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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/combative at this time. He denies chest pain, shortness of breath, nausea, vomiting, diarrhea, abdominal pain, fever, and chills. On arrival to the ED, the patient's vitals were stable. He is 98% SpO2 on room air. His labs were fairly unremarkable. He has a troponin of 0.04, TSH 7.34, Free T4 0.84, hemoglobin 13.2. His urine was positive for large amount of leukoesterase. His COVID screening was positive. CXR showed no acute findings. CT of the head showed no acute intracranial findings, but did show severe parenchymal volume loss and white matter changes suggestive of advanced chronic microvascular ischemia. EKG showed AFib at a controlled rate. This appears to be chronic for the patient. The patient received 1g of Rocephin in the ED. 11/18/21: Patient is resting comfortably in bed. Has been unresponsive most of the day. Awaiting hospice placement. Later deceased.

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

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

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

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

Location: Missouri

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-18

Days after onset: 260

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Atorvastatin, and Metoprol

Current Illness: None

Preexisting Conditions: None

Allergies: None

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

CDC Split Type:

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

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 the individual was hospitalized again, but they died on 09/16/2021. COVID-19 is listed in part 2 of the death certificate (as is remote fall with possible left inferior pubic ramus fracture; they had a pelvis X-ray on 08/25/2021 which was after hospital discharge).

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 interstitial bibasilar alveolar opacities. Made palliative. 1/7/2022- Continue on comfort measure, vitals WNL. 1/10/2022-- Increased pain,

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

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-24

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: hypertension, diabetes, chronic anemia

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: Transfer from Hospital on 2/17 with fracture hardware loosening in right hip and right ulnar fracture. Preoperative testing was COVID +. Treated with dexamethasone and doxycycline.

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

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

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

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

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

SMQs: Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-10-03

Days after onset: 10

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

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

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

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

EW0198 / 2

LA / IM

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-07

Days after onset: 28

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 23 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness:

Preexisting Conditions: Alzheimers

Allergies: Unknown

Diagnostic Lab Data:

CDC Split Type:

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

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

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

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

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

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

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [COVID-19](#), [Death](#)
SMQs: Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2022-04-15
Days after onset: 49
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: CHRONIC KIDNEY DISEASE; CORONARY ARTERY DISEASE;

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

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

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

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

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

Vaccination / Manufacturer	Lot / Dose	Site / Route

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

EW0171 / 2

- / SYR

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-03-10

Days after onset: 44

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 22 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

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

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

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

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

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

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Haemorrhagic central nervous system vascular conditions (narrow), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-27

Days after onset: 2

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

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

Current Illness: None

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

Allergies: Allergies: Crestor, Zetia and Statins

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

CDC Split Type:

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

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

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-04-25

Days after onset: 11

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

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

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

CONSULTS / RECOMMENDATION: Consult Orders (From admission, onward) IP CONSULT TO PALLIATIVE CARE Provider: Palliative Care IP CONSULT TO PULMONOLOGY Provider: MD IP CONSULT TO CARDIOLOGY Provider: MD IP CONSULT TO INFECTIOUS DISEASES Provider: Infectious Disease INPATIENT PROCEDURES: Thoracentesis 4/15 BP 121/65 | Pulse 89 | Temp 36.4 °C (Oral) | Resp 26 | Ht 1.803 m | Wt 76 kg | SpO2 (!) 87% | BMI 23.37 kg/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 jirovecii pneumonia -admitted from 2/17/22-3/5/22, bronchoscopy showed PJP pneumonia, treated with prolonged course of atovaquone and prednisone, amiodarone was discontinued Hx of pleural effusions -underwent outpatient thoracentesis with interventional pulmonology 12/13/21, pleural fluid transudative, PleurX drain placement suggested if effusions become recurrent Hx of COVID pneumonia -admitted from 2/4/22-2/8/22 for COVID pneumonia with hypoxic, discharged on home oxygen, per pt was able to wean to room air Multiple myeloma -follows with oncologist, was taken off of daratumumab in Jan 2022 due to recurrent illness DVT prophylaxis -home eliquis Antibiotics, Antivirals, Antifungals -home

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

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

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

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

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

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

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

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

Life Threatening? Yes

Birth Defect? No

Died? Yes

Date died: 2022-01-01

Days after onset: 25

Permanent Disability? Yes

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: HYPERTENSION, HIGH CHOLESTEROL

Preexisting Conditions: HYPERTENSION, HIGH CHOLESTEROL

Allergies: NA

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

CDC Split Type:

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

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

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

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

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

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-hyporesponsive episode (broad), Respiratory failure (narrow), Hypoglycaemia (broad), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

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

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

VAERS ID: 2258312 (history)	Vaccinated:	2021-05-28
Form: Version 2.0	Onset:	2022-01-25
Age: 75.0	Days after vaccination:	242
Sex: Female	Submitted:	0000-00-00
Location: Tennessee	Entered:	2022-04-29

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

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

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

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (narrow), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Dementia (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Respiratory failure (broad), Infective pneumonia (narrow), Opportunistic infections (broad), COVID-19 (narrow), Noninfectious myocarditis/pericarditis (broad)

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

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

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

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

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

Administered by: Other **Purchased by:** ?**Symptoms:** [COVID-19](#), [Death](#), [Vaccine breakthrough infection](#)**SMQs:** Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2022-04-26**Days after onset:** 0**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** CKD-stage 2, cardiomyopathy, CHF, hypertension**Allergies:** amiodarone, darvon, toradol, tramadol, tramadol-acetaminophen**Diagnostic Lab Data:****CDC Split Type:****Write-up:** COVID-related death, breakthrough case

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

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

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

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

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-09

Days after onset: 39

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

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

Allergies:

Diagnostic Lab Data:

CDC Split Type:

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

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

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

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](#), [Gastrooesophageal reflux disease](#), [Hypothyroidism](#), [Lung opacity](#), [Resuscitation](#), [Troponin increased](#)

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

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: [Asthma](#), [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: [Asthma](#), [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 replacment (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, Ddimer 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, Baricitnib, 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](#), [Asthma](#), [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 08/29/2021, 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, Transaminitis, 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 luspac

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](#), [Cardio-respiratory 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-hyporesponsive 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 methylprednisone 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/slamming 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>R), 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, pseudophedrine, 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-hyporesponsive 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
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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 hypoxemic 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
Form: Version 2.0	Onset:	2022-02-25
Age: 42.0	Days after vaccination:	2
Sex: Male	Submitted:	0000-00-00
Location: Indiana	Entered:	2022-05-02

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. diITIAZem CD Capsule Extended Release 24 Hour 120 MG (diITIAZem 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
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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 Rampril 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 \$g10 years.); Mechanical ventilation**Allergies:****Diagnostic Lab Data:** Test Name: Laboratory confiirmed 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:** Cardiac myopathy (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 Moderna and Pfizer COVID-19 Vaccines. Attempted to clarify other manufacturer, but caller provides it as Moderna. 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 given 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](#), [Cyto-reductive 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-hyporesponsive episode (broad), Chronic kidney disease (broad), Hypersensitivity (broad), Tumour lysis syndrome (broad), Respiratory failure (narrow), Drug