenox. He also presented with acute pulmonary embolus. 11/19/2021 Patient started to require BiPAP at night. 11/20/2021: Patient was moved to ICU and BiPAP was started. 11/25/2021 Patient developed increased SOB and tachycardia, he was unable to maintain his oxygen saturation and was emergently intubated. Patient developed asystole and expired on 11/27/2021.

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